

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

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## 1 Define CCDF Leadership and Coordination with Relevant Systems

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

### 1.1 CCDF Leadership

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

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

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Department of Public Health and Human Services

Street Address: 111 North Sanders

City: Helena

State: Montana

ZIP Code: 59601

Web Address for Lead Agency: <https://dphhs.mt.gov/>

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Adam

Lead Agency Official Last Name: Meier

Title: Director, Montana Department of Public Health and Human Services

Phone Number: 406-444-5623

Email Address: [Adam.Meier@mt.gov](mailto:Adam.Meier@mt.gov)

### 1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Patty

CCDF Administrator Last Name: Butler

Title of the CCDF Administrator: Bureau Chief, Early Childhood Services Bureau

Phone Number: 406-444-1828

Email Address: PButler@mt.gov

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

CCDF Co-Administrator First Name: N/A

CCDF Co-Administrator Last Name: N/A

Title of the CCDF Co-Administrator: N/A

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

Phone Number: N/A

Email Address: N/A

## 1.2 CCDF Policy Decision Authority

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

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

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

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

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

- C. Other.

Describe:

iv. Licensing standards and processes are set by the:

- A. State or territory

Identify the entity:

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

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

- C. Other.

Describe:

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

- A. State or territory

Identify the entity:

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

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

- C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

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

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

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

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

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

- CCDF Lead Agency
- TANF agency
- Local government agencies

- CCR&R
- Community-based organizations

Who issues payments?

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

Who monitors licensed providers?

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

Who monitors license-exempt providers?

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

Who operates the quality improvement activities?

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

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

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

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

--Tasks to be performed

--Schedule for completing tasks

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

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

- Child Care Resource and Referral Agencies (CCR&R)
  - Tasks to be performed: Children are referred to the lead agency by the Child and Family Services Division. CCR&R eligibility specialists accept the referral and continue the process of eligibility determination.
  - Schedule for completing tasks: Ongoing as needed
  - Budget which itemizes categorical expenditures in accordance with CCDF requirements: there is not a budget for this work. Children are referred or court ordered based on need. General fund is used to support this assistance.
  - Monitoring and auditing procedures: CPS cases are subject to the rate review process that non-TANF subsidy cases are. ECSB selects cases for CCR&R eligibility supervisors to review. ECSB then reviews the supervisors' cases. Errors are documented and corrective action and mitigation strategies addressed. In addition, regular meetings are held between CPS and CCDF management to review operations and address any issues.
  - Indicators or measures to assess performance: Because this is a requirement of the court system in Montana, the Lead Agency has internal processes in place. These procedures are examined yearly by the Policy Unit to assure compliance and successful flow of work.



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

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

The Lead Agency makes child care information systems available to and reusable by public agencies in other states by: Adhering to industry standards and best practices with regard to the development frameworks and platforms (e.g. supported version(s) of Microsoft .NET, SQL, etc.) it uses; Developing and maintaining technical documentation related to all application development; Following Agile methodology (e.g. sprint-based releases) as the foundation of the agency's Software Development Life Cycle (SDLC); Complying with all State information security requirements. Montana has not received any requests for code or software for child care information systems or information technology.

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

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

The Lead Agency's Child Care Policy Manual, Section 1-9, describes how the Lead Agency governs the use and disclosure of confidential and personally-identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds. The Lead Agency and its contractors may share information about children and

families receiving CCDF assistance and child care providers receiving CCDF funds for purposes directly connected with the administration of the public assistance programs with other federal programs and certain entitled entities. Confidential information concerning the applicant or participant, without notice to or permission of the individual, may be provided and used for the following purposes:-Reporting child abuse and neglect to the appropriate authority (Montana Codes Annotated [MCA] 41-3-205);-Conducting child support activities;- Conducting child care licensing activities;-Establishing eligibility and administering (including audits, investigations, prosecutions, etc.) federal programs or federally assisted programs, which provide assistance (cash, in-kind, or services) directly to individuals based on need. When there is a question about a breach of confidentiality, the Early Childhood Services Bureau will refer the request to the Office of Legal Affairs. The Department and its contractors must maintain confidentiality with health records and other materials under the Health Insurance Portability & Accountability Act (HIPAA). Child Care Resource and Referral [CCR&R] agencies have the responsibility of maintaining confidentiality of family and provider information. Examples of maintaining confidentiality in the Child Care Resource and Referral setting include, but are not limited to, the following:

- The name or any identifying information is not available in a public location, of a family receiving service.
- The CCR&R maintains confidentiality when a non-custodial parent requests the location of their children, without approval from authorities.
- An applicant's or a participant's personal information remains confidential when childcare provider inquiries about eligibility. The CCR&R maintains confidentiality when a provider seeks the location of a previous customer. This policy also includes information related to:
  - HIPAA
  - Subpoenas
  - Emergency situations
  - Reporting child abuse and neglect
  - Where to report child abuse & neglect
  - Contractors
  - Volunteers
  - Child Care Resource and Referral Practices
  - Release to Child Care Licensors & Child and Family Services Investigators
  - Release to Law Enforcement
  - Release to Participant
  - Release to Others
  - Child Care Providers

## 1.3 Consultation in the Development of the CCDF Plan

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

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).

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

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

### Consultation

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

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

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

Various positions on the Montana Early Childhood Advisory Council (MECAC) represent

general purpose local government, including the representative of Early Childhood Coalitions. The local coalitions are working to increase coordination across child serving systems at the grass roots level in towns, counties, and regions. Local coalition membership includes members of local government including the Chamber of Commerce, County Attorney's Office, Commissioners, school boards, health departments, local police and fire departments, and other representatives specific to each community.

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

The lead agency works with the Montana Early Childhood Advisory Council (MECAC) to receive policy recommendations including rule revisions, system development, and quality and training initiatives. Together, the lead agency through the advice of the Council develops, implements, maintains, and evaluates the effectiveness of the state's child care programs. The MECAC serves as the state's comprehensive early childhood advisory council and as the collaborating entity for the early childhood system. The council includes representation from interested constituency groups, governmental agencies, the public at large, child care providers, and state and local government. The Council's purpose is to not only improve collaboration and coordination across the spectrum of governmental and non-profit organizations providing early childhood services, but to serve as a connector cross sector, bridging community and state needs for early childhood issues. Duties include pursuing the following objectives: families with young children are supported in their community; social, emotional, and mental health needs of young children and families are supported; children have access to high quality early childhood programs, child care is an integral infrastructure support for strong economies and business throughout the state. There is a CCDF report given by the Early Childhood Services Bureau Chief at each council meeting. Council members can ask questions about the upcoming changes, and are notified of the state's progress on completing the State Plan through email, website updates, and meeting discussions. Opportunities for feedback on the State Plan, and discussion following the presentations are given.

**c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal**

[leadership. Many states and tribes have consultation policies and procedures in place.](#)

Consultation occurs in a variety of ways including individual technical assistance or consultation among tribal CCDF administrators and the state administrator as needed. Examples include working with a tribal representative on reciprocity for licensing, to receive state licenses. In addition, Montana has conducted formal tribal consultations with invitations to all tribes; however, this is currently on hold due to the pandemic and limiting exposure to the COVID-19 virus. The DPHHS Tribal Relations Manager sits on the Montana Early Childhood Advisory Council. This position also conducts spring and fall tours to each of the tribal governments and coordinates formal tribal consultation events. At times, department leadership such as the division administrator attends the fall and spring visits; also on hold due to the pandemic. There is a CCDF report given by the Early Childhood Services Bureau Chief at each council meeting. Council members can ask questions about the upcoming changes and are notified of the state's progress on completing the State Plan through email, website updates, and meeting discussions. Opportunities for feedback on the State Plan, and discussion following the presentations are given. Work groups are formed around various policy changes to receive feedback and recommendations from Council members.

Distribution of the draft plan includes CCDF Tribal Administrators and Tribal Head Start representatives.

[d\) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.](#)

The Montana Early Childhood Advisory Council (MECAC) is comprised of the following representation:

- Services for children with developmental delays/disabilities
- Early Childhood Coalitions
- Local Home Visiting programs
- State agency for child care
- State agency responsible for child care licensing
- State agency responsible for CACFP
- Child care program owners/directors
- American Academy of Pediatrics
- State Tribal relations
- State agency responsible for child welfare
- Association for Montana Public Health Officials
- Zero to Five Montana
- Business Industry

- State Education Agency OPI (Part B, Homelessness)
- Local education agency
- State agency responsible for workforce development
- State agency responsible for health or mental health
- Head Start Association
- State Director of Head Start Collaboration
- Economic development
- Board of Public Education
- Early childhood workforce development
- State agency for Part C
- Institutions of Higher Education
- State Agency responsible for TANF/MA/CHIP
- Governor's Education Advisor

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

Reminder:

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

a) Date of the public hearing. 05/12/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 04/19/2021

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

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

The Lead Agency posted an announcement about the public hearing on the [Early Childhood Services Bureau website](#). The announcement included the following information: "The 2022-2024 CCDF State Plan Public Hearing is set for May 12, 2021. The Public Hearing will be hosted virtually on Microsoft Teams. On April 23, a draft of the plan will be available on the [Early Childhood Services Bureau website](#), and public comments will be accepted online between April 23 and May 14 on the [Early Childhood Services Bureau website](#)." The announcement was ADA compliant per state website regulations. The announcement was distributed via email to interested parties by ECFSD leadership, and CCR&R Outreach and Communications Specialists. The announcement was emailed to the ECSB interested parties list, which includes staff from the Lead Agency, the Montana Early Childhood Project, CCR&Rs, the Montana Early Childhood Advisory Council, Tribal CCDF Administrators, Head Start / Early Head Start Directors, STARS to Quality (QRIS) programs, and individuals that have requested to be added to the interested parties list.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The public hearing was conducted virtually, and recorded. A recording of the hearing was available by request and was ADA compliant with closed captioning. The public comment period was offered over a two-week period, and the public could submit comments electronically through an online survey link, so the public did not need to attend the hearing for their comments to be considered.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) The plan was available on the Early Childhood Services Bureau website. The notice of public comment period and public hearing indicated the website location and date the draft plan was available.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? The Early Childhood Services Bureau developed a committee, including the Bureau Chief and program managers, to review all comments submitted during the comment period. The committee responded to comments and decided if any changes needed to be made to the plan based on the comments. A report was available on the Early Childhood Services Bureau Website that showed comments and responses from the committee. Revisions to the state plan were made as a result of public comments received.

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

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

<https://dphhs.mt.gov/ecfsd/childcare/childcareanddevelopmentfund>

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

Working with advisory committees.

Describe:

A CCDF report is presented by the Early Childhood Services Bureau Chief at each Council meeting. The Council is notified via email, and a notice is posted on the Early Childhood Services Bureau website. Once an amendment to the State Plan has been made and accepted, the State Plan is updated on the Early Childhood Services Bureau website. The Council disseminates the information to their partners they work with, including local and statewide partners.

Working with child care resource and referral agencies.

Describe:

Child Care Resource and Referral agencies are notified via email, and a notice is posted on the Early Childhood Services Bureau website. Once an amendment to the State Plan has been made and accepted, the State Plan is updated on the Early Childhood Services Bureau website. Child Care Resource and Referral Agencies route any questions from their community members to the Early Childhood Services Bureau. A quarterly meeting is held with the CCR&R Network wherein information concerning the State Plan is shared and comments are received.



Providing translation in other languages.

Describe:

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

Describe:

Montana uses an Interested Parties email distribution list to provide updates to Montana's State Plan, including the drafting process, important dates, and amendments. In addition to the Interested Parties List, Montana emails our various partners, including:

- The Early Childhood Project
- Child Care Licensing
- The Montana Early Childhood Advisory Council
- Best Beginnings Local Coalitions
- The Early Childhood and Family Support Division of Montana DPHHS
- Early Head Start and Head Start directors
- The Montana Project LAUNCH team
- Montana Preschool Development Grant team
- Infant Toddler and Preschool Instructors
- Child Care Resource and Referral agencies
- Child and Adult Care Food Program Sponsors

Child Care Resource and Referral Outreach and Communications Specialists share information on a variety of social media platforms, including Facebook, Twitter, and Instagram, in addition to email, e-newsletters, and texting.

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

Describe:

Montana uses an Interested Parties email distribution list to provide updates to Montana's State Plan, including the drafting process, important dates, and amendments. There are over 350 individuals on the Interested Parties list, including child care providers and parents. In addition to the Interested Parties List, Montana emails our various partners, including:

- The Early Childhood Project
- The Montana Early Childhood Advisory Council
- Local Coalitions
- The Early Childhood and Family Support Division of Montana DPHHS
- Early Head Start and Head Start directors, including Tribal
- Child Care Resource and Referral agencies

These partners share the information provided with the providers and families in their communities. Once an amendment to the State Plan has been made and accepted, the State Plan is updated on the Early Childhood Services Bureau website. The public is notified via email, and a notice is posted on the Early Childhood Services Bureau website.

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

Other.

Describe:

## 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

### 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

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

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

Include in the descriptions the goals of this coordination, such as:

-- extending the day or year of services for families;

- smoothing transitions for children between programs or as they age into school;
- enhancing and aligning the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

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

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

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

The Montana Department of Public Health and Human Services created a new Early Childhood and Family Support Division (ECFSD) in 2019. The division is comprised of 3 bureaus and houses over 30 different programs- from prenatal to adult. For more information about the programs and services of ECFSD, view the [ECFSD 2021 Legislative Presentation](#). Coordination and collaborative partnerships are at the core of how ECFSD delivers services. This can be seen through the various stakeholder committees, local teams, and coalitions, through the 700 contracts or agreements for service, including universities, health care providers, local government (counties, municipalities, etc.), private nonprofit organizations, and small businesses throughout the state.

Goals based on the ECFSD Strategic Plan:

1. Equitable Access and Quality Services. Services equitably support health, positive development, and wellbeing starting prenatally, through childhood, adolescence, and into the adult years.
2. Workforce. Montana has a confident and effective public health, social services, family support, and early learning and development workforce.
3. Engagement. Individuals, families, providers, and communities are engaged and valued as partners and leaders.
4. Coordination. Montana's health, social services, family support, and early learning and development programs are coordinated to maximize resources and strengthen services.
5. Division Development. Montana's Early Childhood and Family Support Division

strengthens programs and services through well supported staff, sound fiscal and policy implementation, continuous improvement, and accountability.

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

The Council's purpose is to not only improve collaboration and coordination across the spectrum of governmental and non-profit organizations providing early childhood services, but to serve as a connector cross sector, bridging community and state needs for early childhood issues. Duties include pursuing the following objectives: families with young children are supported in their community; social, emotional, and mental health needs of young children and families are supported; children have access to high quality early childhood programs, child care is an integral infrastructure support for strong economies and business throughout the state.

Goals: The strategic goal of the Montana Early Childhood Advisory Council is to ensure Montana has a comprehensive, coordinated, early childhood system that provides a governance structure and leads to strong collaboration in order to best meet the needs of Montana's youngest citizens.

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

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

A representative for tribes sits on the State Advisory Council. The Early Childhood Services Bureau Chief and Head Start State Collaboration Director sit on the Building Strong Foundations for Families workgroup, in which a key goal is to increase the inclusion of American Indian content and leadership in infant and toddler care statewide. The Head Start State Collaboration Director coordinates with tribal organizations in the following ways:

- Coordination with all tribal HS programs
- Coordination and regular communication with the AIAN HSCO
- Member of the AIAN HSCO National Advisory Council
- Goals areas for tribal work in both the HSCO grant strategic plan, Montana Head

- Start Association strategic plan and the draft HSCO-MTHSA MOU
- Monthly meeting with the Office of Public Instruction new Tribal Liaison position and the AIAN HSCO facilitated by the HSCO.
- Financial, planning support and state level coordination for the Early Childhood Tribal Language Summit
- Region 11 staff and the AIAN HSCO being invited to monthly MTHSA calls and in person meetings with intentional inclusion of AIAN needs.
- Increase collaboration of all Region XI and Region VIII HS programs in Montana by intentional inclusion of all the voices and experiences of Montana programs.
- Jointly meet with AIAN programs no less than twice per year to discuss ways that allow for the MTHSA to be more inclusive and relevant for AIAN programs and to encourage a dialogue that is reflective of the specific needs of AIAN programs in Montana.
- Jointly meet with frontier serving programs no less than twice per year to discuss ways that allow for the MTHSA to be more inclusive and relevant for rural programs and to encourage a dialogue that is reflective of the specific needs of rural programs in Montana.

Montana is a Building Strong Foundations for Families (BSFF) grantee. This work plan is aligned with the BSFF goals worksheet, which is organized into three policy priorities; one of which is to increase the inclusion of American Indian content and leadership in infant and toddler care statewide.

Goals: Increased coordination and understanding of different program administration strategies and policies. Stronger understanding of specific cultural needs and meeting the needs of families. Other outcomes may include MOUs between Tribal government and state government related to licensing standards, expanded participation in the State's quality initiatives.

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

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

Describe the coordination goals, processes, and results:

As a result of the division transition, Children's Special Health Services (CSHS) is a program within ECFSD. Children and youth with special health needs are children and youth who have or are at risk for chronic physical, developmental, behavioral, or

emotional conditions, and who also require additional health or related services. Children served in this program include children in foster care and/or children residing on reservations. Montana is working to increase referrals to early intervention. Each local Resource and Referral agency was provided funding to add a new position for Family Engagement. One of the focus areas for this position is assessment. Family Engagement position in the CCR&Rs are responsible to support STARS 4 and 5 programs to understand the results of their assessments and to help make appropriate referrals based on the results.

Part C: As a result of the division transition, Part C is a program within the Early Childhood Services Bureau. Montana Milestones/Part C of the IDEA Early Intervention Program is Montana's comprehensive system of early intervention services and supports for families who have infants or toddlers, from birth through three who have significant developmental delays or disabilities or have been diagnosed with an established condition associated with significant delays in development. The Montana Family Support Services Advisory Council (FSSAC) serves as Montana's interagency coordinating council to advise and assist Montana's Part C Program to plan, develop, and implement Montana's comprehensive, multi-disciplinary, coordinated program of early intervention and family support services for children, age birth through two, with disabilities and their families. The Early Childhood Services Bureau Chief, and several division and bureau staff, are members of the FSSAC.

Goals: Promote access to Children and Youth with Special Health Care Needs services, strengthen access to Early Intervention services across the state, and increase access to early hearing detection. Increase collaboration with IDEA Part B programming that provides special education preschool services for children with special needs between the ages of three and five.

**v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:**

The Montana Head Start State Collaboration Office (HSSCO) Director is supervised by the CCDF Program Manager in the Early Childhood Services Bureau. The HSSCO Director has a seat on the Montana Early Childhood Advisory Council. The director participates in the following additional councils and groups:

- American Indian Alaska Native Head Start Collaboration Office National Advisory Council
- Oral Health Network Steering Committee
- Office of Public Instruction Social Emotional Competencies Workgroup
- Office of Public Instruction Montana Student Well- Being Workgroup
- Early Childhood Project Advisory Council
- Family Engagement Workgroup
- MIECHV Steering Committee
- Infant Early Childhood Mental Health Consultation Workgroup
- Montana Head Start Association
- Montana Substance Use Disorder Task Force
- Zero to Five- Building Strong Foundations for Families Workgroup
- Diversity, Equity, and Inclusion Committee of ECFSD

Goals based on the Head Start Collaboration Office 5-year Grant: Enhance data sharing and collection between the individual Head Start programs, other early childhood programs, and longitudinal data pertinent to early childhood development.

Work collaboratively with community and family partners and the Head Start community to address service gaps and barriers in services for vulnerable populations.

Results from this coordination include: longitudinal data sharing agreement between Montana's public education agency and the lead agency, sharing of training resources between Head Start coaches and state QRIS coaches, increased enrollment of Head Start staff in Montana's professional registry, and updating the public education agency's social emotional competencies to include early childhood information.

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

As a result of the division transition, the Family Community Health Bureau is part of ECFSD. Representation from the Children's Mental Health Bureau sit on the Advisory Council. In addition, joint projects occur among these partners such as partnering with the Public Health office on Immunization training and outreach. The Council provides advisory capacity for comprehensive early childhood services in Montana, including the CCDF. The Lead Agency collaborates with the Montana Immunization Program in the following ways:

- Great Beginnings Great Families (GBGF) conference - The Annual Great Beginnings Great Families conference is a partnership between the Lead Agency and the Family and Community Health Bureau within in PHSD. This conference offers opportunities for professional development for early learning/early childhood providers, social

workers/mental health professionals, home visitors, and public health program staff (WIC, Family Planning, Children with Special Health Care Needs).

- Montana Immunization Program - The Lead Agency collaborates with the Child Care Licensing program within ECFSD, who work directly with the Immunization Program to support child care providers in meeting immunization requirements.

Goals: Strengthen internal understanding of programs across the Department. Increased understanding of laws and rules as a result of the most recent legislative session related to immunizations.

#### vii. State/territory agency responsible for employment services/workforce development.

##### Describe the coordination goals, processes, and results:

The contracted agencies through the Public Assistance Bureau, entitled WoRC operators, have a represented seat on the Advisory Council. The Council provides advisory capacity for comprehensive early childhood services in Montana, including the CCDF. WoRC operators also provide referrals for TANF families who need child care. Representation of employment services/workforce development are on the Advisory Council. Through the state's collaboration with Department of Labor and Industry and their work with Apprenticeship program, Montana has been able to expand the number of participants as well as we are developing a pre-apprentice program to support workforce growth while students are still in high school. Students are able to get college credit for some of the course work they take.

Goals: Increase apprenticeship and pre-apprenticeship, increase coordination with DLI and chamber of commerce to support the child care workforce, as well as business workforce in MT. Build and maintain a confident and effective public health, social services, family support, and early learning and development workforce to build capacity and provide high quality services for children, individuals, and families.

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

The Office of Public Instruction has representation for an Early Grades Specialist, a Title 1- Neglected and Delinquent, Homeless Children and Youth Specialist, and a Preschool Specialist for Special Education (3-5) on the Advisory Council. The Council provides advisory capacity for comprehensive early childhood services in Montana, including the CCDF.



Goals: Increased coordination related to resources and professional development.  
Increased transition opportunities and structure from early childhood to kindergarten.  
Expand opportunities for preschool in Montana in transition, assessment, and accessibility

Results of this coordination include a data sharing agreement between the Lead Agency and the Montana Office of Public Instruction to better track and report longitudinal data, ongoing work between early years special needs services and elementary through secondary special needs services, ongoing work and resource sharing around transitions.

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

As a result of the division transition, Child Care Licensing is within the Early Childhood Services Bureau. This transition provides an opportunity for Child Care Licensing to be better coordinated and aligned with broader provider supports and quality initiatives. The Early Childhood Services Bureau collaborates with Child Care Licensing to support child care licensing requirements. Child Care Licensing also provides representation on the Statewide Advisory Council as well. CCL and ECSB work together to coordinate the new federal rules and apply the regulations enhancing and aligning the quality of services. Results of this coordination include a data sharing agreement between the Lead Agency and the Montana Office of Public Instruction to better track and report longitudinal data, ongoing work between early years special needs services and elementary through secondary special needs services, ongoing work and resource sharing around transitions.

Goals: The goal of partnership and alignment between ECSB and Child Care Licensing is to ensure licensing standards and interpretation of rule meet the needs of child care providers as well as the STARS to Quality program. STARS to Quality works very closely with Child Care Licensing to ensure training requirements and criteria are complimentary and not duplicated potentially streamlining the process for licensing and STARS. School Age licensing path is also a goal for this partnership. In addition, a goal of this partnership is to promote and incentivize small child care businesses to become licensed.

Results are that Child Care Licensing has been able to implement new rules that better align with Health and Safety components outlined in federal rule. Additionally, an additional program manager position was created to help supervise the inspection process and to ensure the inspection process meets lead agency goals. A project management company has been contracted by the lead agency to conduct a 2 year review of the Child Care Licensing processes, policies, rules, and organizational structure and provide recommendation for changes.

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

The CACFP is located within ECSB. The CACFP has representation on the Advisory Council. The Council will provide advisory capacity for comprehensive early childhood services in Montana, including the CCDF. CACFP is part of the Early Childhood Services Bureau, and they directly coordinate through meetings and projects to ensure the effective delivery of services throughout the state.

Goals: Awareness and outreach of services for child care providers. To review and initiate nutrition and physical activity indicators within the QRIS framework, which will involve a great deal of collaboration between Child Care Licensing, Early Childhood Services Bureau (including STARS), and CACFP, who already are meeting on a monthly basis to collaborate and inform one-another about program-specific needs and issues.

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

The State Coordinator for Homeless Education is housed in the Montana Office of Public Instruction. This person is involved with the Advisory Council and closely collaborates with the Lead Agency regarding this topic. They bring expertise in early literacy, homelessness, Title 1, Part B and C and preschool programming. Several projects and services have been coordinated because of these relationships. The Lead Agency worked with the Public Health and Safety Division and Child Care Licensing Program to establish a procedure for how a family experiencing homelessness would be able to comply with immunizations in order to participate in the Best Beginnings Scholarship Program.

Goals: Increased access to child care services for families who may be homeless by reducing barriers regarding policies and statute. Policy development will support child care providers as well by increasing the resources and knowledge available on enrolling a child whose family is experiencing homelessness.

Results of this work include updates to subsidy program policy allowing for greater flexibility to gather documentation provided to families experiencing homelessness, and providing support to eligibility staff in R&Rs to support those families.

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

A representative from TANF has a seat on the Statewide Advisory Council. The Council provides advisory capacity for comprehensive early childhood services in Montana, including the CCDF. The TANF office and the Child Care Resource and Referral agency offices work closely to ensure that program policies and services are applied consistently. The Eligibility Specialists at the local CCR&Rs work with the WoRC Program case managers to establish need for service and set up benefits for individuals who are eligible. The TANF Working Caretaker Relative program and the program requirements are outlined in the TANF policy manual.

Goals: Increased coordination and shared understanding of policies and programs.

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

Many families accessing the Best Beginnings Scholarship (childcare subsidy) are also Medicaid eligible or participants. Medicaid and Health Services Branch administers Medicaid and the state Children's Health Insurance Program. This branch also includes the Children's Mental Health Services Bureau (CMHB). The CHMB is responsible for supporting Medicaid reimbursements that support children in a variety of ways particularly in supporting providers who serve children with emotional disturbances and other diagnosed conditions related to mental health.

Goals: Strengthen partnerships with CMHB to further establish and promote support of

mental health services through the use of Medicaid codes and other avenues for children and families.

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

Staff from the Lead Agency sit on the advisory council for the Montana Access to Pediatric Psychiatry Network (MAPP-Net). Montana received a federal HRSA grant in September 2018 to expand access to pediatric psychiatry. The Montana Access to Pediatric Psychiatry Network (MAPP-Net) grant strives to support primary care providers and behavioral health specialists in serving children and youth in their communities with mental healthcare needs through education and consultation.

Zero to Three, a non-profit organization, provided a training series on infant and early childhood mental health from 2019-2021. The training was free for mental health students, licensure candidates, and providers in the state. Montana has a shortage of mental health providers and is especially short on those who work with very young children and their families. The Zero to Three training series consisted of Diagnostic Criteria ages 0-5 years (DC:0-5) infant and early childhood mental health webinars with case consultation, and a smaller group of mental health providers finishing with 10 months of reflective consultation. On average, 40 participants attended the DC:0-5 and webinars and 6 completed the reflective consultation portion.

The Early Childhood and Family Support Division (ECFSD) collaborates with Addictive and Mental Disorders Division (AMDD), Children's Mental Health Bureau, and the Child and Family Services Division's (CFSD) Family First Act around Parent Child Interaction Therapy (PCIT). The overall goal is to increase the number of PCIT certified mental health providers across the state in order to support the needs of children and families involved with CFSD. Montana has leadership positions from Children's Mental Health Bureau as a member of our state wide early childhood council. One outcome of this collaboration has resulted in Montana's Early Intervention services using the same data base as our Medicaid Services. This shared data base gives Montana and the Early Childhood Services Bureau a broad picture of who is receiving services. Relationships are developed as part of these state wide council meetings.

Staff from the Early Childhood Services Bureau sit on the work group for Linking

Systems of Care work (LSOC). LCOS's mission is to improve the responses to child and youth victims and their families by providing consistent, coordinated, and collaborative responses that address the presenting issues and the full range of victims' needs. Outcomes include a trauma screener specific to Montana's youth and a template for organizations to use when implementing trauma informed policies and approaches.

Goals: Expand knowledge, experience, and support of children's mental health in the state. Strengthen partnerships with MAPP-Net, Zero to Three, the Family and Community Health Bureau and the Children's Mental Health Bureau to increase the support of social, emotional, and mental health needs of young children and families. Montana would like to establish a system of mental health coordinators, which would include family engagement, the Pyramid Model, and social/emotional evidence-based practices.

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

Child Care Resource and Referral Agencies are represented on the MECAC. ECSB and the CCR&Rs hold regular quarterly meetings to review quarterly data, brainstorm, address challenges and opportunities to further professional development and training. Representation for Zero to Five is on the Advisory Council. Zero to Five promotes a bipartisan agenda to advance early childhood policy strategies through innovative partnership, collaboration, and sustainable solutions. The statewide office leads initiatives, such as Family Forward Montana, and builds partnerships to work towards a future where all children and families have access to high-quality, affordable, equitable services and programs, such as PreK, child care, and home visiting. Child Care Training.org is a long-distance on-line training organization that ECSB contracts with for creation and deliverance of required child care trainings. CCT provides ECSB with quarterly reports. These reports provide data that allow the bureau to monitor the and receives quarterly reports to monitor contract deliverables. In addition, CCT and ECSB conduct regular meetings to review data, coordinate efforts, and plan for implementation of new professional development and training opportunities. s a result of the Preschool Development Grant, Montana partnered with the Center for Health and Safety Culture at Montana State University to include "Tools for the Age of Your Child" for 0-4 on their website for [parentingmontana.org](http://parentingmontana.org). This website provides consumer education materials

for ages 0-19, and connects families with their local prevention specialist and CCR&R. The Montana Child Care Resource and Referral Network is the umbrella organization for the state's CCR&R agencies. The Network provides opportunities for collaboration and coordination across the state's seven regions. The Network communicates across licensed provider types, but a core goal is to support family and group home child care programs across the state. Montana has worked very hard to create coordinated work within all the Resource and Referral agencies, so no matter where you are at in Montana, the services Child Care providers receive has the optimal potential of being similar to another provider in another service area. The work has been done through workgroups lead by CCDF state staff. These workgroups are in all areas, including consumer education, professional development and quality.

Goals: Increased coordination and consistent application of policies. Family friendly policies, opportunity to identify strengths and challenges within policy application and community level services. Increase awareness of quality early learning and development through marketing and consumer education, family stability, and individualized health services. These goals can be measured and monitored through quarterly reports, regular contractor meetings, and related data reporting.

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

The Montana Afterschool Alliance is the organization for advocacy and policy making in Montana. The ECSB Bureau Chief and the Head Start State Collaboration Director represent DPHHS on the board of this organization. Representation for the afterschool network is on the Advisory Council.

Goals: A pathway of licensing regulations specific to the school age child is needed and is being planned. There is a workgroup, of which ECSB belongs. The development of quality standards for school age programs will support the regulatory components of the goal. The lead agency is dedicating \$250,000 over next two years for licensing. The project will build on preschool standards and will support school-age programs once a licensing path is built to expand care for scholarship families.

[xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:](#)

Coordination: The Lead Agency coordinates with the State Continuity and Emergency Management Office (SCEMO) to develop, maintain, and review the Continuity of Operations Plan (COOP) for the Early Childhood Services Bureau. The purpose of the coordination with SCEMO is to support the procedures that facilitate organized decision making at unique times that might otherwise be chaotic. Results of the coordination include a more comprehensive statewide child care disaster plan, increased communication between SCEMO and ECSB, and availability of emergency management resources, supports, and information. SCEMO assists the Lead Agency in the following processes:

- Focus decision making on priority issues in a potentially volatile environment
- Provide process ranking information to assist in the allocation of limited recovery resources at the time of an incident
- Provide procedures to recover from a variety of incidents in an organized manner
- Protect State assets
- Preserve the State image and public confidence
- Communicate appropriately to the press and staff the nature and resolution of the incident coordination in developing and maintaining the COOP establishes and supports an on-going continuity planning process that will:
  - Evaluate the impact of significant incidents that may adversely affect the processes identified in this plan
  - Develop and maintain a plan to ensure the organization can restore the processes according to the priority identified in this plan
  - Support the National Essential Functions of Government for the citizens and businesses in the state of Montana in a timely manner.

Goals: Shared focus on the continued functioning of critical government leadership elements, including: succession to key offices, such as those of the governor; communications within the branches of government, government agencies, and the public; leadership and management operations; situational awareness; and personnel accountability. Maintain external relationships and agreements with a wide variety of entities. This includes communications and interactions, as necessary, during a crisis with critical partners and organizations, including the federal government; other state, territorial, tribal and local governments; and private sector and non-profit organizations.

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

b. The following are examples of optional partners a state might coordinate with to

provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

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

Describe

The Head Start Collaboration Director for Montana is responsible for supporting the Early Head Start Partnership grantees and alignment within the state early childhood system. This group includes representation from STARS to Quality, Early Childhood Services Bureau, the Early Childhood Project, private child care providers involved in the partnership, Child Care Licensing, Early Head Start Training and Technical Assistance personnel, and the CCDF Program Manager. The group meets as needed to coordinate and smooth transition for children between programs and to align quality of services.

Goals: Increased awareness of program and family needs for Early Head Start.  
Increased understanding of eligibility policies for Early Head Start programs.  
Coordinating and aligning PD efforts.

ii. State/territory institutions for higher education, including community colleges

Describe

Representatives of higher education, including community colleges, participate in the Advisory Council. ECSB partners with Montana State University - Western to assign and align assessors for the QRIS program in Montana.

The Montana Early Childhood Higher Education Consortium (MECHEC) is convened bi-annually to coordinate topics specific and relevant to advancing early care and education in higher education settings. The collective voice from institutions of higher education represent an expert lens on issues, trends, and needs in early childhood professional preparation. Members of the consortium include faculty from all higher education programs, including community and tribal colleges, to ensure articulation and collaboration across the state.

Goals: Increased enrollment in Early Childhood Education courses leading to completion of a degree in ECE. Students receiving a degree in ECE increase the qualified candidate pool thereby increasing quality in child care and early childhood



education in Montana.

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

[Describe](#)

The Children's Trust Fund is part of ECFSD. The Early Childhood Services Bureau chief is appointed to the Children's Trust Fund and coordinates with the CTF and the Child and Family Services Division to work within a comprehensive system. The ECFSD Administrator, Early Learning Program Manager, and Part C staff sit on this board. The Montana Afterschool Alliance organization is established to support and advocate for school age services in Montana. The Bureau Chief of ECSB sits on this board. The advisory board includes Montana School Administrators, program administrators, and representatives from other government agencies and parents.

Goals: Increased coordination and understanding across sectors about services for the early childhood population and their families. Development of quality standards for out of school time. A pathway for licensing this unique group of providers for health and safety requirements.

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

[Describe](#)

As a result of the division transition, the program responsible for home visiting is within ECFSD. The Healthy Montana Families program provides home visiting services throughout Montana. Home visiting services are voluntary and serve pregnant and newly parenting women and families/caregivers with infants and young children. The Healthy Montana Families home visiting program also works with families referred by the Child and Family Services Division. ECFSD engaged stakeholders in a transparent and collaborative process to provide public input and guidance for ongoing home visiting services. The committee included home visiting providers, legislators, state and tribal partners, and advocates to provide guidance and strategic direction for ongoing home visiting services in Montana. The committee collaborated to provide ECFSD direction and set goals in a variety of areas, including:

- The creation of a dashboard for transparent data sharing
- Creating a transparent funding allocation model for home visiting sites

- Targeting priority populations to best serve Montanans and use existing funds to prioritize distribution in a way that makes the most sense for Montana
- Exploring how to set federal funding priorities for communities that cannot access other funding sources
- Exploring public insurance options as an additional funding option to expand home visiting
- Strengthening referrals and referral processes locally
- Continuing state-level partnership between Early Childhood and Family Support Division and Child and Families Services Division
- Continuing to seek additional funding sources to expand home visiting
- Emphasizing social and emotional health as a priority in additional funding

[v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.](#)

[Describe](#)

Many families accessing the Best Beginnings Scholarship (child care subsidy) are also Medicaid eligible or participants. Medicaid and Health Services administers Medicaid and the state Children's Health Insurance Program. This branch also includes the Children's Mental Health Bureau (CMHB).

Healthy Montana Families (HMF) home visiting program, WIC, and the Maternal and Child Health Block Grant are within ECFSD. HMF requires child clients to receive well-child checkups as recommended by the American Academy of Pediatrics Bright Futures. In Montana, this requirement is aligned with the EPSDT benefit. This supports child care by familiarizing the family with the need for regular well-child visits and recommended immunization schedules, thereby making their children more likely to arrive in child care with current immunizations and documentation.

Goals: Strengthen partnerships with CMHB to further establish and promote support of mental health services through the use of Medicaid codes and other avenues for children and families. Improve screening, referral, navigation, and coordination for health, social services, family support, and early learning and development programs.

[vi. State/territory agency responsible for child welfare.](#)

[Describe](#)

Child and Family Services Division is responsible for child welfare in Montana and has a seat on the Council. Referrals from CFSD are accepted by the state child care agency and determined eligible for child care assistance. Regular meetings occur

between ECFSD and CFSD leadership to ensure ongoing communication and coordination.

Additionally, representatives from the lead agency sit on coordinating boards for the prevention of child abuse and neglect and have coordinated with CFSD in building a strategic plan for the state of Montana to meet the needs and eradicate the high number of CPS cases and foster care placements. Healthy Mothers, Healthy Babies directs the Period of Purple Crying for the Children's Trust Fund Board. These organizations, along with the Child Protective Services Administrator, represent child welfare and sit on the Advisory Council to coordinate services.

Goals: Increased coordination and shared understanding of policies and programs. Blended and leveraged funding is possible through combined conferences and programs to develop a statewide strategic plan to mitigate child abuse and neglect.

[vii. Provider groups or associations.](#)

[Describe](#)

The family and group provider organizations in the state are regionally organized and operating. ECSB, through the Montana CCR&R Network, sponsored a conference for family and group home providers in 2019 and 2020. In the summer of 2020, ECSB held virtual town halls. Various stakeholders such as child care providers, parents of young children, community partners, partnering state agencies and programs, legislators and policy makers, and interested business and community members were invited to attend. In order to accommodate those that may not be able to attend during a typical work week, town halls are held in the evening and offer an opportunity to ask questions regarding CCDF related topics. Goals: Increased awareness and shared understanding of the needs of early childhood programs across setting types. Communication and feedback opportunities are increased and a priority is established for Family and Group home providers and families.

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

[Describe](#)

Coordination efforts with parent groups and organization are supported through CCR&Rs. CCR&R staff participate in local community coalitions throughout the state.

Goal: network coordination to summarize data around feedback communication, and consumer education to families

ix. Other.

Describe

### Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

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

[https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)  
).

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

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

Using multiple funding streams to pay for services; by paying a portion out of each funding stream and/or paying for some services with one funding stream and other services with a different funding stream. Allocation percentages are based on available funding.

b) Which funds you will combine

TANF, IV-E Waiver, and Montana State general funds.

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

Combining TANF, IV-E and state general funds allows the state to support a supply of child care for vulnerable populations.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

The combined funding is administered at the state level.

e) How are the funds tracked and method of oversight

ECFSD's Fiscal and Operations Bureau monitors and oversees the fund transfers from TANF, IV-E, and state general funds. The FOB meets quarterly with CCDF management to review fiscal expenditures. In addition, FOB supplies ECSB with monthly managerial reports that capture the number of children participating in the subsidy program as TANF and IV-E referrals and the expenditures associated with that participation.

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

Note:

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

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

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

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
  - i. If checked, identify the source of funds:  
General Fund and State Special Revenue
- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
  - i. If checked, are those funds:

A. Donated directly to the State?

B. Donated to a separate entity(ies) designated to receive private donated funds?

ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

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

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

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

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

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

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

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

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

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

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

## 1.6 Public-Private Partnerships

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

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

Funders for Montana's Children, and Family Forward Montana are emerging leaders within public-private partnerships. Funder's for Montana's Children's goal is to engage the business community as private sector champions for early childhood priorities across the state. Family Forward Montana was established in 2019, and is providing businesses with tiered options to invest in ECE. In 2021, Montana's early childhood advisory council launched a new charge and realigned its councilmembers to include more business community input.

Montana's ECE system has some robust partnerships with private and academic organizations to provide professional development to ECE providers. The state partners with the Early Childhood Project at MSU to work within higher education on a provider registry, early childhood career path, and certifications. Montana contracts out ECE training in the field to CCR&Rs. The state also subcontracts for support for coaching and mental health consultation for local providers.

Division and bureau leadership have ongoing meetings with The Department of Labor and Industry, and chambers of commerce to discuss and review business models;



multigenerational approaches to space use, meals, care (child and adult), and transportation,

Goals:

- Business supporting families and providers through family-friendly policies
- Private businesses aligning policies and sharing services (example: provider insurance)
- Seasoned directors mentoring new programs in business management
- Training on business models outside of our industry

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

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

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

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in

areas of the state and submit the information to the State.

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

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

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

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

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

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

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

Montana has 7 statewide CCR&R regions, and contracts with CCR&R agencies and the Network's Executive Director position. For a description of each CCR&R and region, visit the [Early Childhood Services Bureau CCR&R website](#). In addition, ECSB partially funding the Network, the CCR&R directors support the statewide Network of R&R statewide service. Directors meet with the Network Executive Director regularly to advance the statewide CCR&R system of services. The statewide Network coordinates the work of regional CCR&Rs by supporting the statewide shared training portal where all trainings developed by CCR&R staff are uploaded and shared with CCR&R staff for statewide use. The Network coordinates emergency preparedness efforts for all regional CCR&Rs by offering training, monthly communities of practice, individual support quarterly, and the maintenance of a statewide emergency texting

communications platform. The Network coordinates advocacy efforts of regional CCR&Rs. The Network coordinates statewide marketing and outreach campaigns to recruit child care businesses, highlight the availability of the child care subsidy program to families, and to showcase the services available at regional CCR&Rs. The Network coordinates annual data reports. The Network coordinates trainings for CCR&R staff to increase knowledge and improve practices. The Network coordinates region to region learning and coordination of practices. The Network, in coordination with the local R and R's, is supporting a pilot for shared services that will begin in one region with the goal of expanding statewide. The Network Executive Director and several of the R and R directors work closely with a private non-profit to create an ECO map of Montana's Early Childhood System promoting unified goals and funding streams to support and benefit Early Childhood needs in Montana. Public and Private partnerships are created and supported in each region. One such example is the collaboration with a private for-profit enterprise, MyVillage which seeks to attract new child care homes and support home child care startups to deliver quality care via shared series and technical assistance. MyVillage continues to expand in the state of Montana. Another example of public/ private partnership is the collaborative work that some CCR&Rs doing with local businesses and chambers of commerce to open employer sponsored child care facilities or to bring business investment into child care to expand or subsidize slots available to help address the workforce shortage. In addition, this collaboration is working to address city and county zoning issues that are barriers to in home child care facilities. These models are shared within the CCR&R Network and with the State Agency to encourage replication.

## 1.8 Disaster Preparedness and Response Plan

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

October 1, 2018.

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

No

Yes

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

The Montana CCDF Special Projects Coordinator led a revision of the Statewide Child Care Disaster Plan with input and representation from the Child Care Resource & Referral Network, Child Care Resource & Referral Emergency Preparedness Leads, and Child Care Aware® of America. Updates were made to all sections of the plan, including: Purpose, Preparedness, Assumptions, Consultation & Coordination, Communication, Guidelines for Continuation of Child Care Subsidies and Services, and Resources. Many revisions were made as a result of lessons learned during COVID-19 response. Some of the revisions include terminology clarification, role clarification communication levels, and coordination.

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

a. The plan was developed in collaboration with the following required entities:

i. State human services agency

ii. State emergency management agency

iii. State licensing agency

iv. State health department or public health department

v. Local and state child care resource and referral agencies

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

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

<https://dphhs.mt.gov/ecfsd/childcare/documentsandresources#711484696-emergency-preparedness>

## 2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the

development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

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

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

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

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

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

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

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

Describe:

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

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

- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

## 2.2 Parental Complaint Process

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

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

Parents and other individuals can submit complaints by visiting the Child Care Complaint website or by calling the main Child Care Licensing office. They can fill out the [Child Care Complaint Form](#).

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

Complaints can be submitted online by visiting the Child Care Complaint website. The policy, Complaint Referrals and Investigations, is available online. Licensors are assigned



to submitted complaints based on geographic area. Complaints are screened by the child care licenser assigned to the case. An investigation is initiated when a complaint is determined to be licensing-related and the information received has been assessed by Child Care Licensing to determine potential violations of licensing rules. The licenser conducts an inspection within 7 days of receiving the complaint. A complaint investigation is substantiated (validated) when the licensing worker has enough information to determine that the complaint allegations occurred or are occurring or that a regulation violation occurred during the investigation. The complaint process is the same for all licensed facilities. The Child Care Licensing Program does not have the authority to investigate un-licensed providers except for determining if the facility requires licensure according to statute. If a complaint is received for illegally operating providers, Child Care Licensing determines if the provider requires licensure per statute. Complaints can be submitted online by visiting the Child Care Complaint website. The policy, Complaint Referrals and Investigations, is available online and pertains to licensed and license-exempt providers. Licensers are assigned to submitted complaints based on geographic area. Complaints are screened by the child care licenser assigned to the case. An investigation is initiated when a complaint is determined to be licensing-related and the information received has been assessed by Child Care Licensing to determine potential violations of licensing rules. The licenser conducts an inspection within 7 days of receiving the complaint. A complaint investigation is substantiated (validated) when the licensing worker has enough information to determine that the complaint allegations occurred or are occurring or that a regulation violation occurred during the investigation.

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

The information available in CCUBS is maintained permanently. The information available on the public portal includes inspection information since 2009. A copy of the inspection and any correspondence is also maintained in the facility file. This information is kept in the file until it meets the retention schedule of 5 years.

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

Inspection reports for complaint investigations that result in a deficiency are available on the [Child Care Licensing Public Web Portal](#). The information available on the public portal includes inspection information since 2009. If the complaint is not validated, the complaint information is not available to the public.

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

Website:[Complaint Referrals and Investigations](#)

**2.3 Consumer Education Website**

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

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

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

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

The Lead Agency's website is organized based on audience type. The main website menu provides two options to select: parents and families, and early childhood providers. There is a navigation menu on the left side of the page that provides consumer friendly, easily accessible quick links to commonly viewed program and services pages. These navigation strategies ensure the user will easily find what they are searching for. There is a chat feature that allows a user to enter key words, and they are directed to related resources. The Lead Agency website team reviews site analytics to ensure accessibility standards are met. Analytics are used to track website traffic, which helps with identifying the "quick links" on the home page for ease of access. All web pages are ADA compliant per state and federal accessibility standards, which allows to accessibility to the widest range of consumers. All of the pages are monitored through Department web support to ensure website standard compliance.

Montana received technical assistance The State Capacity Building Center (SCBC) will collaborate with other technical assistance (TA) partners, as needed, to provide selected state and territory participants with intensive technical assistance (TA) that will support them in making enhancements to their child care consumer education websites from a systems perspective. This TA is focused on helping states meet Child Care and Development Fund (CCDF) requirements. Each participating state or territory will receive intensive onsite and remote consultation and TA from the consumer education technical assistance team, which will include consultants with expertise in website content development, website design, project management, and data systems integration. The team will provide intensive TA based on the specific needs of each participating state and territory.

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

In addition to English, the website is available in the following languages:

- Spanish
- German
- Chinese
- Japanese
- Tagalog
- French
- Russian
- Korean
- Arabic
- Thai
- Norwegian
- Vietnamese
- Ukrainian
- Dutch
- Italian

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

The website, per state regulations, is ADA compliant per Federal Section 508, Accessibility Requirements.

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

A required component of the consumer education website is a description of Lead Agency

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

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

[Become a Child Care Provider](#)

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

[Monitoring Activity Policy](#)

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

[Staff Background Check Reconsideration](#)

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

[Staff Background Check Disqualifiers](#)

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

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

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

[Licensed Provider Search](#)

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

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

Describe

The Lead agency only includes licensed providers in their searchable list.

c) Identify what informational elements, if any, are available in the searchable results.  
Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

#### All Licensed Providers

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

#### License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information

- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### License-Exempt CCDF Family Child Care Home Providers

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

#### License-Exempt Non-CCDF Providers

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

#### Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information

- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

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

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

d. Other information included for:

- i. All Licensed providers.

Describe

PV number, License status, license approval and expiration date, city

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

Describe

- iii. License-exempt CCDF family child care providers.

Describe

- iv. License-exempt, non-CCDF providers.

Describe

- v. Relative CCDF providers.

Describe

**2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or**



**a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.**

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

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

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

- i. Licensed CCDF providers.

Describe the quality information:

The Early Childhood Services website has a list of providers that participate in STARS to Quality. The list includes program name, program type, STAR level, city, and CCR&R region.

- ii. Licensed non-CCDF providers.

Describe the quality information:

The Early Childhood Services website has a list of providers that participate in STARS to Quality. The list includes program name, program type, STAR level, city, and CCR&R region.

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

Describe the quality information:

iv. License-exempt FCC CCDF providers.

Describe the quality information:

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

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

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

Certify by responding to the questions below:

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

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

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

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

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

Describe how these health and safety violations are prominently displayed:

A deficiency statement citing the rule is posted along with details about how the intent of the rule was not met.

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

Describe:

The provider submits a written Plan of Correction and the licensing worker enters the Plan of Correction into the survey tool.

- A minimum of 3 years of results, where available.

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

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

<https://dphhs.mt.gov/ecfsd/childcare/childcarelicensing/providersearch>

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

Child Care providers have 10 days after receiving the Statement of Deficiencies to

submit a plan of correction. After the 10-day period the report is posted publicly. If the provider requests an extension the licensing worker can offer an additional 10 days before posting publicly.

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

i. Provide the Lead Agency's definition of plain language.

Montana defines plain language as language written at a reading level below 8th grade that includes both the rule, intent, and rationale.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

Inspection reports include categories and sub-categories of the rules that are part of the inspection tool. Next to each sub-category there is a column that indicates compliance status at the time of inspection ("yes", "N/A", or "no"). If "no" is indicated the requirement and rule number is cited along with a plain language summary of how or why the "intent of the rule was not met". Following the summary is information about when or if the Plan of Correction was accepted. Montana has not received any feedback from parents and the public about readability of reports, but Montana has received feedback about searchability, and the reports are now easily searchable with the search function. If feedback was received from a parent, Child Care Licensing would coordinate with the data system developers to make updates and improvements as needed.

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

Child Care providers have 10 days after receiving the report to contact their local licensor if they believe the information in the inspection report is inaccurate. The licensor will review the request, and if corrections are needed based on inaccuracies, they will inform the provider and correct the report.

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

- filing the appeal
- conducting the investigation

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

Child Care providers have 10 days after receiving the report to dispute the information in the inspection report. Providers contact their licensor or the Child Care Licensing Program Manager if they are disputing the licensor's decision. Licensors and licensing program staff investigate the appeal in a timely manner, and reports are not publicly posted until the conclusion of the appeal process.

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

Inspections conducted since 2009 are posted to the website as long as the facility is currently licensed.

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

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

a. Certify by providing:

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

Licensed and registered child care providers are required to report injuries which

result in a child being hospitalized, requiring ambulance transport or intervention, or requiring physician treatment. Relative Care Exempt providers are not required to submit reports of any serious injuries or deaths of children occurring in child care. Licensed providers must report this to the Child Care Licensing program within 24 hours following the incident. The report is located on the Child Care Licensing website. The report is broken out by facility type.

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

The Lead agency uses the Child and Family Services' definition, "Upon investigation, the child protection specialist has determined that the facts showing that abuse, neglect, sexual abuse, or exploitation occurred are more convincing than the facts offered to show the abuse, neglect, sexual abuse, or exploitation did not occur."

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

The Lead agency uses the Child and Family Services' definition, "An incident, act, omission, or gross negligence resulting in medical care due to substantial skin bruising, internal bleeding, substantial injury to skin, subdural hematoma, burns, bone fractures, extreme pain, permanent or temporary disfigurement, or impairment of any bodily organ or function.

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

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

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

<https://dphhs.mt.gov/assets/ecfsd/childcarelicensing/InjuriesDeathsandChildAbuse.pdf>

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

[The Early Childhood Services Bureau website](#) provides information about CCR&R referrals in the following way: “Looking for Child Care? Choosing child care is one of the most important decisions you’ll ever make as a parent. Quality child care impacts how children learn, think, develop and behave. It encourages curiosity, a love of learning, and prepares children for school. Contact your local Child Care Resource and Referral Agency for help finding child care.” The CCR&R page has an interactive GIS map; users may click on their desired region and specific information about that CCR&R shows as a pop-up. Information about CCR&R services to providers, families, distance learning, referral services, and the CCR&R Network are available on the CCR&R page.

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

From the [home page](#), the left navigation quick links contains a link for “About ECSB/Contact Us,” where contact information is provided.

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

<https://dphhs.mt.gov/ecfsd/childcare>

## 2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

The Lead Agency's website provides information about child care services available, along with other programs that the family may be eligible. Our site has separate pages based on audience, so families can access a variety of resources and information about services that support families. Child Care Resource and Referral agencies share information with families in the following ways:

- Consumer Education information for families and providers in the following areas:  
Information about quality, quantity of child care services, and provider training opportunities or participating in Montana's QRIS system; Referrals include data on the supply and number of child care inquiries, the types of facility, and other personal preferences for child care providers; and Working with the state Advisory Council, Best Beginnings local coalitions, non-profits, and child care providers located in the CCR&Rs regions to increase supply of providers available for families.
- Community services available to assist families and providers regarding special needs including community availability of IDEA services, homelessness, immunizations, etc. Information is shared electronically, and through direct communications. Information about subsidy is also provided in brochures.



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

a. Temporary Assistance for Needy Families program:

What information is provided? On the Lead Agency's website, a general description of the Temporary Assistance for Needy Families (TANF) program is provided to consumers: Montana's Temporary Assistance for Needy Families (TANF) program is called TANF cash assistance, a welfare reform program that promotes the values of work, responsibility, and family. The MT Department of Public Health and Human Services is committed to the philosophy that public assistance is intended to provide temporary support to eligible individuals for the purpose of assisting them to reach economic self-support. The opportunity for self-support will be achieved through immediate employment, the vigorous pursuit of child support, and other alternatives to public assistance. Temporary financial assistance may be provided to the following families and individuals: Minor Children; Specified relatives with whom the children are living; The minor children's blood-related/adoptive siblings with whom the children are living; Pregnant women in their last trimester who have no other eligible children; and Refugees with minor dependent children. The receipt of TANF cash assistance is limited to 60 months in an adult's lifetime. How the information is provided: The Lead Agency provides this information in a section of a web page called [Other Programs and Services that Support Children and Families in Montana](#). A description of TANF services is included, along with a link to their website. How the information is tailored to a variety of audiences and include any partners who assist in providing this information: The information includes a general description of the program that is applicable to all audience types, and includes links for the user to click to find out more information.

**b. Head Start and Early Head Start programs:**

What information is provided? Information on the Head Start webpage includes a Head Start locator, where the user can enter a city, state, or zip code to find local Head Start and Early Head Start programs; Head Start and Early Head Start demographics; resources; and needs assessment information. How the information is provided: [The Montana Head Start Collaboration Office](#) has its own page within the Early Childhood Services Bureau website. How the information is tailored to a variety of audiences and include any partners who assist in providing this information: The information includes a general description of the program that is applicable to all audience types, and includes links for the user to click to find out more information. The website includes data and statistics that could be helpful to constituents such as policy makers, legislators, and legislative representatives.

**c. Low Income Home Energy Assistance Program (LIHEAP):**

What information is provided? On the Lead Agency's website, information regarding LIHEAP is provided to consumers. It includes a general description of the program, how it is administered, who may qualify and benefit, and the intent of LIHEAP. How the information is provided: The Lead Agency provides this information in a section of a web page called [Other Programs and Services that Support Children and Families in Montana](#). A description of LIHEAP services is included, along with a link to their website. How the information is tailored to a variety of audiences and include any partners who assist in providing this information: The information includes a general description of the program that is applicable to all audience types, and includes links for the user to click to find out more information.

**d. Supplemental Nutrition Assistance Programs (SNAP) Program:**

What information is provided? On the Lead Agency's website, information regarding SNAP is provided to consumers. It includes a general description of the program, how it is administered, who may qualify and benefit, income limits, and resources for the program. How the information is provided: The Lead Agency provides this information in a section of a web page called [Other Programs and Services that Support Children and Families in Montana](#). A description of SNAP services is included, along with a link to the State of Montana SNAP website. How the information is tailored to a variety of audiences and include any partners who assist in providing this information: The

information includes a general description of the program that is applicable to all audience types, and includes links for the user to click to find out more information.

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

What information is provided? On the Lead Agency's website, information regarding WIC is provided to consumers. It includes a general description of the program, a link to a prescreening tool for eligibility, and a link to the WIC website. How the information is provided: The Lead Agency provides this information in a section of a web page called [Other Programs and Services that Support Children and Families in Montana](#). How the information is tailored to a variety of audiences and include any partners who assist in providing this information: The information includes a general description of the program that is applicable to all audience types, and includes links for the user to click to find out more information.

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

What information is provided? On the Lead Agency's website, there is a direct link to the [Montana CACFP website](#) where the following information is provided: how to apply to participate, civil rights information, instructions for submitting claims and a link to the claims reimbursement system, documents and resources, federal regulations, Montana CACFP policies, newsletters and media, training information, and FAQs How the information is provided: The [CACFP](#) has its own webpage, which includes several menu options, including applications, claims, resources, civil rights, and training. How the information is tailored to a variety of audiences and include any partners who assist in providing this information: The information includes a general description of the program that is applicable to all audience types, and includes links for the user to click to find out more information.

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

What information is provided? A description of the Healthy Montana Kids (HMK), Montana's CHIP program, along with a link to the HMK website, who administers HMK in Montana, and contact information for members. How the information is provided: The Lead Agency provides this information in a section of a web page called [Other Programs and Services that Support Children and Families in Montana](#). How the information is tailored to a variety of audiences and include any partners who assist in

providing this information: The information includes a general description of the program that is applicable to all audience types, and includes links for the user to click to find out more information.

**h. Programs carried out under IDEA Part B, Section 619 and Part C:**

What information is provided? On the Lead Agency's website, information regarding IDEA Part B, Section 619 and Part C is provided to consumers. Montana Milestones administers Part C Early Intervention services in Montana. Information on the website about Montana Milestones includes: a general description of the program and its mission, and a link to the Montana Milestones website. Part B services are administered by the Montana Office of Public Instruction (OPI). On the Lead Agency's website, information regarding [IDEA Part B](#), Section 619 is provided to consumers. Information about Part B services, on the website, includes: a general description of the program and a link to the Early Childhood page within Montana OPI. How the information is provided: The Lead Agency provides this information in a section of a web page called [Other Programs and Services that Support Children and Families in Montana](#). How the information is tailored to a variety of audiences and include any partners who assist in providing this information: The information includes a general description of the program that is applicable to all audience types, and includes links for the user to click to find out more information.

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

-- what information is provided

-- how the information is provided

-- how the information is tailored to a variety of audiences, including:

- parents

- providers

- the general public

-- any partners in providing this information

#### Description:

What information is provided? The lead agency partners with CCR&R agencies to ensure information regarding research and best practices concerning children's development is available to parents, providers, and the general public. The following information is available:

Topic: Child Development and Developmental Screening

Target Audience: Parents/General Public On the Lead Agency's website, under the [Parents and Families](#) tab, there is a direct link to a tab called [Child Growth and Development](#). On this webpage, the following is included: A video illustrating the importance of Positive Guidance Home Visiting Program List Developmental Screening information outlining these questions: What is developmental screening? How often should developmental screening be done on my child? Who can do a developmental screening on a child? Where can I find help getting a developmental screening for my child?

Topic: Child Development and Developmental Screening

Target Audience: Providers On the Lead Agency's website, under the [Early Childhood Providers](#) tab, there is a direct link to a tab called [Child Growth and Development](#). On this webpage, the following is included for providers: A video illustrating the importance of Positive Guidance Home Visiting Program List Developmental Screening information outlining these questions: What is developmental screening? Who can do a developmental screening on a child? Where can I get trained in using a developmental screening tool? Additional ASQ trainers in Montana What is the ASQ-3™? What is the ASQ:SE? How often should I complete a screening on a child in my care? Who completes a developmental screener on a child in my care? For more information on developmental screening go to [Birth to 5: Watch Me Thrive! BIRTH TO 5: WATCH ME THRIVE! An Early Care and Education Provider's Guide for Developmental and Behavioral Screening](#)

Topic: Child Health and Nutrition

Target Audience: Parents/General Public/Providers On the Lead Agency's website, under

the [Child and Adult Care Food Program](#) tab, there is a direct link to a tab called [Resources](#). On this webpage, along with other resources, the following is included: Feeding Children Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs Ellyn Satter Institute Ellyn Satter's Division of Responsibility in Feeding Poster Infant Feeding Recipes A list of programs [participating in CACFP](#) can be found on the website, as well.

Topic: Child Health and Nutrition

Target Audience: Parents/General Public On the Lead Agency's website, under the [Other Programs and Services that Support Children and Families](#) tab, there is a direct link to a tab called [Children's Health and Nutrition](#) . On this webpage, the following is included: ADA Brochure Asthma Action Plan - American Lung Association Diabetes Health Care Plan Feeding Infants - A Guide for Use in the Child Nutrition Programs HIPAA Brochure - Meal Pattern Seizure Care Plan Log Topic: Parent and Family Engagement Target Audience: General Public/Providers On the Lead Agency's website, under the [Early Childhood Providers](#) tab, there is a direct link to a page called [Child Growth and Development](#). On this webpage, the following is included for providers: A flyer, [Parent Involvement and Family Engagement](#) How the information is tailored to a variety of audiences and include any partners in providing this information? Information is shared in a variety of ways in order to reach various audiences. Formats for sharing include: written materials, flyers, brochures, and website links. The target audiences are: parents; providers; general public; agency staff; partner agencies staff; contractors; sub-recipients of contractors; local, state and federal policy makers; and state agency leadership. Information is tailored specifically to parents and early childhood providers by allowing to methods of entry on the ECSB.

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

- what information is provided,

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

#### Description:

Information to support social-emotional health of young children that is shared on the Lead Agency's website includes: [Mental Health Newsletter](#) Video resources [demonstrating Pyramid Model practices](#) The [Knowledge Base](#) and the [Montana Early Learning Standards \(MELS\)](#). CCR&R agencies provide coaching to programs participating in STARS to Quality. Programs at STAR 3 and above must meet many child development research based, best practice criteria, specifically in social emotional supports, family engagement, physical health of the children, family, and staff in their programs, and nutrition. Coaches provide resources regarding social emotional practices, and programs are also required to give families the Positive Solutions for Families brochure from the Pyramid Model Consortium. The [Knowledge Base](#) and the [Montana Early Learning Standards \(MELS\)](#) are accessible through the Lead Agency's website and are the foundation for supporting all early learning programs and activities. Every course developed and vetted through the Early Childhood Project must meet the standards in the Knowledge Base and MELS to be considered for approval. The MELS promotes the well-being and positive development of the whole child while also promoting the importance of social and emotional health of young children. It is organized by domain and offers quick references so that parents and providers can easily communicate about each area. During the Best Beginnings Child Care Scholarship eligibility determination process, an Eligibility Specialist within the Child Care Resource and Referral (CCR&R) agency provides information on a variety of topics, including child growth and development. If a parent indicates their child may need additional support or already has a diagnosed and documented special need, the Eligibility Specialist will refer to the Special Needs policy to support the family. General information on child growth and development and examples of positive behavior intervention and supports are linked on the [ECSB Child Growth and Development website](#).

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

The Lead Agency has policy on preventing suspension and expulsion of children from birth

to age twelve in the Administrative Rules of Montana, [37.80.301](#). (6) It requires providers have a policy on preventing and reducing expulsion and suspension. The policy must include reasons for expulsion, procedures for expulsion, how the provider will assist the child and parent with transitions, and the types of referrals the provider will make such as those to a community agency that could offer additional supports to the family. The policy on preventing suspension and expulsion is available on the Early Childhood Services Bureau website for parents, providers, and the general public. The regional Child Care Resource and Referral (CCR&R) agencies in Montana meet with child care providers and child care provider associations in their regions and have shared the expulsion policy. Regional CCR&R Professional Development Specialists are available to meet with child care providers to assist them in the writing of an expulsion policy and provide technical assistance in helping their programs to avoid the suspension and expulsion of children. In recognition of the importance of addressing suspension and expulsion, the US Departments of Education and Health and Human Services issued a Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings in 2014. This policy statement provides recommendations to States and local early childhood programs to prevent and severely limit expulsions and suspensions in early learning settings. These recommendations include the implementation of multi-tiered systems of support. Best Beginnings STARS to Quality uses training and coaching on Pyramid Model practices both at the program and classroom levels to address challenging behaviors that may lead to suspensions and expulsions.

## [2.5 Procedures for Providing Information on Developmental Screenings](#)

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



services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

### 2.5.1 Certify by describing:

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

The Lead Agency provides information on the Early Childhood Services Bureau website regarding developmental screening, procedures, and referral options for infants, toddlers, and preschoolers. It also provides the Bright Futures Well Child Visit Schedule which indicates that an infant/toddler should have a developmental screener completed at least at 9, 18, and 30 months with encouragement to screen more often if concerned. This schedule also includes in depth information on recommended screening for children from birth through 21 years of age. The website also includes information specifically on the Ages and Stages Questionnaires for families and providers, separately, including screening intervals and definitions of the ASQ-3 and the ASQ: SE. The [ECSB developmental screening page](#) contains a variety of resources related to tools, implementation planning, talking with families, FAQs, and other resources.

The Early Childhood Services Bureau's initiative to implement developmental screening in early care and education programs will identify and support individual child development, promote family engagement, and enhance program quality. The developmental screening resources the [Developmental Screening page](#) helps providers identify the right developmental screening tool for their program, develop or improve the screening process, take advantage of the Center for Disease Control and Prevention's information and resources, and prepare for positive communication with families.

Although any valid and reliable developmental screener will meet the STARS criteria, the state is supporting Ages and Stages Questionnaires (ASQ). Child Care Resource and Referral Agency Family Engagement Coordinators will support ASQ:SE-2 tools to start and will add ASQ-3 in the future. While funding allows, programs can receive the following ASQ supplies from the Child Care Resource and Referral Agency Provider

Services team:

- ASQ-3 starter kit including:

Developmental Screening page.

Individuals employed in STARS programs must complete the training on screening to meet STAR 3 criteria. STARS providers must have screening procedures and policies in place to meet STAR 4 criteria. Currently, the state STARS team collects program information specific to the tool and processes but does not collect or analyze child-level screening data. All information on the website is ADA accessible. If requested, CCR&Rs will provide adapted resources for individuals with limited English proficiency and individuals with disabilities.

b) [The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act \(42 U.S.C. 1396 et seq.\) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act \(20 U.S.C. 1419, 1431 et seq.\).](#) Currently, the process for providing information on and referring families to existing developmental screening services varies between programs and agencies. Information is provided on the ECSB website regarding how to access this information. Within the State Advisory Council, multiple programs within ECFSD and the Department are discussing how to best coordinate efforts between EPSDT, Section 619 & Part C, in order to reduce duplication of screening and increase training opportunities on this topic.

The Early Childhood Services Bureau's initiative to implement developmental screening in early care and education programs will identify and support individual child development, promote family engagement, and enhance program quality. The developmental screening resources the [Developmental Screening page](#) helps providers identify the right developmental screening tool for their program, develop or improve the screening process, take advantage of the Center for Disease Control and Prevention's information and resources, and prepare for positive communication with families. Within the CCR&Rs, Family Engagement Coordinators support screening through training and technical assistance for both providers and families.

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

Child Care Resource and Referral (CCR&R) agencies have information available to parents of eligible children, providers, and the general public in the form of rack cards, website information, and direct communication through their Provider Services staff who are knowledgeable in early childhood best practices. During the intake process, eligibility specialists offer information when a need arises and refer parents to various resources based on the need identified as well determines if it is appropriate to apply for a special needs scholarship. Parents can access a developmental screening through their primary physician, a local health department, or local school district depending on the age of the child.

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

Child care providers receive this information through training in and access to the Montana Early Care and Education Knowledge Base (Knowledge Base) and the Montana Early Learning Standards (MELS). The Knowledge Base is a resource that assists in understanding developmentally appropriate practice for children ages birth through 8 and the MELS is a set of standards developed through the Montana Early Learning Task Force consisting of various early learning stakeholders throughout Montana. The MELS are the standards that guide the work of early learning professionals to ensure that children from birth to age 5 have the skills and knowledge they need to achieve success as well as promoting a continuum of growth and development for children from birth to age 5. Training on MELS is available online. All trainings must go through an approval process to be sure content areas of the Knowledge Base and Early Learning Standards are incorporated into each training. In addition to these resources, the ECSB provides information for specific to child care providers on the [ECSB Child Growth and Development website](#).

e) [How child care providers receive this information through training and professional development.](#)

A course is available on the distance learning platform called, "[Developmental Screening: Develop a process to identify and support individual child development, promote family engagement, and enhance program quality.](#)" While taking this course, students will plan for the different steps involved in effectively implementing developmental screening. This course is designed to give students an overview of the

screening process and help students consider how they will implement developmental screening, regardless of the screening tool they choose. Child care providers also receive this information through training in and access to the Montana Early Care and Education Knowledge Base (Knowledge Base) and the Montana Early Learning Standards (MELS). The Knowledge Base is a resource that assists in understanding developmentally appropriate practice for children ages birth through 8 and the MELS is a set of standards developed through the Montana Early Learning Task Force consisting of various early learning stakeholders throughout Montana. The MELS are the standards that guide the work of early learning professionals to ensure that children from birth to age 5 have the skills and knowledge they need to achieve success as well as promoting a continuum of growth and development for children from birth to age 5. Training on MELS is available online. All trainings must go through an approval process to be sure content areas of the Knowledge Base and Early Learning Standards are incorporated into each training. In addition to these resources, the ECSB provides information for specific to child care providers on the [ECSB Child Growth and Development website](#).

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

Part C of IDEA is required to have a comprehensive Child Find system. Per Montana's conformity with the [rules and requirements of Part C of IDEA](#): The coordination of the Part C Comprehensive Child Find System to identify infants and toddlers with disabilities, who may be eligible for Part C services, is the responsibility of each regional contractor. Each regional contractor is required to have developed and disseminated to all primary referral sources and, when appropriate, parents, a public awareness program focusing on early identification of infants and toddlers with disabilities and other learning or developmental risk factors. This includes the preparation and dissemination to all primary referral sources, especially hospitals and physicians, of information for parents on the availability of early intervention services and procedures for determining the extent such sources disseminate information to parents of premature infants or infants with other physical risk factors associated with learning or developmental complications. Materials for parents and professionals on the availability of early intervention Part C services include information describing: The State's early intervention program; The purpose and scope of the program; How to make referrals for evaluations and early intervention services; and How to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services. The regional contractors engage in a variety of ongoing

public awareness activities including distribution of public awareness information through a variety of methods in physicians' offices, hospitals, public health departments, WIC offices, and other agencies concerned with young children with disabilities and risk conditions associated with disabilities and public places frequented by parents of infants and toddlers and other family members. The initial evaluation for Part C eligibility must be completed as soon as possible (within 30 days after the referral is the expected timeline) and within the 45-day timeline in order to have sufficient time to complete assessments needed for the development of the IFSP.

## 2.6 Consumer Statement for Parents Receiving CCDF Funds

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

### **2.6.1 Certify by describing:**

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

A flyer titled, "Best Beginnings Scholarship Program: Supporting Montana Families and Providers with Child Care Financial Assistance" is given to families by their local Child Care Resource and Referral Agency. This flyer is also available electronically on the Lead Agency's website. The statement includes the following information for families and providers: Equal access for families through the Best Beginnings Child Care Scholarship Program Reliable compliant process for families and providers Child Care Resource and Referral agencies across the state STARS to Quality, Montana's Quality Rating and Improvement System Health and safety standards met by all licensed providers Transparent licensing inspection and monitoring information.

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

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

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

[Best Beginnings Scholarship Program: Supporting Montana Families and Providers with Child Care Financial Assistance](#)

### 3. Provide Stable Child Care Financial Assistance to Families

#### 3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond

12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

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

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

### 3.1 Eligible Children and Families

#### 3.1 Eligible Children and Families

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

##### **3.1.1 Eligibility criteria: Age of children served**

a) The CCDF program serves children

from 0

(weeks/months/years)

through 12

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

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

No

Yes,

and the upper age is 18

(may not equal or exceed age 19).

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

Physical or mental incapacity is defined as children under the age of 19 with disabilities or cognitive delays who are not able to properly manage or care for his/her person without assistance. Appropriate clinical authorities must document this determination.

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

No.

Yes

and the upper age is 18

(may not equal or exceed age 19)

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

i. "residing with":

A child must live in the same household as the parent, or person who is legally responsible for the child's welfare, during the period for which child care services are requested.

ii. "in loco parentis":

When an adult is acting in place of a parent. For example, an adult designated in a military parent's family plan would be acting "in loco parentis."



### 3.1.2 Eligibility criteria: Reason for care

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

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

A parent or parents must be employed at paid legal labor or self-employed earning minimum wage and meet a minimum hourly work requirement each month. A single parent can meet minimum activity requirements, including working. The following are how a parent may meet work requirement. A single parent must work a minimum of 60 hours per month. If a single parent is attending school or training full-time, where full-time is based on the school's guidelines, the parent does not have a work activity requirement. If a single parent is attending school or training part-time, the parent must work a minimum of 40 hours per month. A two-parent family can meet minimum activity requirements, including working. The following are how parents may meet work requirement. A two-parent family must work a minimum of 120 hours per month with either/or both parents working any combination of hours. In a two-parent family if both parents are attending school or training full-time, where full-time is based on the school's guidelines, there is no work activity requirement for either parent. In a two-parent family if one parent is attending school or training part-time and one parent is attending school or training full-time, the work activity requirement is 40 hours per month.

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

Job Training is a program designed to assist eligible families to become self-sufficient by providing needed employment-related activities and supportive services. Job training programs include, but are not limited to, Pathways and special classes which may be classified as "employment related training."

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

Education may be an education program that is accredited by the State of Montana or approved training institution that is accredited by the U.S. Department of Education.

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

A person is considered to be attending job training or education, whether part-time or full-time, when the person submits supporting documentation, which are the number of enrolled credits and fees paid.

### 3.1.2 Eligibility criteria: Reason for care

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

Yes

No,

If no, describe the additional work requirements.

### 3.1.2 Eligibility criteria: Reason for care

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

No.

Yes. If yes:

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

Child Care is available for children in protective care because of the danger of neglect or abuse. The need for protective services child care is determined by the Child and Family Services Division within the Department of Public Health and Human Services. Children in protective services are designated as a household of one for the purpose of childcare subsidy and uniquely identified; therefore, the state does not attach a co-payment requirement to these minor children.

*Note:* Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective

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

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

- No
- Yes

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

- No
- Yes

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

- No
- Yes

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

- No
- Yes

### 3.1.3 Eligibility criteria: Family Income Limits

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

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

Montana determines eligibility for the Best Beginnings Child Care Scholarship using the family's gross income. A family must include required household members and may include optional household members. Required household members include biological, adoptive, or step-parents of an intact family; a parent by common law marriage; a parent

joined by a common child; an adult acting in loco parentis; minor siblings, age 17 and under; and a child receiving Temporary Assistance for Needy Families (TANF) cash benefits. Optional household members would be any person living in the household that is not a required household member. The gross income of all household members is used for the purposes of eligibility at initial determination. There are some income exclusions. Income exclusions may be based in part on the status of an individual in the household. For example, student loans or Low-Income Energy Assistance Payment (LIEAP) income are excluded from a household's total gross income.

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

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	3697	3142	1986	54
2	4834	4108	2686	56
3	5971	5075	3386	57
4	7109	6042	4085	57
5	8246	7009	4785	58

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

Income eligibility limits are statewide.

d. SMI source and year. <https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy-and-mandatory-use->

fy2021?utm\_medium=rss . 2021

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

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

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

CCRR Region 7 - Yellowstone County

f. What is the effective date for these eligibility limits reported in 3.1.3 b? June 1, 2021

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

<https://dphhs.mt.gov/ecfsd/ChildCare/BestBeginningsScholarships>

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

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

The family member is asked a question about family assets over one million (\$1,000,000) on the application. It is a self-attestation of yes or no.

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

No.

Yes.

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

The \$1,000,000 asset test is waived for children in protective services. The \$1,000,000 asset test only applies to non-TANF cases in Montana. [Child Care Policy Manual, Policy Section 2-4](#).

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

**a. eligibility determination.**

Montana has a child support compliance requirement. A child in a household that has an absent parent must meet the child support compliance requirement. Typically, this requirement is met by an in-compliance child support case with the Child Support Enforcement Division, a court-filed and judge-signed parenting plan, or approved good cause. There are exceptions to this requirement outlined in the [Child Care Policy Manual, Policy Section 2-2a](#).

**b. eligibility redetermination.**

Montana has a child support compliance requirement. A child in a household that has an absent parent must meet the child support compliance requirement. Typically, this requirement is met by an in-compliance child support case with the Child Support Enforcement Division, a court-filed and judge-signed parenting plan, or approved good cause. There are exceptions to this requirement outlined in the [Child Care Policy Manual, Policy Section 2-2a](#).

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

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules

- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other.

Describe:

A parent can determine how many child care hours are needed per week to meet the needs of the child. The authorized child care hours do not need to follow the parent's work, training, or educational schedule. A child cannot be authorized for more than 20 hours per day and 50 hours per week without approval from the Early Childhood Services Bureau. The goal is to use a reasonable approach that supports the child's developmental and learning needs.

### 3.1.7 Fluctuation in earnings.

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

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

**Describe:**

If a parent reports an increase in income during the 12-month eligibility period, no action will be taken unless it benefits the family. The family is advised of the increased monthly copayment or change in eligibility for the next annual re-determination. Income is determined on a case-by-case basis. When determining income does not clearly follow policy and procedure, a special case will come to the state level to determine income. For example, self-employment varies greatly with each parent's individual business. The state will assist the Child Care Resource and Referral (CCR&R) agency with how best to determine a monthly employment income.

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

Applicant identity.

Required at Initial Determination

Required at Redetermination

**Describe:**

Applicants may have an interview either in person or by telephone during the initial application period. Applicants may include photo identification documents: government issued identification, passport, Montana driver's license, or a school identification card. If the family is receiving Supplemental Nutrition Assistance Program (SNAP) benefits, the verification can be obtained from the Combined Healthcare Information and Montana Eligibility System (CHIMES). Documentation of what was used to determine the applicant's identity is included in case notes in the computer database, Child Care Under the Big Sky (CCUBS). Paper documents are kept at the Child Care Resource & Referral agency that maintains the confidential files for the applicant. At annual re-determination, information already on file does not need to be submitted again.



Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

The applicant's relationship to the child can be determined from a variety of documentation: 1) Birth certificates; Legal or court documentation; 3) Child and Family Services documentation; 4) Verification from the Combined Healthcare Information and Montana Eligibility System (CHIMES) if the family is on Supplemental Nutrition Assistance Program (SNAP) benefits; or 5) Other documentation. Documentation of what was used to determine the applicant's relationship to the child is included in case notes in the computer database, Child Care Under the Big Sky (CCUBS). Paper documents are kept at the Child Care Resource & Referral agency that maintains the confidential files for the applicant. The information is required at initial application, but then it is kept in the confidential file at the Child Care Resource & Referral agency. At annual re- determination, information already on file does not need to be submitted again.

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

Required at Initial Determination

Required at Redetermination

Describe:

Children receiving child care assistance must be US citizens or US nationals. A variety of documentation may be used to determine this: 1) Birth certificates or passports; 2) A Social Security card (this is optional); 3) Verification from the Combined Healthcare Information and Montana Eligibility System (CHIMES) if the family is on Supplemental Nutritional Assistance Program (SNAP) benefits; or 4) Other documentation. Documentation of what was used to determine the child's eligibility is included in case notes in the computer database, Child Care Under the Big Sky (CCUBS). Paper documents are kept at the Child Care Resource & Referral agency that maintains the confidential files for the applicant. The information is required at initial application, but then it is kept in the confidential file at the Child Care Resource & Referral agency. At annual re-determination, information already on file does not need to be submitted again. Any new child added to a family's case will be required to provide the new information.

[Work.](#)

[Required at Initial Determination](#)

[Required at Redetermination](#)

[Describe:](#)

Applicants complete a Work Verification Form signed by the employer at the time of initial application, annual redetermination, or with a job change. A parent may choose to submit paystubs if the Work Verification is not an accurate representation of their current work. Self-employment is initially verified through a self-statement attestation which is a self-employment form filled out by the applicant. Self-employment income is verified through tax returns or receipts of income and expenses. Documentation of what was used to determine the parent's work activity requirement (including work) is included in case notes in the database, Child Care Under the Big Sky (CCUBS). Paper documents are kept at the Child Care Resource & Referral agency that maintains the confidential files for the applicant. The information is required at initial application, but then it is kept in the confidential file at the Child Care Resource & Referral agency. At annual re-determination, the parent will be required to submit a new Work Verification Form or paystubs.

[Job training or educational program.](#)

[Required at Initial Determination](#)

[Required at Redetermination](#)

[Describe:](#)

Applicants must submit receipt of fees paid and number of credits enrolled to prove the attendance of school. Documentation of what was used to determine the job training or education program is included in case notes in the computer database, Child Care Under the Big Sky (CCUBS). Paper documents are kept at the Child Care Resource & Referral agency that maintains the confidential files for the applicant. The information is required at initial application, but then it is kept in the confidential file at the Child Care Resource & Referral agency. At annual re-determination, a new receipt of fees paid and number of credits enrolled will be required.

[Family income.](#)

Required at Initial Determination

Required at Redetermination

**Describe:**

Work income is determined using a Work Verification Form or paystubs. Self-employed applicants must meet Federal minimum wage requirement to qualify for childcare assistance. Self-employed individuals need to provide written documentation verifying their self-employment status at the time of application. This may be done using several types of documentation: Business License issued by the city or state; Federal Employer Identification Number (FEIN) issued by the Internal Revenue Service; or IRS Tax forms, which include Schedule C or Schedule C-EZ, 1040-ES, and Estimated Tax for Individuals. Other household income (found in [Policy Section 2-6](#)). will have varying documentation. Documentation of what was used to determine the family income is included in case notes in the computer database, Child Care Under the Big Sky (CCUBS). Paper documents are kept at the Child Care Resource & Referral agency that maintains the confidential files for the applicant. The information is required at initial application, but then it is kept in the confidential file at the Child Care Resource & Referral agency. At annual re-determination, new income documentation will be required.

Household composition.

Required at Initial Determination

Required at Redetermination

**Describe:**

The application turned in by the application is used to determine the household composition. Documentation of what was used to determine the household composition is included in case notes in the computer database, Child Care Under the Big Sky (CCUBS). Paper documents are kept at the Child Care Resource & Referral agency that maintains the confidential files for the applicant. The information is required at initial application and annual re-determination.

Applicant residence.

Required at Initial Determination

Required at Redetermination

**Describe:**

Applicants submit proof of residency such as a rental agreement, utilities bill, or current Montana Driver's License. Documentation of what was used to determine the applicant's residency is included in case notes in the computer database, Child Care Under the Big Sky (CCUBS). Paper documents are kept at the Child Care Resource & Referral agency that maintains the confidential files for the applicant. The information is required at initial application, but then it is kept in the confidential file at the Child Care Resource & Referral agency. At annual re-determination, information already on file does not need to be submitted again.

**Other.**

**Required at Initial Determination**

**Required at Redetermination**

**Describe:**

Express Eligibility is a way for applicants to reduce the amount of documentation verification needed. Applicants participating in Supplemental Nutrition Assistance Program (SNAP) are asked if they are receiving (SNAP) benefits on their application for child care assistance. If the answer is yes, the Child Care Resource & Referral agency uses income information already documented the Combined Healthcare Information and Montana Eligibility System (CHIMES). This approach reduces the amount of document verification needed to qualify applicants. The information is checked at initial application and at annual re-determination.

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

**Time limit for making eligibility determinations**

**Describe length of time:**

Once the initial application is reviewed, the Child Care Resource and Referral staff must review the application packet within seven business days to ensure timely processing. The applicant has thirty calendar days to submit all required documentation .

Track and monitor the eligibility determination process

Other.

Describe:

Supervisors at each Child Care Resource and Referral complete case reviews given to them monthly by the Early Childhood Services Bureau (ECSB).

None

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

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

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

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

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

a. Identify the TANF agency that established these criteria or definitions: The Montana Department of Public Health and Human Services, Human and Community Services Division, Public Assistance Bureau

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

i. "Appropriate child care":

The child care provider meets applicable state standards.

ii. "Reasonable distance":

If the family is without either their own (or arranged) transportation, and there is no public transportation, then their home or work site must be no more than 1 mile from the childcare provider.

iii. "Unsuitability of informal child care":

Care that does not meet applicable state licensing standards, although it may be the family's choice.

iv. "Affordable child care arrangements":

The total parental (caretaker relative or person acting in loco parentis) co-payment and "above and beyond" obligation does not exceed 25% of gross family income.

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

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

Describe:

Families participating in the TANF program are not sanctioned due to lack of child care. When child care is not available, TANF advocates and parents negotiate alternative participation activities to maintain compliance with their employability/service plan. If a parent is involved in the TANF sanction process, the parent is informed in writing of the right to claim good cause.

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

<https://dphhs.mt.gov/hcsd/tanfpolicymanual>

## 3.2 Family Contribution to Payments

### 3.2 Family Contribution to Payments

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

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

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
<b>Family Size</b>	<b>Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)</b>	<b>What is the monthly co-payment for a family of this size based on the income level in (a)?</b>	<b>What percentage of income is this co-payment in (b)?</b>	<b>Highest initial or First Tier Income Level before a family is no longer eligible.</b>	<b>What is the monthly co-payment for a family of this size based on the income level in (d)?</b>	<b>What percentage of income is this co-payment in (d)?</b>
1	N/A	0	N/A	0	0	0
2	778	10	1	2686	564	21
3	980	10	1	3386	711	21
4	1179	12	1	4085	858	21

	(a)	(b)	(c)	(d)	(e)	(f)
5	1379	14	1	4785	1005	21

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

i. N/A. Sliding fee scale is statewide

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

Billings is the largest municipality by population in Montana. However, Montana's Income limit is the same across the state.

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

N/A

c. What is the effective date of the sliding-fee scale(s)? 06/01/2021

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

<https://dphhs.mt.gov/assets/ecfsd/childcare/documentsandresources/SlidingFeeScaleJune2021.pdf>

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

Check all that apply under a. or b.

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

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

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

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

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

v. The fee is per family.

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

Describe:



vii. Other.

Describe:

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

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

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

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

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

v. The fee is per family.

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

Describe:

vii. Other.

Describe:

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

No.

Yes, check and describe those additional factors below.

a. Number of hours the child is in care.

Describe:

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

Describe:

c. Other.

Describe:

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

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

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

Describe the policy and provide the policy citation.

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

Describe the policy and provide the policy citation.

Montana requires no copayment for any referral from the Child and Family Services Division (CFSD). CFSD identifies if any child receiving protective services needs child care under the Best Beginnings Child Care Scholarship.

Child Care Policy Manual, Section 6-4: Co-payment Requirements

<https://dphhs.mt.gov/ecfsd/childcare/childcarepolicymanual>.

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

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

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

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

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

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

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

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

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

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

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

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

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

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

The entry level for a family of three into the second eligibility level is above 150% of the Federal Poverty Guideline (FPG), and the exit level is 185% FPG. This would be a monthly income of \$2715 at entry and \$3349 at exit. (Using CRRSA funds, Montana has temporarily increased the eligibility entry level from 150% to 185% with graduated eligibility exit level of 200% FPL. Under this policy, monthly income for a family of three is \$3,336 at entry and \$3,660 at exit. Following the expenditure of CRRSA funds, Montana will use ARPA funds to continue this increased eligibility range for another year. Participation in graduated eligibility is for a 12-month eligibility period. A family must already be a participant on the program and deemed over-income at the time of annual redetermination to be eligible for graduated eligibility. This policy is found in Montana's [Child Care Policy Manual 2-7](#).

**B. Describe how the second eligibility threshold:**

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

Montana increased the income eligibility from an exit of 185% of FPL to 200% of FPL using Coronavirus Response and Relief Appropriations (CRRSA) Act federal funding. 200% of FPL is below the 85% of Montana's SMI threshold, effective 6/1/2021. Higher percentages of the FPL were too close or above 85% SMI. Since initial eligibility for the child care subsidy uses FPL, the same logic was used to continue to use the FPL instead of the SMI to determine entrance into graduated phase-out. The monthly copayment for graduated phase-out is between 15%-24% on Montana's sliding fee scale. The monthly copayment rises incrementally with the family's income. The monthly copayment is below 25% of the family's income, meeting the definition for affordable child care.

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

Using the example of a family of three, Montana's graduated phase-out would allow for an increase of gross monthly income of approximately \$634. This would be an increase of yearly income of approximately \$3288. This would allow for a gradual increase of wages for a family while remaining below 85% of the State Median Income.

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

Graduated phase-out families have the same change reporting requirements as all other families utilizing the subsidy program.

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

[Child Care Policy Manual, Policy Section 6-5: Change Reporting.](#)

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

No

Yes

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

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

No.

Yes.

Describe:

### 3.3 Increasing Access for Vulnerable Children and Families

#### 3.3 Increasing Access for Vulnerable Children and Families

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

Note:

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

#### **3.3.1 Describe how the Lead Agency defines:**

a) "Children with special needs":

A child with special needs means a child who is age 18 or younger who requires additional assistance because of an emotional or physical disability and/or cognitive delay that is verified by medical records or other appropriate documentation such as

written verification of the physical, emotional, or mental disability from the appropriate authority.

b) "Families with very low incomes":

A family, whose income is at or below the TANF eligibility threshold of the 2020 federal poverty guidelines.

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

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

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

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

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

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

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

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

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

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

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

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

Special needs: If there was limited funding for child care assistance, a household containing a child with special needs or a child with disabilities is a priority. Administrative Rules of Montana 37.80.201(5), Nonfinancial Requirements for Eligibility and Priority for Assistance, includes the priority list that would be implemented if there are insufficient funds to provide benefits to all eligible households. A household containing a child with special needs or a child with disabilities is listed as priority number two after a household receiving TANF.

Families with very low incomes: If there was limited funding for child care assistance, Non-TANF households are ranked by household income as a percentage of the Federal Poverty Guidelines (FPG). Administrative Rules of Montana 37.80.201(5), Nonfinancial Requirements for Eligibility and Priority for Assistance, includes the priority list that would be implemented if there are insufficient funds to provide benefits to all eligible households. A Non-TANF household is the lowest priority. The household with the lowest percentage of income, relative to FPG, has the highest priority when funding becomes available.



Children experiencing homelessness: If there was limited funding for child care assistance, a household experiencing homelessness is a priority. Administrative Rules of Montana 37.80.201(5), Nonfinancial Requirements for Eligibility and Priority for Assistance, includes the priority list that would be implemented if there are insufficient funds to provide benefits to all eligible households. A household experiencing homelessness is listed as priority number four, after a household receiving TANF, a household containing a child with special needs or a child with disabilities, and a household headed by a teen parent.

Families receiving TANF: If there was limited funding for child care assistance, a household receiving assistance funded by the TANF program while participating in employability activities that require child care is a priority. Administrative Rules of Montana 37.80.201(5), Nonfinancial Requirements for Eligibility and Priority for Assistance, includes the priority list that would be implemented if there are insufficient funds to provide benefits to all eligible households. A household receiving TANF is the number one priority listed.

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

Teenage parent: A teenage parent means a parent through their 20th birthday who is attending high school.

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

If there was limited funding for child care assistance, a household headed by a teenage parent is a priority. Administrative Rules of Montana 37.80.201(5), Nonfinancial Requirements for Eligibility and Priority for Assistance, includes the priority list that would be implemented if there are insufficient funds to provide benefits to all eligible households. A household headed by a teenage parent is listed as priority number three, after a household receiving TANF and a household containing a child with special needs or a child with disabilities, respectively.

**3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).**

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

A family experiencing homelessness is eligible for a 90-calendar day eligibility period while families stabilize their living arrangements. In order to be eligible for 90-day eligibility period, the parent must submit two forms of documentation to prove homelessness. One form of documentation is the self-attestation from the parent on the application. The second form of documentation could be a letter from a homeless shelter or a statement from a friend or relative the family is living with. A parent must select a registered or licensed child care provider for child(ren) in the family. The 90-day eligibility period allows the family experiencing homelessness to meet all Non-TANF eligibility requirements. This includes the following: proving residency in Montana, citizenship of child(ren), and meeting both the income and activity requirements. Child Care Resource and Referral (CCR&R) agency are available to provide support for families experiencing homelessness by providing referrals to available community services and identifying child care providers that may meet the needs of the family.

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

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

iv. Other

Child Care Resource & Referral agencies provide outreach information to places providing services to homeless families such as homeless shelters, and organizations that may work with homeless families such as Offices of Public Assistance, Good Will/Salvation Army stores, etc.

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

**3.3.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).**

Note:

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

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

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

The Lead Agency worked with the Public Health and Safety Division and Child Care Licensing to establish the procedure for how a family experiencing homelessness would be able to comply with immunizations. Montana requires children to have current immunizations to attend a child care facility, but a conditional enrollment form allows a family to have a plan from a medical professional to come current with immunizations. The conditional enrollment form allows a child to attend the child care facility as the child comes current with immunizations. The grace period varies with each child's individual needs. The length of time a child requires to become current with immunizations is determined on the conditional attendance form by their

physician or Health Department official.

[Provide the citation for this policy and procedure.](#)

[Administrative Rules of Montana, 37.95.140](#): Immunization, outlines that a child can conditionally attend a child care facility if the conditional enrollment form documenting the child's conditional immunization status is on file at the child care facility.

[ii. Children who are in foster care.](#)

The Lead Agency worked with the Public Health and Safety Division and Child Care Licensing to establish the procedure for how children who are in foster care would be able to comply with immunizations. Montana requires children to have current immunizations to attend a child care facility, but a conditional enrollment form allows a family to have a plan from a medical professional to come current with immunizations. The conditional enrollment form allows a child to attend the child care facility as the child comes current with immunizations. The grace period varies with each child's individual needs. The length of time a child requires to become current with immunizations is determined on the conditional attendance form by their physician or Health Department official.

[Provide the citation for this policy and procedure.](#)

[Administrative Rules of Montana, 37.95.140](#): Immunization, outlines that a child can conditionally attend a child care facility if the conditional enrollment form documenting the child's conditional immunization status is on file at the child care facility.

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

If a family does not have a current immunization history for a child, a Child Care Resource and Referral (CCR&R) agency will refer the parent to the county health department or local healthcare provider. The county health department will look at imMTrax (Montana Immunization Information System) to see if the child has a history of immunizations in Montana. The local healthcare provider may look at imMTrax or contact the county health department if the local healthcare provider needs additional help getting the child's history of immunizations in Montana. If a child does not have current

immunizations, the county health department or local healthcare provider will work with the family to fill out the conditional enrollment form. This form will have a plan to get the child current on immunizations. If the county health department needs assistance with out-of-state immunization history, the county health department will contact the state health department. The parent needs to grant permission for the state of Montana to contact other states for immunization history. The conditional enrollment form is monitored by the Child Care Licensing Program when a monitoring visit occurs.

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

No.

Yes.

Describe:

Immunizations are a requirement for all children attending child care facilities monitored by the Child Care Licensing Program. The conditional enrollment period outlined by an individual child's conditional enrollment form is allowed for any children attending a child care facility.

## 3.4 Continuity for Working Families

### **3.4.1 Minimum 12-month eligibility.**

#### 3.4.1 Minimum 12-month eligibility.

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

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

limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness  
any interruption in work for a seasonal worker who is not working  
any student holiday or break for a parent participating in a training or educational program  
any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program  
any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency  
a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)  
any changes in residency within the state, territory, or tribal service area

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

A single or two-parent family must meet activity requirements at the time of eligibility determination. If the parent has a temporary change, the parent remains eligible until the next annual re-determination, which is at the end of the initial twelve-month eligibility period. If the parent has a cessation of work, training, or education, the parent will be given a 90-calendar day grace period. [Child Care Policy section 6-3:Issuing the Authorization of Services and Authorization Plan](#)

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

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

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

Describe or define your Lead Agency's policy:

Montana incorporates the federal definition for temporary changes as defined in 45 CFR, 98.21(a) in the state's administrative rules. This allows a parent on a temporary leave (less than three months) from employment and continue to have child care covered under the scholarship.

Citation:

[Administrative Rules of Montana 37.80.202\(13\)](#)

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

Describe or define your Lead Agency's policy:

Montana uses the federal definition for temporary changes as defined in 45 CFR, 98.21(a). This allows a parent on a temporary leave (less than three months) from seasonal employment and continue to have child care covered under the scholarship.

Citation:

[Administrative Rules of Montana 37.80.202\(13\)](#)

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

Describe or define your Lead Agency's policy:

Montana uses the federal definition for temporary changes as defined in 45 CFR, 98.21(a). This allows a parent on a temporary leave (less than three months) from a training or education program and continue to have child care covered under the scholarship.

Citation:

[Administrative Rules of Montana 37.80.202\(13\)](#)

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

Describe or define your Lead Agency's policy:

Montana uses the federal definition for temporary changes as defined in 45 CFR, 98.21(a). This allows a parent on a temporary leave (less than three months) from a reduction in work, training, or education hours and continue to have child care covered under the scholarship.

Citation:

[Administrative Rules of Montana 37.80.202\(13\)](#)

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

Describe or define your Lead Agency's policy:

Montana uses the federal definition for temporary changes as defined in 45 CFR, 98.21(a). This allows a parent on a temporary leave (less than three months) by cessation of employment or attending a training or educational program and continue to have child care covered under the scholarship.

Citation:

[Administrative Rules of Montana 37.80.202\(13\)](#)

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

Describe or define your Lead Agency's policy:

Montana uses the federal definition for temporary changes as defined in 45 CFR, 98.21(a). If a child is determined eligible at the time of eligibility determination and turns 13 during the 12-month eligibility period, the child remains eligible until the next annual re-determination. Turning 13 during a 12-month eligibility period is considered a temporary change.

Citation:

[Administrative Rules of Montana 37.80.202\(13\)](#)

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

Describe or define your Lead Agency's policy:

Montana uses the federal definition for temporary changes as defined in 45 CFR, 98.21(a). If a family moves within the state of Montana, the family remains eligible for the scholarship.

Citation:

[Administrative Rules of Montana 37.80.202\(13\)](#)



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

N/A

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

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

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

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

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

No.

Yes.

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

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

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

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

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

A parent is required to report a change in work, training, or educational status within ten calendar days from the date the change occurs. If the parent has a cessation of work, training, or education, the parent will be given a 90-calendar day grace period. The parent must meet activity requirements at the end of the grace period, and if not, the family's eligibility will be discontinued. A non-temporary change means a change exceeding three months.

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

When a parent reports the required change in work, training, or educational status, it is evaluated to see if it is a cessation or a temporary change. If it is a cessation of work, training, or education, a 90-calendar day grace period is given.

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

90-calendar days

iv. Provide the citation for this policy or procedure.

[Policy Section 6-5: Change Reporting](#) and [Policy 6-6: Absent Days and Continuity of Care](#)

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

circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

i. Not applicable.

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

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

Five or more consecutive unexplained absences reported by the child care facility when there is no indication that the child will be receiving care at that facility in the near future.

B. Provide the citation for this policy or procedure:

[Administrative Rules of Montana 37.80.501 Termination of Child Care Assistance](#)

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

Provide the citation for this policy or procedure:

To receive Best Beginnings Child Care Scholarships, the parent and the child must be living together in Montana. This policy is found in the [Child Care Policy Manual, Policy Section 1-6: Child Eligibility](#).

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

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

A parent will be issued an intentional program violation and sanction for any of the following intentional program violations: (1) providing false employment information, including concealing employment; (2) providing false information regarding wages or other income; (3) misrepresenting or failing to disclose household membership; (4) claiming child care assistance for care provided by an ineligible provider; (5) misrepresenting the amount of child care needed or used; or (6) falsifying sign-in/sign-out records. If a parent or guardian receives a second intentional program violation, the department will require the repayment of all child care assistance payments related to the violation and the parent will be terminated from the Child Care Assistance Program. Intentional program violations and sanctions are found in Administrative Rules of Montana, [37.80.506](#) and [37.80.507](#).

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

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

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

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

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

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

No

Yes

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

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

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

Describe:

During the 12-month period, a parent is required to report an increase in income exceeding 85% SMI within 10 calendar days of the change occurring. The increase in income will be evaluated.

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

Describe:

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

Describe:

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

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

Describe:

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

non-temporary change in eligible activity.

- i. Describe any other changes that the Lead Agency allows families to report.
- ii. Provide the citation for this policy or procedure.

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

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

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

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

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

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations

- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

*A parent can fill out and submit an online application at any time. Also, the parent can submit documentation through email, fax, by mail, and 24-hour drop boxes at all CCR&R agencies.*

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

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

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

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

## 4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

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

The lead agency offers a child care certificate through the Best Beginnings Child Care Scholarship to parents in the form of an authorization plan. As part of the eligibility process, an authorization of services is created. A parent must have a provider selected in order for this authorization of services to be created. Once the eligibility worker creates an authorization of services for a child an Authorization Plan (certificate) is created and mailed to the parent. The Authorization Plan (certificate) includes the following information:

- Authorization Plan (certificate) identification number,
- Family's unique case number,
- Facility information, including facility unique identification number, name, type, and address,
- Child information, including name and age, for each child in the family authorized for child care,
- Authorization (certificate) begin and end date,
- The payment rate (at the time the certificate was created),
- The amount of time that a child is authorized for care at the facility,
- The family's copayment obligation, and
- The eligibility worker's name, phone number, and work



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

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

Describe:

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

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

Families receiving CCDF-funded child care can get a child care referral list from a Child Care Resource and Referral (CCR&R) agency for a family, group, or center-based child care provider. Also, a CCR&R agency can provide the family receiving CCDF-funded child care can assist the family in answering questions using a Family, Friend, or Neighbor (FFN) or Relative Care Exempt (RCE) Provider.

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

Sixty-three (63%) of child care providers approved by the Child Care Licensing Program serve families receiving CCDF-funded care. This includes all child care provider types.

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

Child care providers identified barriers to participation in CCDF-funded child care through feedback in the 2020 Montana Market Rate Survey. The following barriers are identified: 1) Low reimbursement rates; 2) Limited child care hours covered by the CCDF-funded child care; and 3) Post-service reimbursement. Additionally, child care providers indicated the following barriers to being a licensed child care provider: 1) Becoming licensed; 2) Ensuring staff meet training requirements, and 3) Finding qualified child care staff.

#### **4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).**

[ARM 37.95.115](#) requires the licensee or registrant to allow custodial and non-custodial parental access as well as access by legal guardians (to the facility) at any time during which child care services are provided, unless there is a current court order preventing parent-child contact. In the Child Care Policy Manual, in Policy Section 1-8 Provider Eligibility, the provider must allow unlimited parental access to the parent's children and to the child care facility during normal hours of the facility's operation, whenever the children are in the provider's care.

#### **4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?**

No.

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

a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

b. Restricted based on the provider meeting a minimum age requirement.

Describe:

A Family, Friend, and Neighbor (FFN) or Relative Care Exempt (RCE) provider must be at least 18 years old.

c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

The current requirements limit care to care provided during non-traditional hours.

d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

Describe:

e. Restricted to care for children with special needs or a medical condition.

Describe:

The current requirements limit care to care provided for a child with special needs or a child with disabilities.

f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

g. Other.

Describe:

The current requirements limit care to providers who are providing care for teenage

parents.

#### 4.1.6 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.7.

Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

#### 4.1.6 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care?

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all

that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

- To increase the supply of care
- To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

- To increase the supply of care
- To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

- To increase the supply of care
- To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

- To increase the supply of care
- To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

- To increase the supply of care
- To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

- To increase the supply of care
- To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

- To increase the supply of care
- To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

- To increase the supply of care
- To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

- To increase the supply of care
- To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

- To increase the supply of care
- To increase the quality of care

Describe

**4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).**

a. In child care centers.

The Lead Agency tracks program closures and openings through a program closure tracking form as well as through the data system Child Care Under the Big Sky (CCUBS). The information that is collected includes: Program/Facility Name, License Type, City, Closing Date, Closing reason and other identifying information that is useful to identify shortages, trends, barriers, and progress. In addition to tracking trends for all licensed child care providers, the STARS to Quality program tracks fluctuations of participation in that program. The CCR&R agency refers the parent to community resources that may benefit the child and family. The regional CCR&R agencies help with identifying areas where there is a shortage of child care providers.

b. In child care homes.

The Lead Agency tracks program closures and openings through a program closure tracking form as well as through the data system Child Care Under the Big Sky

(CCUBS). The information that is collected includes: Program/Facility Name, License Type, City, Closing Date, Closing reason and other identifying information that is useful to identify shortages, trends, barriers, and progress. In addition to tracking trends for all licensed child care providers, the STARS to Quality program tracks fluctuations of participation in that program. The CCR&R agency refers the parent to community resources that may benefit the child and family. The regional CCR&R agencies help with identifying areas where there is a shortage of child care providers.

c. Other.

N/A

**4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.**

a) Children in underserved areas. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

Montana partnered with the state's seven CCR&R agencies to establish a CCR&R Network. This organization acts as an umbrella group for all six agencies, helping them to collaborate and align efforts. Among the network's goals is support for family group homes. The network hosts an annual conference which provides family group providers with a chance to receive training and professional development, access resources, and network. The network is also in the process of hosting shared services, including but not limited to a substitute pool, insurance,

and accounting services.

iii. Start-up funding.

Describe:

Montana funds the Provider Financial Assistance Program through the regional CCR&R agencies. This program allows child care providers to receive one time grant funds up to \$3,000 to expand a program, mitigate an emergency, or to start a new program.

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Programs that participate in STARS receive an assessment using the Program and Business Administration Scales. CCR&R consultants use the results of these assessments to guide their training and support of program business practices.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:



xi. Other.

Describe:

The CCR&R agency refers parents to community resources that may benefit the child and family. The regional CCR&R agencies help with identifying areas where there is a shortage of child care providers. The Lead Agency tracks program closures and openings through a program closure tracking form as well as through the data system Child Care Under the Big Sky (CCUBS). The information that is collected includes: Program/Facility Name, License Type, City, Closing Date, Closing reason and other identifying information that is useful to identify shortages, trends, barriers, and progress. In addition to tracking trends for all licensed child care providers, the STARS to Quality program tracks fluctuations of participation in that program. The regional CCR&R agencies help with identifying areas where there is a shortage of child care providers for children in underserved areas

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

b. Infants and toddlers. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

Montana funds the Provider Financial Assistance Program through the regional CCR&R agencies. This program allows child care providers to receive one time grant funds up to \$3,000 to expand a program to serve more infants and toddlers.

ii. Family Child Care Networks.

Describe:

Montana partnered with the states six CCR&R agencies to establish a CCR&R Network. This organization acts as an umbrella group for all six agencies, helping them to collaborate and align efforts. Among the network's goals is support for family group homes. The network hosts an annual conference which provides

family group providers with a chance to receive training and professional development, access resources, and network. The network is also in the process of hosting shared services, including but not limited to a substitute pool, insurance, and accounting services

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Programs that participate in STARS receive an assessment using the Program and Business Administration Scales. CCR&R consultants use the results of these assessments to guide their training and support of program business practices.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

The Infant/Toddler workgroup was created to support infant/toddler initiatives was formed out of the Statewide Advisory Council membership. The workgroup tracked data specific to infants and toddlers in Montana using multiple formats and sources. This data included: number of programs in STARS to Quality, Early Head Start, licensed child care, and the Child and Adult Care Food Program (CACFP) serving infants and toddlers; trends in licensed care serving infants and toddlers; infant and toddlers receiving child care subsidy, and waitlist data for programs serving infants and toddlers. This data continues to be used to determine needs and inform decisions. The regional CCR&R agencies are tasked to identify areas where there is a shortage of child care providers serving infants and toddlers.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

Montana has sets an additional 10% on top of the subsidy rate for providers serving children with special needs, and 15% additional for children with special needs.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

ECSB issues funds to child care providers caring for children with special needs through the Special Needs Mini Grants program. These are one-time funds allocated to allow a provider to make modifications to their program to better serve a child with special needs. They are awarded on a per child basis.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is

focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

An additional 10% is added to subsidy payments for children who receive child care before 6 am and after 6 pm.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

N/A

**4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).**

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

The Lead Agency defines areas with significant concentrations of poverty and unemployment based on various data and resources within local, regional, and state areas. The following resources are used:

- Census data - The Census and Economic Information Center provides current, easily accessible, and thorough economic and demographic analysis, maps, data, and expert assistance to meet the needs and requests of Montanans. Information regarding demographics, economics, education, energy, housing, and boundaries which also includes the American Community Survey is accessed through this agency.
- Montana Kids Count - Montana KIDS COUNT is the leading resource for data on

child and family wellbeing in the state. They are a member of the national KIDS COUNT Network, and is housed in the Montana Budget and Policy Center. They are a non-profit, non-partisan organization that compiles data from public sources and publishes it online and in the Montana KIDS COUNT Data Book. Montana Kids Count also shares current, comprehensive data on child and family wellbeing in each of Montana's 56 counties. The data addresses six domains: demographics, health, education, family and community, economic wellbeing, and safety and risk behaviors.

- CCR&R Agencies - Each regional CCR&R agency submits a detail quarterly report to the Lead Agency. The report, among other data points, includes information on the caseloads of eligibility specialists. Eligibility specialist's caseloads are capped at 125 cases at one time and includes TANF cases. The number of TANF cases open or increasing can be an indication of a significant concentration of poverty in that region. The quarterly report also indicates the number of referrals for families experiencing homelessness in a region as reported through eligibility determination. If this number increases it can be an indication of a rise in families experiencing homelessness in a particular region which could indicate a myriad of other social determinates including a significant concentration of poverty and unemployment.
- Child Care Aware of America® - Child Care Aware® of America works with more than 400 state and local Child Care Resource and Referral agencies nationwide. Its vision is that every family in the United States has access to a high quality, affordable child care system. The child care system supports children's growth, development and educational advancement and creates positive economic impact for families and communities. The organization's mission is to advance a child care system that effectively serves all children and families. This work is strengthened by a national network of Child Care Resource and Referral agencies and diverse members and partners. To achieve this mission, the organization leads projects that increase the quality and availability of child care, undertakes research, and advocates child care policies that positively impact the lives of children and families.

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

All programs that participate in STARS to Quality must serve a percentage of children with high needs based on their STAR level. Programs participating in STARS to Quality must serve a minimum 10% high needs children in their programs at STAR 1, STAR 2, and STAR 3. STAR 4 and STAR5 programs must serve a minimum 15% high needs children. This percentage is figured from the Average Daily Attendance (ADA) or licensed capacity, whichever is less. High needs is defined as:

- Children receiving services from the following: Part B, Part C, Home Visiting programs,



Children's Mental Health Bureau, Children and Family Services Division

- Evidence that the child has special healthcare needs (such as food allergies, asthma, diabetes, special dietary restrictions, on extended prescribed medication, etc.)
- Infants age 0-19 months (program must be serving this population, not just licensed for this population)
- Enrolled Tribal member
- Children of teenage parent(s)
- Children being served through Best Beginnings subsidy
- Children of migrant families
- Children who are homeless
- Other children as identified by the Early Childhood Services Bureau

CCR&Rs recruit new providers, and support providers to increase their quality in areas that have significant concentrations of poverty and unemployment, and that do not have access to high-quality programs.

All programs that participate in STARS to Quality must serve a percentage of children with high needs based on their STAR level. Programs participating in STARS to Quality must serve a minimum 10% high needs children in their programs at STAR 1, STAR 2, and STAR 3. STAR 4 and STAR 5 programs must serve a minimum 15% high needs children. This percentage is figured from the Average Daily Attendance (ADA) or licensed capacity, whichever is less. High needs is defined as:

- Children receiving services from the following: Part B, Part C, Home Visiting programs, Children's Mental Health Bureau, Children and Family Services Division
- Evidence that the child has special healthcare needs (such as food allergies, asthma, diabetes, special dietary restrictions, on extended prescribed medication, etc.)
- Infants age 0-19 months (program must be serving this population, not just licensed for this population)
- Enrolled Tribal member
- Children of teenage parent(s)
- Children being served through Best Beginnings subsidy
- Children of migrant families
- Children who are homeless
- Other children as identified by the Early Childhood Services Bureau

CCR&Rs recruit new providers, and support providers to increase their quality in areas that have significant concentrations of poverty and unemployment, and that do not have

access to high-quality programs.

## 4.2 Assess Market Rates and Analyze the Cost of Child Care

### 4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08> ). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no

earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

#### 4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

May - August, 2020

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

Montana contracted with Montana State University to conduct the 2020 Market Rate Survey. The report was completed in the Spring of 2021. Following the findings of the report, new provider rates were put into effect in July of 2021. These new rates were set at the 75th percentile as established in the 2020 MRS.

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2.

**4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.**

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

ECSB presented the Market Rate Survey plan to the state advisory council in 2019, at the time called the Best Beginnings Advisory Council. This provided a forum for the council to review the plan and provide input.

b) Local child care program administrators:

ECSB convened a child care director symposium in 2019 to provide updates, receive feedback for policy change proposals and to present and get input on the state's plans for the 2020 Market Rate Survey.

c) Local child care resource and referral agencies:

In the Fall of 2019, prior to the Market Rate Survey development, ECSB held a meeting with all CCR&R directors. The plan for the 2020 Market Rate Survey was reviewed with them. ECSB provided regular communication around the MRS through to distribution and data collection. The CCR&R agencies supported the data collection through outreach

and communication efforts.

**d) Organizations representing caregivers, teachers, and directors:**

ECSB presented the survey plan to the state early childhood advisory council. The council's membership is composed Montana ECE stakeholders including caregivers, teachers and directors. They were given a forum to provide input and feedback on the plan.

**e) Other. Describe:**

ECSB consulted with other early childhood stakeholders in the Montana EC system for survey input including Family Forward, the ECE Business Collaborative: First Children's Finance Grant - Building Stronger Child Care Business, Zero to Three Grant: Building Strong Foundations for Families.

**4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:**

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

**a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.**

**i. Represent the child care market: [Click or tap here to enter text.](#)**

Montana contracted with Montana State University (MSU) to conduct the Market Rate Survey. They issued a survey to all licensed child care providers across the state.

These surveys were issued in both paper and electronic form. MSU used the state's

CCR&Rs to follow-up with providers who had not responded to ensure they could receive responses from providers across the state.

ii. Provide complete and current data:

The survey collected price data within a four-month time period. The survey used both data collected directly from providers themselves as well as data collected from the states child care subsidy system (CCUBS).

iii. Use rigorous data collection procedures:

MSU employed survey data collection through both physical and electronic surveys. Collection of providers unique license number ensured duplicate responses were not counted.

iv. Reflect geographic variations:

Surveys were returned from across Montana's varied geography ensuring that both rural and urban population price data were received.

v. Analyze data in a manner that captures other relevant differences:

Price data was collected by program size to capture the difference in price by a given setting, e.g. family group home versus a center. The analysis focused on business practices of these different types of providers.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

Montana contracted the Market Rate Survey and completed survey design prior to the onset of the COVID-19 pandemic. Child care providers began submitting survey responses prior to the pandemic. Providers that submitted during the pandemic were instructed to complete the survey with responses and data from prior to the pandemic. Montana collected data prior to the implementation of COVID-19 mitigation strategies, including subsidy policy changes. These strategies and policy

changes had an impact on the market rate. By collecting survey data prior to the pandemic and the ensuing subsidy policy responses, Montana was able to capture an accurate market rate.

**4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:**

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

Statewide

b) Type of provider. Describe:

Family home, Group home, and Center

c) Age of child. Describe:

Infant (0 - 1), Toddler (1-2 years old), Preschool (3-4 years), School age (5 years and older)

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

N/A

**4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?**

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

The Montana Narrow Cost Analysis sampling included rural and urban child care providers, different sized programs - family, group, center, age variations from

infant to school age, and whether they participate in the state's QRIS program or not.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

MSU conducted interviews with providers and reviewed financial documents to determine true costs to programs. They analyzed those for the impact that implementing licensing requirements, quality standards, and staffing ratios.

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

ECSB raised rates based on the 2020 Market Rate Study conducted by Montana State University. The Market Rate Study included a Market Rate Survey and a Narrow Cost Analysis. The new rates were set at the 75th percentile as determined by the 2020 Market Rate Survey. Rates differ across program type, i.e. family home, group home, and center, as well as by age groups. Rates are higher for larger programs to reflect their higher costs of care per child, as demonstrated in the Narrow Cost Analysis. Narrow Cost Analysis also supported setting rates for younger children at a higher rate to account for staffing needs. The Narrow Cost Analysis found that setting the state rate at the 75th percentile was sufficient to cover the average cost of care in all program settings. In addition to setting rates at the 75th percentile, ECSB also offers quality bonus payments for programs participating in Montana's QRIS program, STARS. This bonus is applied proportionately to the top three tiers of STARS. These bonus payments are designed to address the higher cost of care for higher quality programs.

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

The Narrow Cost Analysis conducted by Montana State University found that the average cost of care per child was met by the recently updated state rate, set at the 75th percentile of the 2020 Market Rate Survey. As this study was conducted



during the early part of the COVID pandemic, Montana does not yet know the full impact on costs of the pandemic.

**4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)**

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. June 23, 2021

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

On the conclusion of the 2020 Market Rate Survey report, ECSB posted the report and executive summary on the ECSB website under [Documents and Resources](#). In addition, ECSB sent notifications to the states six CCR&R agencies to communicate the

availability of the report to providers, families, and other relevant stakeholders in their region.

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

During the start of the 2020-2021 school year, following the input of providers, parents, and other invested parties, ECSB raised the reimbursement for school aged children. The intent was to temporarily raise this rate to help meet the increased demand for school age care due to the pandemic. The feedback was positive and stakeholders encouraged ECSB to permanently adopt those rates. The 2020 Market Rate Survey, conducted prior to the payment policy change, supported the decision to raise the school-age rate. With the adoption of the new rates in July, 2021, this change was put into place.

### 4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

**4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.**

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the

highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate: 45

Full-time weekly base payment rate: 225

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

ii. Age of child in what type of licensed child care setting (All rates are full-time) -

Toddler (18 months) Center care:

Base payment rate:45

Full-time weekly base payment rate: 225

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:40

Full-time weekly base payment rate: 200

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:40

Full-time weekly base payment rate: 200

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:35

Full-time weekly base payment rate: 175

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:35

Full-time weekly base payment rate: 175

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:35

Full-time weekly base payment rate: 175

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:30

Full-time weekly base payment rate: 150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

The weekly rate is based on the full-time day rate times 5 days.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

A half-time day rate is calculated for five or less hours of care during a calendar day. A full-time day rate is calculated for more than five hours and up to 12 hours during a calendar day .

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 07-01-2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Rates are set the same statewide.

f. Provide the citation, or link, if available, to the payment rates

<https://dphhs.mt.gov/ecfsd/childcare/ecsbproviders>

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

Payment rates are set by the Lead Agency.

#### 4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

b. Type of provider.

Describe:

The Lead Agency pays different payment rates for each of the following child care provider types: child care centers, family home providers, group home providers, and Family, Friend, and Neighbor (FFN) and Relative Care Exempt (RCE).

c. Age of child.

Describe:

The Lead Agency pays for three age increments: infant (birth through the end of the 35th month of age), child (age thirty six months up to their sixth birthday), and school age (age 6 through the end of the 12th year of age).

d. Quality level.

Describe:

e. Other.

Describe:

**4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).**

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

No.

Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

- a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

- b. Differential rate for non-traditional hours.

Describe:

- c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

An additional special needs add-on rate is at the discretion of the lead agency when a family and child care provider submit paperwork for the special needs subsidy. This additional subsidy is made available for a child care provider and provides an additional reimbursement amount over the base scholarship payment. A child with special needs is paid an additional 10% over the base scholarship payment, and a child with disabilities is paid an additional 15% over the base scholarship payment.

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

Describe:

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

Describe:

- f. Differential rate for higher quality, as defined by the state/territory.

Describe:

- g. Other differential rates or tiered rates.

Describe:



#### 4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

ECSB raised rates based on the 2020 Market Rate Study conducted by Montana State University. The Market Rate Study included a Market Rate Survey and a Narrow Cost Analysis. The new rates were set at the 75th percentile as determined by the 2020 Market Rate Survey. Rates differ across program type, i.e. family home, group home, and center, as well as by age groups. Rates are higher for larger programs to reflect their higher costs of care per child, as demonstrated in the Narrow Cost Analysis. Narrow Cost Analysis also supported setting rates for younger children at a higher rate to account for staffing needs. The Narrow Cost Analysis found that setting the state rate at the 75th percentile was sufficient to cover the average cost of care in all program settings. In addition to setting rates at the 75th percentile, ECSB also offers quality bonus payments for programs participating in Montana's QRIS program, STARS. This bonus is applied proportionately to the top three tiers of STARS. These bonus payments are designed to address the higher cost of care for higher quality programs.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

ECSB sets market rates based on the data found in the Market Rate Survey, with the last one conducted in 2020. These rates were compared to the cost of care information from the Narrow Cost Analysis, set at the 75th percentile they were sufficient in covering the observed cost of care. The division's Fiscal and Operations Bureau conducted a fiscal impact of the subsidy program adopting the new rates and found the program's budget would support the change. The CCDF administrator and the division administrator approved the rate increase. ECSB has used funds from the Coronavirus Aid, Relief, and Economic Security Act (CARES), Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA), and the American Rescue Plan Act (ARPA), to help mitigate the economic impact on Montana's families and the licensed child care providers who support them. ECSB increased providers rates for school age children and sustained that rate change with the adoption on the new rates in June 2021. In addition, ECSB offered three rounds of supplemental funds to licensed child cares through a non-competitive application process. These funds allowed child care providers to address the higher costs of operating during the pandemic by addressing health and sanitation improvements, lowered income from lower enrollment and attendance, retaining staff, and other operational expenses incurred due to the pandemic.

**4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).**

Quality bonus payments are based on a percentage of the child care scholarship paid to a facility. The quality incentive payments increase proportionately with the reimbursement rates and incentives increase with each quality level achieved. The subsidy reimbursement rate for children from birth through 35 months is higher compared to other age groups. This higher rate supports the need and licensing requirement for a lower adult to child ratio

needed to care for this age group as well as additional training that is needed. The STARS QRIS collects cost of care data from providers on an annual basis. These data inform the tiered reimbursement rates so that they reflect the additional cost of quality at each QRIS quality level.

**4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.**

ECSB established different payment rates for each of the following child care provider types: child care centers, family home providers, group home providers, and Family, Friend, and Neighbor (FFN) and Relative Care Exempt (RCE). The bureau established these price differentials to reflect the difference in the price of care observed in the 2020 Market Rate Survey. ECSB established rates along three age determinations: infant (birth through the end of the 35th month of age), child or preschool (age thirty six months up to their sixth birthday), and school age (age six through the end of the 12th year of age) Montana has used federal COVID relief dollars, from CARES, CRRSA, ARPA, to assist licensed child care providers in mitigation of the impacts of the pandemic including health and safety measures. While these funds remain available, Montana has not incorporated any additional health and safety costs into reimbursement rates.

**4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments**

**4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments**

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than

21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

#### **4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.**

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

[Describe the policy or procedure.](#)

Once a child care provider submits an invoice, the invoice is processed within three business days by the CCR&R. This policy is found in the [Administrative Rules of Montana, 37.80.316](#). The Department of Public Health and Human Services processes payments through the payment system on Tuesdays and Thursdays, with exceptions that payments are not processed on holidays or the first and last day of the month. Providers receive a Statement of Remittance (SOR) and parents received an Explanation of Benefits (EOB) that tell what was paid for a child's care.

b. [To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: \(Note: The Lead Agency is to choose at least one of the following\):](#)

i. [Paying based on a child's enrollment rather than attendance.](#)

[Describe the policy or procedure.](#)

ii. [Providing full payment if a child attends at least 85 percent of the authorized time.](#)

[Describe the policy or procedure.](#)

Montana defines full-time child care as care certified over 30 hours per week on a regular basis. Absent days are available for children receiving full-time child care. A child earns two absent days per month, and a full-time day is defined as more than six hours and less than 12 hours. Two absent days a month provides a full payment for a child because two absent days equal more than 15% of the authorized time.

iii. [Providing full payment if a child is absent for five or fewer days in a month.](#)

[Describe the policy or procedure.](#)

Montana defines full-time child care as care certified over 30 hours per week on a regular basis. Absent days are available for children receiving full-time child care. A child earns two Absent Days per month, and a full-time day is defined as more than six hours and less than 12 hours. Two full-time days is 10 hours multiplied by 2 Absent Days equals 20 hours per month. Full-time care for a month is defined as 30 hours multiplied by 4 weeks equals 120 hours per month. 20 hours per month (2 Absent Days) divided by 120 hours per month (full-time child care) equals 16.7% of the

authorized time. Two Absent Days a month provides a full payment for a child because two Absent Days equal more than 15% of the authorized time.

- iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Part-time is defined as a half-time day, which are child care services provided six or less hours during a calendar day. Full-time is defined as a full-time day, which are more than six hours and up to twelve hours during a calendar day.

- ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

A registration fee is paid for registering a child in a registered family, registered group, or licensed child care center, if the fee is charged to all who enroll in the facility. The payment will not exceed thirty dollars.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

When an authorization of services is created, an Authorization Plan is generated by the

Child Care Under the Big Sky (CCUBS) computer database. The authorization plan is a notification sent to the parent and child care provider. It includes the following information: number of children authorized to receive child care assistance; number of hours per week authorized; number of months authorized; name of the child care provider; and amount of monthly copayment that the parent must pay to the provider. The Authorization Plan includes information about payment policies included in the Administrative Rules of Montana and the Fair Hearing process when an adverse action occurs.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

If a parent reports a change to the Child Care Resource and Referral (CCR&R) agency or a CCR&R agency becomes aware of change, the CCR&R agency determines if the change would impact the family's eligibility status. Upon the parent reporting the change, the CCR&R agency updates the case file in CCUBS. This action generates an automatic notification issued through CCUBS. This notification is issued the same day the change is recorded. If the reported change would be an adverse action, a 15-calendar day notice is given to both the parent and child care provider. An adverse action may include a change in the family's eligibility status. Also, a case closure notice is sent to the parent and child care provider the day a case is closed.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

A weekly error log is created by the Child Care Under the Big Sky (CCUBS) computer database for any payments that should have been made but were unable to go to the intended party for the Best Beginnings Child Care Scholarship. The weekly error log includes the payment amount, the unique identifier for the CCUBS system, and the type of payment issue such as missing W-9 form. The error log is emailed to Early Childhood Services Bureau twice per week, and follow-up is made on any payments that cannot be made from the CCUBS database when the error log is received.

g. Other. Describe:

N/A

#### 4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

#### 4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

The payment practices support equal access to a range of providers that are regulated and/or monitored by the Child Care Licensing program in the Quality Assurance Division of MT DPHHS. A parent or referring agency determines a child's need for authorized child care, up to 50 hours/week. Authorized child care can meet the child's need and does not have to directly follow the parent's schedule. With accurate authorized care, a child can meet the 85% attendance requirement to be paid the monthly authorized amount. The Authorization Plan details to the child care provider on how the child can meet 85% attendance. Child care providers may invoice for absence days if a child attends at least 85% of the authorized time. This allows the continuity of care to be maintained for both the provider and parent as well as financially supports a provider during an interruption in care. Providers are reimbursed on a half-time day (part-time) or full-time day (full-time) basis and registration fees are paid to providers who collect this fee. This fee must be charged to all families regardless of how they pay for childcare. The hours for a half-time day were decreased from six to five hours a day with feedback from child care providers. Any changes to the family's eligibility for services must be provided to the CCR&R agency and if the action is adverse to the family it must be shared with both family and provider immediately. The process for appeal and resolution is included and shared with a family or provider when any adverse action is taken regarding child care subsidy.



## 4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

- a. Limit the maximum co-payment per family.

Describe: .

Co-payments are set as a percentage of a family's income. A family, whose income falls below approximately 95.5% of the Federal Poverty Level pays a \$10 monthly co-payment. A family's copayment is increased by a percentage as the family's income increases. At 150% of the Federal Poverty Level, which is the maximum for entry into Montana's eligibility program, a family's co-payment is 14% of income.

- b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

To avoid a cliff effect and reduce the barrier to families, Montana employs graduated eligibility for families. Families in the graduated tier of eligibility assume a greater share of the cost of care through a higher copayment. For those families that move into the graduated phase of the eligibility program, copayments range from 15% to 25% of income. Graduated eligibility and the associated increase in copayment removes the abrupt termination of assistance, and extends time prior to

the assumption of the full cost of child care by the family.

d. Other.

Describe:

**4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?**

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

Parents are responsible for any costs, including co-payments, not covered by the Best Beginnings Child Care Scholarship or additional fees that a provider may charge. A child care provider is allowed to charge a family on the Best Beginnings Child Care Scholarship additional fees as long as the child care provider charges the same fees to a private pay family. The Lead Agency will pay for reasonable, mandatory registration fees that the provider charges to parents. A mandatory registration fee is paid only once, annually, for registering a child in a child care facility. The fee must be the usual and customary rates charged to all families. The registration fee reimbursement is only available to registered family or group and licensed child care center programs, license exempt providers are not eligible.

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

Providers participating in the Scholarship program submit rate data to ECSB this includes any annual fees they charge families. The provider can invoice for this amount once per child per annum up to \$30.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of

current subsidy payment rates to provide access to care without additional fees.

By covering the provider fees, ECSB removes fees as a possible barrier to access.

## 5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these

questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

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

## 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

**5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.**

a. Center-based child care.

i. Identify the providers subject to licensing:

Child Care Center

ii. Describe the licensing requirements:

Child care center is an out-of-home place in which child care is provided to 13 or more children on a regular basis. This license type is subject to extensive licensing

requirements which can be found at: [Licensing Requirements For Child Care Centers](#)

iii. Provide the citation:

[Licensing Requirements For Child Care Centers](#) ARM [37.95.102](#) DEFINITIONS,  
[Montana Code Annotated 52-2-703 Definitions](#)

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Family Child Care facility, Group Child Care facility

ii. Describe the licensing requirements:

Family Child Care facility means a private residence in which day care is provided to three to six children on a regular basis. Group day-care home" means a private residence or other structure in which day care is provided to 7 to 12 children on a regular basis. Both of these license types are subject to extensive licensing requirements which can be found at: [Licensing Requirements for Family and Group Child Care Homes](#).

iii. Provide the citation:

ARM [37.95.102](#) DEFINITIONS, [Montana Code Annotated 52-2-703 Definitions](#),  
[Licensing Requirements for Family and Group Child Care Homes](#).

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

Friends, Family, Neighbors and Relative Care Exempt (RCE) Providers

ii. Describe the licensing requirements:

Both FFN and RCE providers can provide care in a child's home. Providing care in a child's home is based on criteria found in ARM 37.80.208. Family, Friend, and Neighbor care (FFN) is a child care provider type that provides care to no more than four children from separate families or all children from a "sibling group." A Relative Care Exempt (RCE) Provider is a child care provider that must be related to the child care is being provided for and only available to scholarship families. FFN is subject to licensing requirements found in ARM 37.95.103 including annual inspections and

health and safety orientation training. RCE is subject to licensing requirements found in ARM 37.95.103 including health and safety orientation training.

iii. Provide the citation:

ARM [37.95.102](#) DEFINITIONS, FAMILY, FRIEND, AND NEIGHBOR (FFN) PROVIDERS: REQUIREMENTS AND PROCEDURES, [Montana Code Annotated 52-2-703 Definitions](#) MCA 37.95.103 [FAMILY, FRIEND, AND NEIGHBOR \(FFN\) PROVIDERS: REQUIREMENTS AND PROCEDURES](#), ARM 37.80.208 CARE PROVIDED IN THE CHILD'S HOME, [Montana Code Annotated 52-2-703 Definitions](#)

**5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.**

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

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

In Montana, there is no license exempt child care provider un-related to the child that provides care in a child's home. The only license exempt child care provider in Montana that can provide care in the child's home is a Relative Care Exempt (RCE) provider. A Family, Friend, and Neighbor (FFN) can be not related to the child; however, a FFN is subject to licensing requirements including annual inspections.

ii. Provide the citation to this policy:

MCA 37.95.103 [FAMILY, FRIEND, AND NEIGHBOR \(FFN\) PROVIDERS: REQUIREMENTS AND PROCEDURES](#), ARM 37.80.208 CARE PROVIDED IN THE

## CHILD'S HOME

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

All CCDF-eligible in-home child care providers who are non-relative are now subject to licensing requirements including annual inspections.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Relative care Provider (RCE) means is a child care provider type that provides care to no more than two children from separate families or all children from a "sibling group." Care may be in the child's home or the provider's home and registration is for payment purposes as provided in [52-2-713](#), MCA. The child or children must be a relative of the provider; the brother, sister, first cousin, nephew, niece, grandchild, or great grandchild of the person providing child care and includes a child in a step, foster, or adoptive relationship.

ii. Provide the citation to this policy:

[Requirements and Procedures for Relative Care Providers \(RCE\)](#)

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

This facility type must meet background check criteria, complete an approved health and safety orientation course, and sign a health and safety checklist attestation.

Requirements can be found at [Requirements and Procedures for Relative Care Providers \(RCE\)](#).

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

In Montana, there is no license exempt child care provider un-related to the child that provides care in a child's home. The only license exempt child care provider in Montana that can provide care in the child's home is a Relative Care Exempt (RCE) provider. A Family, Friend, and Neighbor (FFN) can be not related to the child; however, a FFN is subject to licensing requirements including annual inspections. Both RCE and FFN are paid for with CCDF funds and are able to provide care in the child's home.

ii. Provide the citation to this policy:

[MCA 37.95.103 FAMILY, FRIEND, AND NEIGHBOR \(FFN\) PROVIDERS: REQUIREMENTS AND PROCEDURES](#), [ARM 37.80.208 CARE PROVIDED IN THE CHILD'S HOME](#)

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

All CCDF-eligible in-home child care providers who are non-relative are subject to licensing requirements including annual inspections.

## 5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.



**5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.**

a. Infant. Describe:

0-18 months

b. Toddler. Describe:

19-36 months

c. Preschool. Describe:

3-4 years old

d. School-Age. Describe:

5 years old and up

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

4:1 (0-23 months)

B. Group size:

12 (0-23 months)

ii. Toddler

A. Ratio:

8:1 (2-3 years old)

B. Group size:  
16 (2-3 years old)

iii. Preschool

A. Ratio:  
10:1 (4 years old)

B. Group size:  
24 (4 years old)

iv. School-age

A. Ratio:  
14:1 (age 5 and up)

B. Group size:  
32 (age 5 and up)

v. Mixed-Age Groups (if applicable)

A. Ratio:  
Must follow the ratio for the youngest child in the group

B. Group size:  
Must follow the group size for the youngest child in the group

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

Montana does not have license-exempt center-based child care.

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

8:1 (up to 3 can be under age 2)

B. Group size:

15

ii. Infant

A. Ratio:

4:1 (if all children are under age 2)

B. Group size:

8

iii. Toddler

A. Ratio:

8:1 (up to 3 can be under age 2)

B. Group size:

15

iv. Preschool

A. Ratio:

8:1 (up to 3 can be under age 2)

B. Group size:

15

v. School-age

A. Ratio:

8:1 (up to 3 can be under age 2)

B. Group size:

15

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

There are no ratio or group size requirements for Relative Care Exempt providers.

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

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

i. Mixed Groups (if applicable)

A. Ratio:

No ratio requirements for in-home care.

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

vi. Describe the ratio and group size requirements for license-exempt in-home care.

There are no ratio or group size requirements for Relative Care Exempt providers.

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

#### a. Licensed Center-Based Care

##### i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Teacher qualifications: must complete facility overview on-the-job training; be current on the ECP Practitioner Registry, have 16 hours of annual training; have current certification for infant, child, and adult CPR and infant choking response, and pediatric first aid; and successfully complete required early childhood teacher health and safety orientation every 3 years. Lead Teachers must also be at least 18 years old and a level 2 or above on the ECP Practitioner Registry. Teachers that work at facilities that exclusively serve children ages 5 and up are waived from the Infant Safety essentials portion of health and safety orientation.

##### ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

A center director must meet the following minimum requirements: (a) be at least 18 years of age; (b) be current on the ECP Practitioner Registry (have 16 hours of annual training); (c) successfully completed teacher orientation as indicated in ARM [37.95.163](#); (d) have one of the following: (i) current ECP Practitioner Registry level 4 or higher; (ii) current ECP Practitioner Registry level 3, plus two years of experience in a licensed child care facility or Head Start; (iii) current ECP Practitioner Registry level 2, plus three years of experience in a licensed child care facility or Head Start; (iv) a bachelor degree or higher in any field, plus completion of the 60 hour infant-toddler training and the 60 hour preschool course, or 120 hours of alternate training approved by the department; or (v) a combination of education and experience may be considered. This option must be approved by the Child Care Licensing Program manager. (3) The director must complete the program management essentials course within 60 days of becoming a director or successfully complete an approved new director orientation such as program essentials. Center directors must be current on the ECP Practitioner Registry; have current certification for infant, child, and adult CPR and infant choking response, and pediatric first aid; and successfully complete required early childhood teacher health and safety orientation every 3 years.

##### iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

N/A

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

[37.95.622 CHILD CARE CENTERS: STAFFING QUALIFICATIONS](#) [37.95.624 CHILD CARE CENTERS: DIRECTOR QUALIFICATIONS AND RESPONSIBILITIES](#)

b. Licensed Family Child Care

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

Teacher qualifications for Family and Group Child Care facility teachers: must complete facility overview on-the-job training; be current on the ECP Practitioner Registry; have 16 hours of annual training, and have current certification for infant, child, and adult CPR and infant choking response, and pediatric first aid; and successfully complete required early childhood teacher health and safety orientation every 3 years. Teachers must also be at least 18 years old. Teachers that work at facilities that exclusively serve children ages 5 and up are waived from the Infant Safety essentials portion of health and safety orientation. For Friends, Family, and Neighbor (FFN) care, providers must have 8 hours of annual training, and have current certification for infant, child, and adult CPR and infant choking response, and pediatric first aid; and successfully complete required FFN health and safety orientation every 3 years. Teachers must also be at least 18 years old.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

N/A

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

[37.95.704 GROUP AND FAMILY CHILD CARE: STAFFING QUALIFICATIONS AND RESPONSIBILITIES](#), [37.95.162 CHILD CARE FACILITIES: REQUIRED ANNUAL TRAINING](#), [37.95.163 CHILD CARE FACILITIES: EARLY CHILDHOOD TEACHER ORIENTATION TRAINING](#), [37.95.103 FAMILY, FRIEND, AND NEIGHBOR \(FFN\) PROVIDERS: REQUIREMENTS AND PROCEDURES](#)

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

FFN in-home providers that are non-relative must successfully complete all background check requirements, must complete health and safety overview training within the first 60 days and every 3 years thereafter, must complete FFN Orientation training, have 8 hours of annual training, and have current certification for infant, child, and adult CPR and infant choking response, and pediatric first aid. FFN in-home providers must also be at least 18 years old.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

N/A

## 5.3 Health and Safety Standards and Training for CCDF Providers

### 5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(l)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.



Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

### **5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

- If, while in care, a child becomes ill or is suspected of having a communicable disease reportable to the health department while in care, the parent shall be notified by the provider. The parent is responsible for arranging to have the child taken home.

ARM 37.95.622

Practices required: Facilities are required to have illness policies that exclude children with specific symptoms of illness or that are otherwise suspected of having a communicable disease, conduct daily health checks when a child arrives at the facility, and have immunization forms on file for staff and children. All staff must practice proper handwashing, proper diaper changing practices, proper laundry and bedding

storage, safe food handling and other environment sanitization. Child care centers are required to receive an inspection annually by the county health department sanitarian and the immunization nurse. Director and all teaching staff must complete "New Staff Health & Safety" course within 90 days of hire, which covers content regarding these standards.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Relative care is exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [Monitoring Activity Policy](#) CCL-006 and [Key Indicator System Policy](#) CCL-009 and ARM [37.95.103](#) FAMILY, FRIEND, AND NEIGHBOR (FFN)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

37.95.162 Required Annual Training, 37.95.163 Early Childhood Teacher Orientation Training, 37.95.103 FFN Requirements.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relative care is exempt from this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

All providers must complete an ongoing Health & Safety Review course every 3 years, which includes updated information specific to this standard. Providers attest in the application for a license that they have received and read a copy of the Regulations, which includes the rules specific to this standard, and the required training that supports it. Also, within the application, there is a New Hire checklist which outlines the required orientation trainings that new staff must complete within 30 or 90 days of hire. The New Staff Health & Safety course refers to the ongoing Health & Safety training that must be completed every 3 years, so providers and new staff are made aware of this requirement during that training. Any updated information regarding the standard is communicated out to all licensed programs via the Child Care Resource & Referral agencies and/or direct communication from ECSB. Per the Course Development Guidelines for ChildCareTraining.org (CCT), the online distance learning provider for MT: "A comprehensive review and update of each course will occur minimally every 3 years. It may be necessary to update more frequently as new research is published and new strategies show great promise. Child Care Resources will attempt to work with original course developers to update courses." This ensures that all courses are subject to review and updates a minimum of every 3 years, and CCT is very efficient at ensuring these updates occur within the allotted timeframe.

### 5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

- Child care facilities must employ practices known to promote a safe sleep environment.

- [ARM 37.95.1005](#)

- Practices required: Infants laid down for sleep must be placed on their backs on a firm surface with no incline and with no blankets or loose items other than a pacifier in the crib. Sleep sacks may be used as long as arms are not confined. Infant's heads and faces must not be covered. Infants must not be allowed to sleep in car seats, swings, or other apparatus. Any variations to sleep position must be supported with medical documentation. All cries must be investigated. All facilities that provide care to children under age 2 must develop a written policy for safe sleep. Infant teachers must sign an acknowledgement of the facility's safe sleep policy. Director and all teachers must complete Infant Safety Essentials within 30 days of hire, which covers content specific to this standard.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

This requirement is only applicable to providers that are approved to care for children under 5 years of age. Relative care is exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

[Monitoring Activity Policy](#) CCL-006 and [Key Indicator System Policy](#) CCL-009 and ARM [37.95.103](#) FAMILY, FRIEND, AND NEIGHBOR (FFN)

## b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

37.95.162 Required Annual Training, 37.95.163 Early Childhood Teacher Orientation Training, 37.95.103 FFN Requirements.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relative care is exempt from this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

All providers must complete an ongoing Health & Safety Review course every 3 years, which includes updated information specific to this standard. Providers attest in the application for a license that they have received and read a copy of the Regulations, which includes the rules specific to this standard, and the required training that supports it. Also, within the application, there is a New Hire checklist which outlines the required orientation trainings that new staff must complete within 30 or 90 days of hire. The New Staff Health & Safety course refers to the ongoing Health & Safety training that must be completed every 3 years, so providers and new staff are made aware of this requirement during that training. Any updated information regarding the standard is communicated out to all licensed programs via the Child Care Resource & Referral agencies and/or direct communication from ECSB. Per the Course Development Guidelines for ChildCareTraining.org (CCT), the online distance learning provider for MT: "A comprehensive review and update of each course will occur minimally every 3 years. It may be necessary to update more frequently as new research is published and new strategies show great promise. Child Care Resources will attempt to work with original course developers to update courses." This ensures that all courses are subject to review and updates a minimum of every 3 years, and CCT is very efficient at ensuring these updates occur within the allotted timeframe.

### 5.3.3 Administration of medication, consistent with standards for parental consent.

#### a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

ARM 37.95.141

Practices required: Regulations are in place that require providers to have a written medication administration policy that includes parental consent and a medication storage policy. Any medication brought into the facility by the parent or legal guardian of a child shall be dated and shall be kept in the original container labeled with the child's information and stored at proper temperatures in a location inaccessible to the children in care or in a locked box. Written authorization must include dosage instructions. If medications are administered at the facility, the provider must also maintain a medication administration log. Parents of children with chronic health conditions must also complete a Special Health Care Needs Form which must be kept on file at the facility. Director and all teaching staff must complete "New Staff Health & Safety" course within 90 days of hire, which covers content regarding these standards.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Relative care is exempt from this requirement.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [Monitoring Activity Policy](#) CCL-006 and [Key Indicator System Policy](#) CCL-009 and ARM [37.95.103](#) FAMILY, FRIEND, AND NEIGHBOR (FFN)

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

37.95.162 Required Annual Training, 37.95.163 Early Childhood Teacher Orientation Training, 37.95.103 FFN Requirements.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relative care is exempt from this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

All providers must complete an ongoing Health & Safety Review course every 3 years, which includes updated information specific to this standard. Providers attest in the application for a license that they have received and read a copy of the Regulations, which includes the rules specific to this standard, and the required training that supports it. Also, within the application, there is a New Hire checklist which outlines the required orientation trainings that new staff must complete within 30 or 90 days of hire. The New Staff Health & Safety course refers to the ongoing Health & Safety training that must be completed every 3 years, so providers and new staff are made aware of this requirement during that training. Any updated information regarding the standard is communicated out to all licensed programs via the Child Care Resource & Referral agencies and/or direct communication from ECSB. Per the Couse

Development Guidelines for ChildCareTraining.org (CCT), the online distance learning provider for MT: "A comprehensive review and update of each course will occur minimally every 3 years. It may be necessary to update more frequently as new research is published and new strategies show great promise. Child Care Resources will attempt to work with original course developers to update courses." This ensures that all courses are subject to review and updates a minimum of every 3 years, and CCT is very efficient at ensuring these updates occur within the allotted timeframe.

### 5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Providers will take steps to prevent food and allergic reactions. Providers will know how to respond to food and other allergic reactions.

**37.95.711** requires that meal and snack service to children and the preparation of food by children shall be carefully supervised. Proper methods of handling, preparing, and serving food in a safe and sanitary manner shall be consistently implemented by the provider.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Relative care is exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [Monitoring Activity Policy](#) CCL-006 and [Key Indicator System Policy](#) CCL-009 and ARM [37.95.103](#) FAMILY, FRIEND, AND NEIGHBOR (FFN)



b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

37.95.162 Required Annual Training, 37.95.163 Early Childhood Teacher Orientation Training, 37.95.103 FFN Requirements.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relative care is exempt from this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

All providers must complete an ongoing Health & Safety Review course every 3 years, which includes updated information specific to this standard. Providers attest in the application for a license that they have received and read a copy of the Regulations, which includes the rules specific to this standard, and the required training that supports it. Also, within the application, there is a New Hire checklist which outlines the required orientation trainings that new staff must complete within 30 or 90 days of hire. The New Staff Health & Safety course refers to the ongoing Health & Safety training that must be completed every 3 years, so providers and new staff are made aware of this requirement during that training. Any updated information regarding the

standard is communicated out to all licensed programs via the Child Care Resource & Referral agencies and/or direct communication from ECSB. Per the Course Development Guidelines for ChildCareTraining.org (CCT), the online distance learning provider for MT: A comprehensive review and update of each course will occur minimally every 3 years. It may be necessary to update more frequently as new research is published and new strategies show great promise. Child Care Resources will attempt to work with original course developers to update courses. This ensures that all courses are subject to review and updates a minimum of every 3 years, and CCT is very efficient at ensuring these updates occur within the allotted timeframe.

### **5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.**

#### **a. Standard(s)**

**i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

**ARM 37.95.127**

Practices required: Regulations are in place that require providers to maintain safe indoor and outdoor environments free from hazards. Providers are required to store cleaning and other hazardous materials out of reach. Guns must be safely and securely stored. Pets must be friendly and vaccinated. Extension cords must not be used for permanent wiring. Indoor and outdoor play areas must be reasonably clean and free from hazards. Toys and equipment must be safe and well maintained. Emergency numbers must be posted. The building must have approved and unobstructed exits. Children must have a smoke-free environment. Standing water must not be accessible to children. Outdoor play areas must have a 4-foot fence with no gaps greater than 4 inches. Director and all teaching staff must complete "New Staff Health & Safety" course within 90 days of hire, which covers content regarding these standards.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Relative care is exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [Monitoring Activity Policy](#) CCL-006 and [Key Indicator System Policy](#) CCL-009 and ARM [37.95.103](#) FAMILY, FRIEND, AND NEIGHBOR (FFN)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

37.95.162 Required Annual Training, 37.95.163 Early Childhood Teacher Orientation Training, 37.95.103 FFN Requirements.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relative care is exempt from this requirement. Â Â

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are

able to maintain and update the health and safety practices as described in the standards above.

All providers must complete an ongoing Health & Safety Review course every 3 years, which includes updated information specific to this standard. Providers attest in the application for a license that they have received and read a copy of the Regulations, which includes the rules specific to this standard, and the required training that supports it. Also, within the application, there is a New Hire checklist which outlines the required orientation trainings that new staff must complete within 30 or 90 days of hire. The New Staff Health & Safety course refers to the ongoing Health & Safety training that must be completed every 3 years, so providers and new staff are made aware of this requirement during that training. Any updated information regarding the standard is communicated out to all licensed programs via the Child Care Resource & Referral agencies and/or direct communication from ECSB. Per the Course Development Guidelines for ChildCareTraining.org (CCT), the online distance learning provider for MT: A comprehensive review and update of each course will occur minimally every 3 years. It may be necessary to update more frequently as new research is published and new strategies show great promise. Child Care Resources will attempt to work with original course developers to update courses. This ensures that all courses are subject to review and updates a minimum of every 3 years, and CCT is very efficient at ensuring these updates occur within the allotted timeframe.

### **5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

- Providers must use appropriate forms of discipline and child guidance.
- [ARM 37.95.163](#), [ARM 37.95.171](#)

Practices required: Regulations are in place that require providers maintain staff who have been trained in the prevention of shaken baby syndrome, abusive head trauma, and mandatory reporting of child abuse and neglect. Regulations prohibit

inappropriate discipline and encourage positive guidance and redirection. Director and all teaching staff must complete "Infant Safety Essentials" within 30 days of hire, which covers content specific to these standards.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Relative care is exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

i. [Monitoring Activity Policy CCL-006](#) and [Key Indicator System Policy CCL-009](#). ARM [37.95.103](#) FAMILY, FRIEND, AND NEIGHBOR (FFN)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

37.95.162 Required Annual Training, 37.95.163 Early Childhood Teacher Orientation Training, 37.95.103 FFN Requirements.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relative care is exempt from this requirement. Â Â Â

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

All providers must complete an ongoing Health & Safety Review course every 3 years, which includes updated information specific to this standard. Providers attest in the application for a license that they have received and read a copy of the Regulations, which includes the rules specific to this standard, and the required training that supports it. Also, within the application, there is a New Hire checklist which outlines the required orientation trainings that new staff must complete within 30 or 90 days of hire. The New Staff Health & Safety course refers to the ongoing Health & Safety training that must be completed every 3 years, so providers and new staff are made aware of this requirement during that training. Any updated information regarding the standard is communicated out to all licensed programs via the Child Care Resource & Referral agencies and/or direct communication from ECSB. Per the Course Development Guidelines for ChildCareTraining.org (CCT), the online distance learning provider for MT: A comprehensive review and update of each course will occur minimally every 3 years. It may be necessary to update more frequently as new research is published and new strategies show great promise. Child Care Resources will attempt to work with original course developers to update courses. This ensures that all courses are subject to review and updates a minimum of every 3 years, and CCT is very efficient at ensuring these updates occur within the allotted timeframe.

**5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families;**

**continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

ARM 37.95.124

Practices required: Regulations are in place that require providers to have procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. Director and all teaching staff must complete "New Staff Health & Safety" course within 90 days of hire, which covers content specific to this standard.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Relative care is exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [Monitoring Activity Policy](#) CCL-006 and [Key Indicator System Policy](#) CCL-009 and ARM [37.95.103](#) FAMILY, FRIEND, AND NEIGHBOR (FFN)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

37.95.162 Required Annual Training, 37.95.163 Early Childhood Teacher Orientation Training, 37.95.103 FFN Requirements.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status

(i.e. licensed, license-exempt), or the age of the children in care?

Relative care is exempt from this requirement.Â

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

All providers must complete an ongoing Health & Safety Review course every 3 years, which includes updated information specific to this standard. Providers attest in the application for a license that they have received and read a copy of the Regulations, which includes the rules specific to this standard, and the required training that supports it. Also, within the application, there is a New Hire checklist which outlines the required orientation trainings that new staff must complete within 30 or 90 days of hire. The New Staff Health & Safety course refers to the ongoing Health & Safety training that must be completed every 3 years, so providers and new staff are made aware of this requirement during that training. Any updated information regarding the standard is communicated out to all licensed programs via the Child Care Resource & Referral agencies and/or direct communication from ECSB. Per the Course Development Guidelines for ChildCareTraining.org (CCT), the online distance learning provider for MT: A comprehensive review and update of each course will occur minimally every 3 years. It may be necessary to update more frequently as new research is published and new strategies show great promise. Child Care Resources will attempt to work with original course developers to update courses. This ensures that all courses are subject to review and updates a minimum of every 3 years, and CCT is very efficient at ensuring these updates occur within the allotted



timeframe.

### 5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

- Child care facilities must be free from environmental hazards. Providers must properly use, store, and dispose of hazardous materials.

- [ARM 37.95.121](#)

Practices required: Regulations are in place that require providers to practice safe handling and storage of hazardous materials, including the disposal of bio-contaminants and other infectious materials. Cleaning materials, flammable liquids, detergents, aerosol cans, and other poisonous and toxic materials must be kept in their original containers and in a place inaccessible to children. They must be used in such a way that will not contaminate play surfaces, food, food preparation areas, or constitute a hazard to the children. Bio-contaminants including blood, bodily fluids, and other infectious materials must be properly disposed of. Director and all teaching staff must complete "New Staff Health & Safety" course within 90 days of hire, which covers content specific to this standard.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Relative care is exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

[Monitoring Activity Policy](#) CCL-006 and [Key Indicator System Policy](#) CCL-009 and ARM [37.95.103](#) FAMILY, FRIEND, AND NEIGHBOR (FFN)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

37.95.162 Required Annual Training, 37.95.163 Early Childhood Teacher Orientation Training, 37.95.103 FFN Requirements.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relative care is exempt from this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

All providers must complete an ongoing Health & Safety Review course every 3 years, which includes updated information specific to this standard. Providers attest in the application for a license that they have received and read a copy of the Regulations, which includes the rules specific to this standard, and the required training that supports it. Also, within the application, there is a New Hire checklist which outlines the required orientation trainings that new staff must complete within 30 or 90 days of hire. The New Staff Health & Safety course refers to the ongoing Health & Safety training that must be completed every 3 years, so providers and new staff are made aware of this requirement during that training. Any updated information regarding the

standard is communicated out to all licensed programs via the Child Care Resource & Referral agencies and/or direct communication from ECSB. Per the Course Development Guidelines for ChildCareTraining.org (CCT), the online distance learning provider for MT: "A comprehensive review and update of each course will occur minimally every 3 years. It may be necessary to update more frequently as new research is published and new strategies show great promise. Child Care Resources will attempt to work with original course developers to update courses." This ensures that all courses are subject to review and updates a minimum of every 3 years, and CCT is very efficient at ensuring these updates occur within the allotted timeframe.

### 5.3.9 Precautions in transporting children (if applicable).

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

ARM 37.95.132

Practices required: Providers must have written consent from parents to transport children. Providers must develop a written transportation policy outlining safe transport practices and how all children will be supervised and accounted for during the transitions to and from the vehicle. This policy must be made available to parents. Transportation plans must be available to the parents. Drivers must be at least 18 years of age and possess a valid driver's license. Vehicles must be locked while in motion. Children must have safety restraints required by law according to age and weight and may not be double buckled. Children must never be left unattended in a vehicle. There must be at least one adult in addition to the driver for each four children under age two being transported. An adult must accompany each child to and from the vehicle to the child's home or authorized drop-off. Director and all teaching staff must complete "New Staff Health & Safety" course within 90 days of hire, which covers content specific to this standard.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in

care.

Relative care is exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [Monitoring Activity Policy](#) CCL-006 and [Key Indicator System Policy](#) CCL-009 and ARM [37.95.103](#) FAMILY, FRIEND, AND NEIGHBOR (FFN)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

37.95.162 Required Annual Training, 37.95.163 Early Childhood Teacher Orientation Training, 37.95.103 FFN Requirements.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relative care is exempt from this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

All providers must complete an ongoing Health & Safety Review course every 3 years, which includes updated information specific to this standard. Providers attest in the application for a license that they have received and read a copy of the Regulations, which includes the rules specific to this standard, and the required training that supports it. Also, within the application, there is a New Hire checklist which outlines the required orientation trainings that new staff must complete within 30 or 90 days of hire. The New Staff Health & Safety course refers to the ongoing Health & Safety training that must be completed every 3 years, so providers and new staff are made aware of this requirement during that training. Any updated information regarding the standard is communicated out to all licensed programs via the Child Care Resource & Referral agencies and/or direct communication from ECSB. Per the Course Development Guidelines for ChildCareTraining.org (CCT), the online distance learning provider for MT: "A comprehensive review and update of each course will occur minimally every 3 years. It may be necessary to update more frequently as new research is published and new strategies show great promise. Child Care Resources will attempt to work with original course developers to update courses." This ensures that all courses are subject to review and updates a minimum of every 3 years, and CCT is very efficient at ensuring these updates occur within the allotted timeframe.

### **5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).**

#### **a. Standard(s)**

**i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

- All early childhood teachers, directors, substitutes and assistant teachers must have a current infant, child, and adult CPR and pediatric and first aid certification.  
- [ARM 37.95.106](#), [ARM 37.95.145](#), [ARM 37.95.163](#), [ARM 37.95.622](#), [ARM 37.95.704](#)

Practices required: Regulations are in place that require all teachers in a child care setting to be current in pediatric first aid and cardiopulmonary resuscitation (CPR) certification for child, infant, and adult. This training must be successfully completed within 30 days of hire and before providing unsupervised care to children.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Relative care is exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

[Monitoring Activity Policy](#) CCL-006 and [Key Indicator System Policy](#) CCL-009 and ARM [37.95.103](#) FAMILY, FRIEND, AND NEIGHBOR (FFN)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

37.95.162 Required Annual Training, 37.95.163 Early Childhood Teacher Orientation Training, 37.95.103 FFN Requirements.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relative care is exempt from this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are

able to maintain and update the health and safety practices as described in the standards above.

Infant, Child, and Adult CPR and Pediatric First Aid Certification must always be current. This is a requirement to be placed on and renew on the Practitioner Registry, so is verified by ECP . Facility directors receive an auto-generated letter 30 days prior to a CPR/FA expiration of any staff person associated to that facility, notifying them the CPR/FA certification is about to expire.

**5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

ARM 37.95.103

Practices required: The director, assistant director or any staff member of the child care facility who has reason to suspect that any child is or has been abused or neglected is required to personally report the matter promptly to the department child abuse hotline at 1 (866) 820-5437. The child care provider or staff member shall make the report within 24 hours of receiving information concerning suspected child abuse or neglect. Teachers must learn the legal requirements for reporting abuse and neglect, as well as how, where and when to make a report of suspected abuse or neglect to Centralized Intake. Regulations are in place that require providers maintain staff who have been trained in mandatory reporting of child abuse and neglect. Director and all teaching staff must complete "New Staff Health & Safety" course within 90 days of hire, which covers content specific to this standard.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations exist

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [Monitoring Activity Policy](#) CCL-006 and [Key Indicator System Policy](#) CCL-009 and ARM [37.95.103](#) FAMILY, FRIEND, AND NEIGHBOR (FFN)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

37.95.162 Required Annual Training, 37.95.163 Early Childhood Teacher Orientation Training, 37.95.103 FFN Requirements.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

All providers must complete an ongoing Health & Safety Review course every 3 years,



which includes updated information specific to this standard. Providers attest in the application for a license that they have received and read a copy of the Regulations, which includes the rules specific to this standard, and the required training that supports it. Also, within the application, there is a New Hire checklist which outlines the required orientation trainings that new staff must complete within 30 or 90 days of hire. The New Staff Health & Safety course refers to the ongoing Health & Safety training that must be completed every 3 years, so providers and new staff are made aware of this requirement during that training. Any updated information regarding the standard is communicated out to all licensed programs via the Child Care Resource & Referral agencies and/or direct communication from ECSB. Per the Course Development Guidelines for ChildCareTraining.org (CCT), the online distance learning provider for MT: A comprehensive review and update of each course will occur minimally every 3 years. It may be necessary to update more frequently as new research is published and new strategies show great promise. Child Care Resources will attempt to work with original course developers to update courses. This ensures that all courses are subject to review and updates a minimum of every 3 years, and CCT is very efficient at ensuring these updates occur within the allotted timeframe.

**5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b**

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Together We Grow is a 3-hour course required for all new teaching staff and Directors of licensed and registered child care programs. The content of this course covers the following: early childhood development(how children grow and change between birth and age eight), as well as the ways that temperament and special needs and other situations might impact a child's development; developmentally appropriate practice (teaching children in ways that "meet them where they are."), as well as the importance of families and culture in the young child's development, and ways to partner effectively with families and connect them to supports and services they may need in your community; and finally ways to support the children by providing effective supervision and positive guidance, and helping children learn social skills that they will need their whole lives.

37.95.162 Required Annual Training, 37.95.163 Early Childhood Teacher Orientation Training, 37.95.103 FFN Requirements.

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relative care is exempt from this requirement: ARM [37.95.103](#) FAMILY, FRIEND, AND NEIGHBOR (FFN)

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

All providers must complete an ongoing Health & Safety Review course every 3 years, which includes updated information specific to this standard. Providers attest in the application for a license that they have received and read a copy of the Regulations, which includes the rules specific to this standard, and the required training that supports it. Also, within the application, there is a New Hire checklist which outlines the required orientation trainings that new staff must complete within 30 or 90 days of hire. The New Staff Health & Safety course refers to the ongoing Health & Safety training that must be completed every 3 years, so providers and new staff are made aware of this requirement during that training. Any updated information regarding the standard is communicated out to all licensed programs via the Child Care Resource & Referral agencies and/or direct communication from ECSB. Per the Course Development Guidelines for ChildCareTraining.org (CCT), the online distance learning provider for MT: "A comprehensive review and update of each course will occur minimally every 3 years. It may be necessary to update more frequently as new research is published and new strategies show great promise. Child Care Resources will attempt to work with original course developers to update courses." This ensures that all courses are subject to review and updates a minimum of every 3 years, and CCT is very efficient at ensuring these updates occur within the allotted timeframe.

**5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):**

a. Licensed child care centers:

16

b. License-exempt child care centers:

8

c. Licensed family child care homes:

16

d. License-exempt family child care homes:

8

e. Regulated or registered In-home child care:

16

f. Non-regulated or registered in-home child care:

0

**5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)**

a. Nutrition:

Describe:

Regulations are in place that require providers to provide meals that meet the USDA meal requirements. In addition, the regulations specify the number of meals required throughout the day. Centers are required to have a registered dietician approve menus. [ARM 37.95.215](#) and [ARM 37.95.711](#). There is no training required specific to this standard. Relative Care is exempt from this standard.

b. Access to physical activity:

Describe:

The regulations require developmentally appropriate activities including physical

growth. Outdoor play is required each day. [ARM 37.95.715](#) and [ARM 37.95.602](#). There is no training required specific to this standard. Relative care is exempt from this standard.

c. [Caring for children with special needs:](#)

[Describe:](#)

The regulations require a Special Needs Health Care Plan for children with special needs. This plan should be utilized in order to meet the needs of the child. In addition, the requirements also do not allow for discrimination based on disabilities. [ARM 37.95.103](#), [37.95.108](#). There is no training required specific to this standard. Relative care is exempt from this requirement.

d. [Any other areas determined necessary to promote child development or to protect children's health and safety \(98.44\(b\)\(1\)\(iii\)\).](#)

[Describe:](#)

The regulations indicate that screen time should be limited to child-appropriate programs and should not be excessive. [ARM 37.95.715](#), [37.95.720](#). [Montana Law \(MCA 52-2-702\)](#) . [ARM 37.95.602 CHILD CARE CENTERS, PROGRAM REQUIREMENTS](#) and [ARM 37.95.613 DAY CARE CENTERS, MATERIALS AND EQUIPMENT](#) There is no training required specific to this standard. Relative care is exempt from this requirement.

## **5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers**

### **5.4.1 Enforcement of licensing and health and safety requirements.**

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

New child care facilities will be inspected prior to issuing a license or registration. Health and safety violations must be corrected prior to licensure. A 3-month provisional license or registration may then be issued. Family, Friend, and Neighbor (FFN) providers do not receive a pre-inspection but are inspected within 90 days after receiving a 3 month status. Before the 3-month provisional status can be changed to a regular full year license, registration, or FFN status a licensing worker must conduct a full inspection, any health and safety violations must be corrected, and the director and teaching staff must have completed the remaining health and safety orientation training courses. Prior to renewing a license, registration, or FFN status, facilities must have an annual inspection, any health and safety violations must be corrected, and the director and teaching staff must have completed health and safety orientation training. The director and teaching staff must also verify that their CPR/First Aid is current. All child care facilities will receive an annual inspection. The inspection is unannounced for licensed and registered facilities and is announced for FFN providers. The inspection will include review of regulations addressing specific health, safety, and fire areas. Areas of non-compliance found outside of the specific health and safety areas may be cited if they are observed during the licensing inspection. If areas of non-compliance are found during the licensing inspection, the licensing worker will issue a Statement of Deficiency.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

New child care facilities applications are reviewed prior to issuing a license or registration, or FFN status. Infant Safety Essentials (Safe Sleep and Prevention of Shaken Baby Syndrome/AHT) and CPR/First Aid must be current for the director and all staff providing direct care. A 3-month provisional license or registration or FFN status may then be issued. Before the 3-month provisional status can be changed to a regular full year license or registration or FFN status, the director and teaching staff must have completed the remaining health and safety orientation training courses. Prior to renewing a license or registration, the director and teaching staff must show they have completed health and safety orientation training or a health and safety review course every 3 years. The director and teaching staff must also verify that their CPR/First Aid is current. Prior to approving a new hire to provide direct care, Infant Safety Essentials (Safe Sleep and Prevention of Shaken Baby Syndrome/AHT training) must be complete and CPR/First

Aid must be current. These trainings are checked by the agency prior to approval.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

New child care facilities will be inspected prior to issuing a license or registration. Health and safety violations must be corrected prior to licensure. A 3-month provisional license or registration may then be issued. Before the 3-month provisional status can be changed to a regular full year license or registration, a licensing worker must conduct a full inspection, any licensing violations must be corrected, and the director and teaching staff must have completed the remaining health and safety orientation training courses. Prior to renewing a license or registration or FFN status, facilities must have an annual inspection, any health and safety violations must be corrected, and the director and teaching staff must have completed health and safety orientation training. The director and teaching staff must also verify that their CPR/First Aid is current. All child care facilities will receive an annual inspection. The unannounced inspection will include review of regulations addressing specific health, safety, and fire areas. Areas of non-compliance found outside of the specific health and safety areas may be cited if they are observed during the licensing inspection. If areas of non-compliance are found during the licensing inspection, the licensing worker will issue a Statement of Deficiency. A Plan of Correction must be accepted before a regular 12 month license can be issued.

#### **5.4.2 Inspections for licensed CCDF providers.**

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement

procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

New child care facilities will be inspected prior to issuing a license or registration. Health and safety violations must be corrected prior to licensure. A 3-month provisional license or registration may then be issued. Before the 3-month provisional status can be changed to a regular full year license or registration, a licensing worker must conduct a full inspection, any health and safety violations must be corrected, and the director and teaching staff must have completed the remaining health and safety orientation training courses. Prior to renewing a license or registration, facilities must have an annual inspection, any health and safety violations must be corrected, and the director and teaching staff must have completed health and safety orientation training. The director and teaching staff must also verify that their CPR/First Aid is current. All child care facilities will receive an annual inspection. The unannounced inspection will include review of regulations addressing specific health, safety, and fire areas. Areas of non-compliance found outside of the specific health and safety areas may be cited if they are observed during the licensing inspection. If areas of non-compliance are found during the licensing inspection, the licensing worker will issue a Statement of Deficiency.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

Prior to renewing a license or registration, facilities must have an annual inspection, any health and safety violations must be corrected, and the director and teaching staff must have completed health and safety orientation training. The director and teaching staff must also verify that their CPR/First Aid is current. All child care facilities will receive an annual inspection. The unannounced inspection will include review of regulations addressing specific health, safety, and fire areas. Areas of non-compliance found outside of the specific health and safety areas may be cited if they are observed during the licensing inspection. If areas of non-compliance are found during the



licensing inspection, the licensing worker will issue a Statement of Deficiency.

iii. Identify the frequency of unannounced inspections:

- A. Once a year  
 B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Prior to the renewal date of the license, the Child Care Licensors will review the facility record as well as information in the Child Care Under the Big Sky (CCUBS) data base and apply the eligibility criteria outlined in CCL-019 Key Indicator System Policy to determine if the licensee is eligible for a key indicator Survey. If the licensee meets each of criteria outlined in CCL-019 Licensing Key Indicator System Policy then the licensee is eligible for a key indicator survey. Key indicators may be found in Appendix A of CCL-019 Key Indicator System Policy. If the Child Care Licensors are unclear whether a facility is eligible for a key indicator survey, he/she should consult the Lead Worker or Program Manager. The Child Care Licensors select the appropriate licensing tool for the key indicator survey or full survey, as applicable.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

[Monitoring Activity Policy](#) CCL-006 and [Key Indicator System Policy](#) CCL-009 .

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance

with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

## **b. Licensed CCDF family child care home**

### **i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards**

New child care facilities will be inspected prior to issuing a license or registration. Health and safety violations must be corrected prior to licensure. A 3-month provisional license or registration may then be issued. Before the 3-month provisional status can be changed to a regular full year license or registration, a licensing worker must conduct a full inspection, any health and safety violations must be corrected, and the director and teaching staff must have completed the remaining health and safety orientation training courses.

### **ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.**

Prior to renewing a license or registration, facilities must have an annual inspection, any health and safety violations must be corrected, and the director and teaching staff must have completed health and safety orientation training. The director and teaching staff must also verify that their CPR/First Aid is current. All child care facilities will receive an annual inspection. The unannounced inspection will include review of regulations addressing specific health, safety, and fire areas. Areas of non-compliance found outside of the specific health and safety areas may be cited if they are observed during the licensing inspection. If areas of non-compliance are found during the licensing inspection, the licensing worker will issue a Statement of Deficiency.

iii. Identify the frequency of unannounced inspections:

- A. Once a year  
 B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Prior to the renewal date of the license, the Child Care Licensor will review the facility record as well as information in the Child Care Under the Big Sky (CCUBS) data base and apply the eligibility criteria outlined in CCL-019 Key Indicator System Policy to determine if the licensee is eligible for a key indicator Survey. If the licensee meets each of criteria outlined in CCL-019 Licensing Key Indicator System Policy then the licensee is eligible for a key indicator survey. Key indicators may be found in Appendix A of CCL-019 Key Indicator System Policy. If the Child Care Licensor is unclear whether a facility is eligible for a key indicator survey, he/she should consult the Lead Worker or Program Manager. The Child Care Licensor selects the appropriate licensing tool for the key indicator survey or full survey, as applicable.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

[Monitoring Activity Policy](#) CCL-006 and [Key Indicator System Policy](#) CCL-009 .

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

Regardless of location of care, new Family, Friend, and Neighbor (FFN) providers do not receive a pre-licensure inspection for in-home care. New FFN providers are inspected within 90 days of receiving a provisional registration. Before the 3-month provisional status can be changed to a regular full year license or registration, a licensing worker must conduct a full inspection, any health and safety violations must be corrected, and the must have completed any remaining health and safety orientation training courses.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

Prior to renewing a license or registration, FFN providers including in-home care must have an annual inspection, any health and safety violations must be corrected, and the director and teaching staff must have completed health and safety orientation training. The provider must also verify that their CPR/First Aid is current. All child care facilities will receive an annual inspection. The unannounced inspection will include review of regulations addressing specific health, safety, and fire areas. Areas of non-compliance found outside of the specific health and safety areas may be cited if they are observed during the licensing inspection. If areas of non-compliance are found during the licensing inspection, the licensing worker will issue a Statement of Deficiency.

C. Identify the frequency of unannounced inspections:

- 1. Once a year
- 2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

The inspection tool used for Family, Friend, and Neighbor (FFN) providers including in-home is the same for new FFN inspections and for annual inspections. There is not a differential monitoring process for the in-home care providers.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

Monitoring Activity Policy CCL-006

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Child Care Licensing Program staff

### 5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Montana does not have license-exempt centers

i. Provide the citation(s) for this policy or procedure

Montana does not have license-exempt centers

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Montana does not have license-exempt centers

i. Provide the citation(s) for this policy or procedure

Montana does not have license-exempt centers

#### **5.4.4 Inspections for license-exempt in-home care (care in the child's own home).**

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

- a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

The only license exempt in-home care for Montana is Relative Care providers. Relative Care providers are not monitored.

- b. Provide the citation(s) for this policy or procedure.

ARM [37.95.103](#)

- c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

Relative Care providers are not monitored. These are the only license-exempt CCDF providers in Montana.

#### **5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).**

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training

appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

The Montana Department of Administration has requirements in place under ARM2.21.3702 that identify the process for recruitment and selection. The Child Care Licensing Program has a current job description for licensing inspectors that identifies the qualifications required for the position. This includes a Bachelor's degree in social and behavioral sciences, early childhood education, elementary and secondary education, business and public administration. In addition, the position also requires 3-4 years of job-related experience. The job description requires communication skills with the ability to communicate on different levels with a wide variety of individuals from varying socioeconomic backgrounds, including children of all ages, child welfare professionals, providers and staff with less than an eighth-grade education to master's level education and concerned families. Upon hire, licensing inspectors receive information on working with tribal agencies. Additional resources are also available through the department and accommodations would be made for language or cultural issues. The qualifications for this position also require knowledge of early childhood development, physical disabilities and other special needs and ability to research new problems and identify needed authoritative resources.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

All health and safety orientation courses have been set up so that licensing workers can take an unfacilitated version of the training. The licensing inspectors are required to complete this training at the time of hire and every 3 years thereafter.

c. Provide the citation(s) for this policy or procedure.

[Child Care Licensing Policy CCL-006](#)



**5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).**

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

Each licensing worker is assigned a caseload based on the service area and the counties within that service area. The caseload may vary from area to area due to the number of providers in the area as well as the travel that is required. Each licensor is responsible for establishing their own survey schedule and shall submit quarterly progress report of the visits/inspections to the Program Manager and/or Bureau Chief. The reports shall be submitted via e-mail. The Child Care Licensing Program will review the provider to licensor ratio on a quarterly basis to ensure that the ratio does not exceed 120 facilities per licensing worker. In order to assist areas with higher ratios, the Program Manager may utilize licensing workers in other service areas to conduct licensing inspections. Overall, the workload and completion of assigned duties will be assessed quarterly by the Program Manager and any concerns will be reported to the Early Childhood Services Bureau Chief. The purpose of the Licensing Key Indicator System is to increase the efficiency and effectiveness of the licensing program and aid with high Child Care Licensing Worker caseloads by refocusing the emphasis of the licensing process. Using the licensing indicator system, less time is spent conducting annual survey visits in child care facilities with a history of high regulatory compliance and more time is spent conducting more in-depth surveys and providing technical assistance to child care facilities with a history of low regulatory compliance. The licensing indicator system complements, but does not replace, the current licensing program.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

[Child Care Licensing Policy Manual CCL-006](#)

## 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).**

### a. Components of In-State Background Checks

#### i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

All other providers eligible to deliver CCDF Services

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

All other providers eligible to deliver CCDF Services

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

All other providers eligible to deliver CCDF Services

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for**

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

All other providers eligible to deliver CCDF Services

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

All other providers eligible to deliver CCDF Services

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for**

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

All other providers eligible to deliver CCDF Services

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

All other providers eligible to deliver CCDF Services

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

All other providers eligible to deliver CCDF Services

Citation:

[37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS](#)

### **5.5.2 Procedures for a Provider to Request a Background Check.**

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per  $\text{\AA}\text{\S}$  98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in  $\text{\AA}\text{\S}$  98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check

[component, please include that in this description.](#)

All staff for licensed, registered, Family Friend and Neighbor (FFN) providers and Relative Care Exempt (RCE) providers must provide a release of information for all background checks prior to working in a facility and annually thereafter. Once the release is received, the department conducts a name-based Montana criminal history check, a check of the Montana child abuse and neglect registry, and a check of the Montana Sexual and Violent offender registry. If the release form indicates they have resided outside of Montana in the past 5 years, the department will contact the individual with instructions on how to complete background checks for the state(s) they have resided in. In addition, prior to working in a facility and every 5 years thereafter, all staff must also provide fingerprints and a completed FBI form allowing the department to receive the results of the FBI check and the NSOR check. FBI checks are conducted either via Livescan machines located at each of the CCR&R offices, or by submitting hard copies with their new hire paperwork. Background checks are required for any provider and all staff of any age, including caregivers, administrative staff, aides, volunteers, kitchen and custodial staff, and all persons over the age of 18 residing in the facility or who stays in the facility regularly or frequently. Staff members are not able to provide care prior to satisfactory checks. All staff must provide a release of information for all background checks prior to working in a facility and annually thereafter. All staff must also provide fingerprints prior to working in a facility and every 5 years thereafter. Montana then conducts background checks as quickly as possible and does not exceed 45 days after the child care provider submitted the request. Montana provides a letter to the child care provider indicating whether or not the individual meets eligibility requirements, which includes background check results. If they do not meet the requirements, a letter is sent to the provider to let them know the staff member is ineligible, but does not reveal specific disqualifying information. A separate letter goes to the individual with details about disqualifying crime(s). These rules are found in ARM 37.95.160 and ARM 37.95.161. This process is the same for all provider types including Family Friend and Neighbor (FFN) providers license-exempt providers (RCE) that receive CCDBG funds.

[b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that](#)

no fees are charged if applicable (98.43(f)).

Montana name-based criminal history background checks, Montana Sexual and Violent Offender Registry checks, and Montana Child Protective History checks are conducted by Child Care Licensing at no charge. Fingerprint-based FBI checks and National Sexual Offender Registry (NSOR) are conducted by Department of Justice for a fee that does not exceed the actual cost of processing and administration. Interstate background checks are conducted for the fee that is charged for each type of check that state that is conducting the check charges. In response to the COVID emergency and to support the impacts of the workforce, COVID relief funds are being used to cover the cost of FBI fingerprint checks.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Prospective staff must complete and receive a satisfactory result for a Fingerprint-based Montana criminal history, FBI and NSOR check, a name-based Montana CPS check, and a name-based Montana Sexual and Violent Offender Registry (SVOR) check prior to working on a provisional basis.

#### 37.95.161 CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

All staff must provide a completed release of information for all background checks prior to working in a facility and annually thereafter. This form includes a section for them to list any states the individual has lived in during the past 5 years. If the release form indicates they have resided outside of Montana in the past 5 years, the department will contact the individual with instructions on how to complete background checks for the state(s) they have resided in. Interstate checks of criminal history, sexual offender



registry, and CPS for any states the prospective staff have lived in during the preceding 5 years must be initiated before the staff member can be provisionally approved. Staff member must be supervised until satisfactory interstate results are received. If results are not received within 45 days the staff member may complete an attestation for approval to work unsupervised.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

Prospective staff must complete and receive a satisfactory result for name-based Montana Criminal History check, Montana CPS check, and a name-based Montana Sexual and Violent Offender Registry (SVOR) check prior to working on a provisional basis and annually thereafter. Prospective staff must also complete and receive a satisfactory result for a Fingerprint-based Montana criminal history check, FBI check and NSOR check, prior to working and every 5 years thereafter.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Prospective staff who have had a break in service of more than 180 days are considered new hires and must complete all background check requirements again.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

[New Hire Checklist](#)

### **5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.**

Once a request has been initiated, the state shall carry out the request of a child care provider

for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Prospective staff must sign and submit Release of Information and fingerprint forms for name-based and backchecks, and be fingerprinted using a code that notifies the Montana Department of Justice (MT DOJ) to send fingerprint-based Montana criminal history check results to Child Care Licensing. MT DOJ also includes the results for FBI checks and NSOR checks at the same time from the same set of fingerprints. Montana conducts background checks as quickly as possible and does not exceed 45 days after the child care provider submitted the request. Montana provides a letter to the child care provider indicating whether or not the individual meets eligibility requirements, which includes background check results. If they do not meet the requirements, a letter is sent to the provider to let them know the staff member is ineligible, but does not reveal specific disqualifying information. A separate letter goes to the individual with details about disqualifying crime(s). The Department shall not grant approval to any facility for any staff, teacher or caregiver, volunteer or support staff person who has been convicted of a crime identified in ARM 37.95.176 (1). The Department shall not grant approval to

any caregiver, volunteer or support staff person who has been convicted by a court of competent jurisdiction of a crime identified in ARM 37.95.176 (2)(a), or named as a perpetrator of child abuse and neglect as identified in (2)(e) of the same rule, unless the provider (registrant/licensee) has requested an administrative reconsideration and through that process, the Department has determined the individual has been sufficiently rehabilitated to warrant the public's trust. Individuals, who have been denied approval as a caregiver in a licensed or registered day care facility and believe that their criminal record is not accurate, can appeal the accuracy of their criminal record directly to the Department of Justice. If the individual is successful in getting an otherwise disqualifying conviction overturned or expunged, or if they are able to validate that the record is inaccurate, the Department will then rescind the prohibition. Based upon the results of the criminal background and child protective services check, the Department will notify the facility provider in writing. This notification will inform the provider that the individual for whom the background check was requested either meets the qualifying criteria or does not meet that criteria. If the individual has a disqualifying event, the written notice from the Department will inform the facility provider that the individual does not meet criteria for approval and allowing that individual to provide care to children could have negative impacts upon the provider registration or license; however, should the facility director feel that in spite of the disqualifying event, the applicant should be given an opportunity for reconsideration, the notice will inform the facility provider the manner in which this is to be requested.

[b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.](#)

The procedure for National Background checks is not different in Montana.

[c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. \(Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state\(s\) within the previous five years\).](#)

An applicant must complete a Release of Information for MT background checks. On the form there is a section that asks if they have lived outside of MT in the past 5 years. If the applicant indicates on the required Release of Information form that they have lived outside of Montana in the past 5 years, the department will provide the applicant with the forms or links and instructions provided by the state or states for each type of

background check. This includes a check of each indicated state's criminal history, Child Abuse and Neglect Registry, and sexual offender registry based on the information indicated on the form. If the indicated state and type of background check allows, the applicants are asked to return the forms for the applicable state to the MT Child Care Licensing Program (CCLP) along with any associated fees. Once the forms for the state have been completed and is received by MT CCLP, the agency will forward the forms and fee, if applicable, to the state or states indicated on the first release form. Some states require the applicant to make the request online instead. Once results for each type of interstate background check from the state are received in the MT CCLP office, a determination of eligibility will be determined by CCLP. This determination is based on [ARM 37.95.161](#) CHILD CARE FACILITIES: FINGERPRINT AND BACKGROUND CHECK REQUIREMENTS. If results are not received from the identified state or states, for any one background check, within 45 days of request, the applicant will be asked to provide a signed statement attesting that they do not have any disqualifying history in that state.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

If the applicant has lived outside of Montana in the past 5 years, and the indicated state or states do not provide the results within a 45-day timeframe the Department will provide the applicant with an attestation form to attest that there is no disqualifying criminal or CPS history for the state or states that the applicant came from. At this point the applicant can be approved to work unsupervised.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

The Department will follow the interstate background check process for the applicant or staff member prior to hire and every 5 years thereafter.

#### **5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.**

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

### 5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

#### a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

This is a Montana-only name-based check. The link is <https://app.mt.gov/choprs>.

For the general public: go to [CHOPRS - Criminal History Online Public Record Search](#) and click on the Public Users "Start Service" button. To search, you must submit the individual's complete name and complete date of birth. Social Security numbers are

optional but are encouraged as they allow a more thorough search. Up to four alias names may be included in the search without further cost. You must also enter your name in order to comply with Section [44-5-215](#) of the Montana Code Annotated. You may pay the \$20.00 fee for each record search by credit card or eCheck.

For registered users: Go to [Criminal History Online Public Record Search](#) and click on the Registered Users "Start Service" button. Enter your username and password. You will receive monthly bills that you may choose to pay by credit card, electronic payment or invoice. To become a registered user, go to [Criminal History Online Public Record Search](#) and click the "Become a Registered User" button.

Mail-in requests for name-based background checks should include:

- the name of the person being checked and, if possible, any aliases, nicknames, or maiden names
- the person's date of birth
- his or her Social Security number

Enclose:

- a self-addressed, stamped envelope
- the \$15.00 processing fee for each individual to be checked, paid by check or money order (U.S. Funds please) Mail the complete request to [Montana Criminal Records](#).

#### [b. Interstate Sex Offender Registry Check Procedures](#)

[Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose \(i.e., for purposes of determining employment eligibility\).](#)

The Montana Sexual and Violent Offender Registry is publicly available at <https://dojmt.gov/sexual-or-violent-offender-registry/> . States and Territories can check the registry by visiting the website and entering the applicant's last name. Any registered offender with the same last name will be listed along with first names and other details about the individual and the registered offenses.

#### [c. Interstate Child Abuse and Neglect Registry Check Procedures](#)

[Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or](#)

policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

In accordance with Montana Code Annotated 41-3-205, a person or entity who is carrying out background, employment-related, or volunteer-related screening of current or prospective employees or volunteers who have or may have unsupervised contact with children through employment or volunteer activities may request and receive Child Abuse and Neglect Registry Check (CPS) for MT background checks. Instructions for how to request a Child Abuse and Neglect Registry Check for MT can be found at:

<https://dphhs.mt.gov/CFSD/BackgroundChecks>

There is currently no cost for Child Protective Service Background Checks. A request for a Child Protective Service (CPS) Background Check is made by submitting a completed, signed and notarized Montana Release of Information form to CFSD by mail or fax using *the most appropriate form below* which best describes the reason for requesting a Child Protective Service Background Check.

- Child Placing Agency staff including current or prospective employees or volunteers AND applicants/providers of foster care, adoption, guardianship, kinship (licensed or unlicensed) and adult members of these providers' households, Day Care Center Staff including current or prospective employees or volunteers AND family and group child day care home providers and staff including volunteers and adult family members, Youth Care Facility Staff including current or prospective employees or volunteers

e-mail requesting a return phone call. Status requests may also be faxed to (406) 841-2046. Status requests must include the name of the person for whom the background check was requested and the date the original request was sent to CFSD.

Please allow at least ten working days between the time an original request for a background check is submitted and the time a status request is made.

### [5.5.6 Consumer Education Website Links to Interstate Background Check Processes](#)

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background

checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

**Note: The links provided below should be a part of your consumer education website identified in 2.3.11.**

**a. Interstate Criminal Background Check:**

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees



- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://dphhs.mt.gov/Portals/85/ecfsd/documents/childcarelicensing/FormerMontanaResidentsBackgroundCheckInformation.pdf>

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://dphhs.mt.gov/assets/ecfsd/childcarelicensing/FormerMontanaResidentsBackgroundCheckInformation.pdf>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://dphhs.mt.gov/assets/ecfsd/childcarelicensing/FormerMontanaResidentsBackgroundCheckInformation.pdf>

**5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent**

**misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).**

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

Conviction of abuse, sexual abuse, neglect, or exploitation of an elderly person or a person with a developmental disability. ARM 37.95.176 (1)(d).

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

Montana provides a letter to the child care provider indicating whether or not the individual meets eligibility requirements, which includes background check results. If they do not meet the requirements, a letter is sent to the provider to let them know the staff member is ineligible but does not reveal specific disqualifying information. A separate letter goes to the individual with details about disqualifying crime(s).

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4).

If the individual has a disqualifying due to a felony drug offense that is more than 5 years old, the written notice from the department will inform the facility provider that the individual does not meet criteria for approval and allowing that individual to provide care to children could have negative impacts upon the provider registration or license; H However, should the facility provider feel that in spite of the disqualifying event (which is not disclosed by the department) the applicant should be given an opportunity for reconsideration, the notice will inform the facility provider the manner in which this is to be accomplished.

### 5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal

Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

Individuals, who have been denied approval as a caregiver in a licensed or registered day care facility and believe that their criminal record is not accurate, can appeal the accuracy of their criminal record directly to the Department of Justice. If the individual is successful in getting an otherwise disqualifying conviction overturned or expunged, or if they are able to validate that the record is inaccurate, the department will then rescind the prohibition. Based upon the results of the criminal background and child protective services check, the department will notify the facility provider in writing. This notification will inform the provider that the individual for whom the background check was requested either meets the qualifying criteria or does not meet that criteria. If the individual has a disqualifying event, the written notice from the department will inform the facility provider that the individual does not meet criteria for approval and allowing that individual to provide care to children could have negative impacts upon the provider registration or license; however, should the facility provider feel that in spite of the disqualifying event, the applicant should be given an opportunity for reconsideration, the notice will inform the facility provider the manner in which this is to be accomplished.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

The appeal process is the same for interstate checks except that the individual would contact the state from which the disqualifying history was from.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

The appeal process is the same for CAN checks except that the individual would contact Child and Family Services Division to appeal the substantiation of abuse or neglect.

## 5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

### **5.6.1 Licensing Requirements (as described in Section 5.1)**

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

Relative providers must meet background check requirements, be 18 years of age or older; limit the care they provide to a period of less than 24 consecutive hours; may care for either a sibling group of any size or no more than two unrelated children; and attend orientation approved by the department that includes health and safety training.

- c. Relative providers must fully comply with all licensing requirements.

### **5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)**

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

- c. Relative providers must fully comply with all health and safety standard requirements.

### 5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

Relative providers must attend a 3 hour health and safety orientation training.

- c. Relative providers must fully comply with all health and safety training requirements.

### 5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

### 5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:

- i. Criminal registry or repository using fingerprints in the current state of residency
- ii. Sex offender registry or repository in the current state of residency
- iii. Child abuse and neglect registry and database check in the current state of residency
- iv. FBI fingerprint check
- v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
- vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
- vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
- viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health



and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

## 6.1 Professional Development Framework

**6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.**

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Montana's [Early Care and Education Knowledge Base](#) (referred to as the 'Knowledge Base') outlines the professional standards and competencies for what early childhood practitioners need to know, understand, and be able to demonstrate. The Knowledge Base is the foundation of Montana's career development system and was first published in 1997. The Knowledge Base underwent subsequent revisions in 2004, 2008, 2013, 2018 and newest revisions completed in 2021 (current year). The Knowledge Base is used as the basis for all training and professional development approval in Montana. The Knowledge Base content area are structured around 'personal dispositions' and include: Observation, Documentation, and Assessment Program Management, Family and Community Partnerships, Environmental Design, Child Growth and Development, Child Guidance, Diversity, Curriculum, Professionalism, and Health and well-being. Knowledge

and competencies related to cultural, linguistic, ethnic, and developmental diversity are embedded throughout the document. Competencies related to diversity are addressed directly throughout each content area. Two courses on inclusion are available for college credit and are required training in the STARS QRIS standards.

**ii. Career pathways. Describe:**

The [Montana Career Path](#) (referred to as 'the Career Path') is a framework for professional development in early childhood education. The Career Path promotes professional development for early care and education practitioners by providing a framework for recording and recognizing experience, training, and educational accomplishments. The Career Path outlines ten levels of career development which are based on training, education and experience, ranging from a high school diploma/HiSet or GED certificate to advanced degrees in early childhood education. When a provider applies to join the Practitioner Registry, they are placed on the Career Path following verification of their transcripts, employment, and other documents submitted to the Early Childhood Project. The Career Path has been modified to accommodate new pathways several times since its adoption in 1998, including an update in 2016 to accommodate Montana's approved P-3 teacher license endorsement and in 2018 to support and reflect CCDF Licensing Rule regulations. The most recent updates include a new level prior to Level 1 called the Membership Status. The Membership Status supports individuals who are currently enrolled in high school, or who are working to complete their HiSet/GED. Training hour requirements were also adjusted at the time of the new CCDF Rule Regulation to a standard 16 hours annually across all levels on the Career Path.

**iii. Advisory structure. Describe:**

The Early Childhood Project (ECP) is an outreach program within the Montana State University Department of Health and Human Development. ECP was founded in 1985 with the sole focus to improve the quality of programs and services for Montana's youngest children and their families through supports to the early childhood workforce. The Early Childhood Services Bureau contracts with the ECP at Montana State University to address deliverables in the Child Care and Development Plan specific to professional development and the early care and education workforce. The ECP also coordinates with state-level programs and early childhood state and federal grants to further align strategies and support the workforce through the STARS quality rating and improvement system, Part C/Early Intervention, an Early Childhood Apprenticeship

partnership and Pre-Apprenticeship program with the Department of Labor and Industries and early childhood system-building grants. The ECP, due to its placement within higher education, has access to early childhood programs in colleges and universities across the state. This is beneficial in addressing content, curricula, student placements, and creating linkages with programs and state policy leaders. Due to the structure of ECP and role as a partner to multiple state programs, stakeholders, and providers across the state, the [Career Development Advisory Board](#) (CDAB) was established in to convene partners and address strategies specific to the workforce. The CDAB grew out of the initial task force convened to envision and plan for an Early Care and Education Career Development program in 1995. Key statewide partners are represented on this board to contribute to policy and key initiatives specific to Montana's professional development system. CDAB representation expands depending on new areas of focus. Currently, representation includes the:

- Montana Child Care Resource and Referral Network
- Tribal Child Care Administrators and/or Tribal Head Start/Early Head Start
- Early Childhood Higher Education Consortium
- Montana Association for the Education of Young Children
- Head Start State Collaboration Office
- Head Start Association
- Child Care plus+ Center on Inclusion in Early Childhood (UM)
- Child and Adult Care Food Program
- Montana Department of Labor and Industry Apprenticeship Program and Training
- Montana Department of Public Health and Human Services
- Early Childhood Services Bureau
- Office of Public Instruction
- Montana's distance learning contractor, Child Care Training

The Early Childhood Project convenes the CDAB biannually to examine current data, trends, issues and updates to the operation of the various programs it administers including the Registry, the Professional Development Approval System, incentives and awards, the Apprenticeship Program, Director Credential, grants, and annual leadership professional development events, and policies and procedures. Although the CDAB exists to focus on work specific to the ECP and strategies to support professional development and the workforce across the state, The Montana Early Childhood Advisory Council (MECAC) provides additional opportunities for outreach and contribution to workforce initiatives from a broader stakeholder perspective. The MECAC not only recognizes the importance of professional development the field of early care and education, but also provides a space to gather information and a strong feedback loop to

the ECP and CDAB. The ECP Director is appointed to sit on the Governor Appointed Advisory Council and represent the early childhood professional development and workforce system of Montana, which is inclusive of the CDAB and other stakeholder groups convened by the ECP. The representatives from ECP report to the MECAC, advise on topics that impact professional development and workforce initiatives, and use the MECAC platform to gather ideas and input on strategies.

#### [iv. Articulation. Describe:](#)

The Montana Early Childhood Higher Education Consortium (MECHEC) is convened bi-annually to coordinate topics specific and relevant to advancing early care and education in higher education settings. The collective voice from institutions of higher education represent an expert lens on issues, trends, and needs in early childhood professional preparation. Members of the consortium include faculty from all higher education programs, including community and tribal colleges, to ensure articulation and collaboration across the state. The MECHEC is coordinated through the ECP and a faculty member at Montana State University facilitates the meetings. Articulation is a key focus of the partnership the MECHEC offers to the state. MECHEC is designed to stand as the leadership body for articulation agreements regarding credit transfers, common coding for ECE courses offered in higher education, and new initiatives that require input and design by this group of stakeholders. For example, MECHEC collaborated to design and implementation of the Preschool to 3rd Grade (P-3) Endorsement to support providers completing their bachelor's degree. The Office of the Governor convened stakeholders, including representatives from MECHEC, who could share the design and work with additional partners to implement the P-3 Endorsement. The P-3 Endorsement was approved by the Montana Board of Education to fulfill an unmet need of licensure among early childhood educators in Montana.

#### [v. Workforce information. Describe:](#)

Workforce data is available from the Early Childhood Project's Practitioner Registry (referred to as the Registry). Following child care licensing rule change in February 2018, program staff in a state licensed care setting must participate on the Registry to meet licensing compliance standards. The implementation of the new rule began July 2018. Prior to the February 2018 licensing changes, staff participation on the Registry was voluntary, with the expectation of staff participating in Montana's QRIS Stars to Quality program. Verified data is used for policy and program development related to

requirements in child care licensing rule, QRIS, and The Registry. Data, such as career level advancement, number of providers in the field, and training hours are utilized in grant writing and legislative proposals to advance early care and education in MT. Compensation information is encouraged in the Registry employment verification process, though it is currently collected on a voluntary basis. The Early Childhood Project contributes to the National Workforce Registry Alliance dataset. Data on the early care and education workforce is shared on a quarterly basis with the Early Childhood Services Bureau, and the ECP has a Senior Data Research Analyst position and a Data Research Analyst position to conduct data analysis.

**vi. Financing. Describe:**

CCDF dollars are contracted by the Early Childhood Services Bureau to the Early Childhood Project to carry out training and professional development requirements of the CCDBG, including the development and maintenance of the Practitioner Registry. All orientation training and ongoing health and safety training are offered free of charge to the provider. STARS (QRIS) training is free of charge to all providers. The cost of trainings to meet the annual 16 hours of required training is the responsibility of the provider, and costs vary depending on the type of course a provider chooses to access.

**b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.**

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable**

**Describe:**

Credit-bearing professional development is accessible.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework**

**Describe:**

The Early Childhood Project supports this work through the facilitation and convening of the Montana Career Development Advisory Board, the Montana Professional Development Specialist Forum, the Montana Higher Education Consortium, and the Montana Director's Symposium. The ECP also coordinates closely with the state CCR&R network and engages in providing trainings and technical assistance specific to the

functions of the professional development agency. The ECP attends Head Start Association and the Montana Educators of Young Children Association meetings when requested to present on the early childhood professional development system and requests feedback to improve services.

iii. Other

Describe:

**6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.**

The Career Development Advisory Board (CDAB), the Montana Early Childhood Advisory Council (MECAC), and the Montana Early Childhood Higher Education Consortium (MECHEC), whose structures are described in Section 6.1.1, are utilized to provide feedback and support the professional development framework through input on training and the education of child care providers and staff. The Montana Career Path (Career Path) is Montana's framework for professional development in early childhood education and is updated as needed to support and reflect changes in policy. For example, consultation specific to training and educational needs conducted at Career Development Advisory Board meetings advised placement of Montessori (MACTE) accreditation on the Career Path. The Career Development Advisory Board structure was utilized to review the addition of a new Membership Status to the Career Path. The Membership Status was added to support providers who did not meet current requirements of the Career Path because they were either in high school or are in the process of obtaining their GED/HiSet. This was an identified barrier to supporting licensed care provider access the Registry and this meeting licensing regulation.

### **6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).**

1.1.1 The Career Path is recognized as the early childhood education framework to support providers working in early care and education settings across the state to improve the quality, diversity, stability, and retention of caregivers, teachers and directors. An incentive to advancing to higher levels on the Career Path includes opportunities for career advancement and leadership in the field of early care and education. Financial assistance was previously provided through the Higher Education Professional Development Incentive Awards (PDIA), the CDA scholarship, and stipends to providers after placement on the Career Path to encourage and support movement along the framework. Funding awards were eliminated in 2017 due to state general funds budget reductions. Although funding is no longer tied to each level of the career path to support the stability, quality and retention of providers, other initiatives utilize the Career Path to provide incentives and promote growth within their program. The following examples of the Certified Infant Toddler Caregiver Stipend, and the Apprenticeship Program demonstrate strategies to improve the quality of the workforce and provide opportunities for growth and advancement in the field of early care and education. The Infant / Toddler Course Completion Award is available to individuals who have completed the 60-hour/4-credit Montana Infant Toddler Caregiver Course. Individuals must be working a minimum of 15 hours per week in a licensed child care facility and training must be approved through the Early Childhood Project Training Approval System. Certified Infant Toddler Caregivers Stipends are designed to support individuals caring for infants in licensed child care centers or registered group or family child care homes. A one-time award of \$400 is available to individuals who have completed the Infant Toddler Caregiver course, are working directly with infants/toddlers for a minimum of five hours per day in a licensed facility and are working in the same facility at the time of the application and course completion. Applications are only accepted 6 months from the date of the course completion as to encourage continuity and provider retention. The stipend is designed to support individuals who are caring for infants in licensed child care centers or registered group or family child care homes by: Encouraging on-going skill enhancement, increasing their understanding of child development, and Providing a \$400 incentive award if the caregiver remains in a stable employment situation for at least 6 months. Participation in the Certified Infant Toddler stipend program entails a commitment by the caregiver to the center or home at which they are employed. If a participant leaves their employment (for any reason) before

they have completed the 6-month period for which their stipend was approved, they may not continue in the program or reapply from another facility. Inclusion courses are available for all child care providers. The [Montana Early Childhood Apprenticeship Program \(MECAP\)](#) is a training program for people in the field of early care and education that includes 4000 of hours of on-the-job learning with the support of a mentor and completion of 24 credits in early childhood education. The result is that an apprentice learns both the theoretical and practical aspects of the job, earns a Child Care Development Specialist Certificate from the MT Department of Labor and Industry, and achieves Level 4 on the Montana Practitioner Registry. This program is administered by ECP in partnership with the Department of Labor and Industries. The MT Higher Education Consortium is interested in promoting and utilizing the apprenticeship program and supporting ongoing efforts by advising on coursework. Also, Montana completed the pilot in October 2019 for an Early Childhood Pre-Apprenticeship program for high school students exploring an early childhood career path. The pilot had one successful completer of the program. The Pre-Apprenticeship program participation criteria is outlined to cater to students enrolled in a high school Family and Consumer Science Early Childhood class, are linked with qualified mentor, are able to successfully complete the 60-hour Montana Preschool and 60-hour Montana Infant/Toddler Certification courses for college credit, and spend a minimum of 100 hours in an approved early childhood program. Montana explored replicating this program in other communities but due to Covid-19 growth of the program was temporarily suspended as three students were enrolled in the program but due to COVID 19 were unable to complete the program. Currently, the Pre-Apprenticeship program has one student enrolled with future plans to expand the program once childcare centers are fully open throughout the state. The ability to demonstrate advancement on the Career Path is an important data point for programs and projects dedicated to supporting quality, diversity, stability and retention across the workforce. As all licensed care providers become current on the Practitioner Registry, where providers start on the Career Path and where they go will continue to drive policy making decisions to improve the framework of professional development in early childhood education.



## 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

### **6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:**

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

Montana's Early Learning Standards (MELS) are embedded into the STARS to Quality program and the Professional Development Approval System. An online, general overview course of the MELS is required training for STARS to Quality program staff and is available to all providers for free. Additionally, newly developed courses must be approved by the Montana Early Childhood Project (ECP). The approval process requires trainers to identify the MELS that are addressed, during the offering, prior to approval. This information is posted to the Statewide Training Calendar on ECP's website for each scheduled event.

The health and safety standards are addressed within child care licensing and STARS to Quality through training requirements and Technical Assistance (TA). Child care licensing regulations require participation on the Practitioner Registry and 16 hours of annual training

regardless of level on the Career Path. Orientation hours for new providers include CPR/First Aid, Health and Safety Orientation and Infant Safety Essentials within the first 30 days of hire and health and safety professional development training within 90 days of hire. STARS to Quality participants are required to complete a variety of health and safety courses as they move through quality levels, Building Skills and Safe Spaces, Healthy Smiles, Food Safety, and Medication Administration.

Pyramid Model training is required within the Montana STARS to Quality framework and available statewide to all practitioners. All education staff are required to complete the following: The two-hour Introduction to the PM, available online; Module 1 (6 hours) which addresses birth -five nurturing and responsive relationships and high quality supportive environments; Module 2 (6 hours) that addresses birth - five targeted social emotional supports. Module 3 (6 hours) completes the PM series and is optional.

The CCR&R coaching system offers coaching at any STARS to Quality level to support better child outcomes. STARS coaches utilize the Practice-Based Coaching Model, PBC, to support the implementation of a wide variety of effective teaching practices. STARS coaches have training to use Pyramid Model tools such as TPOT, TIPITOS, Benchmarks of Quality and Inventory of Practices.

Montana's Professional Development Approval System (PDAS) provides approved training to all providers in Montana through the Statewide Training Calendar, which aligns with Montana's Early Care and Education Knowledge Base and MELS, both of which address family cultural, linguistic diversity, and children with disabilities. The core of Montana's Early Care and Education Knowledge Base includes content areas specific to "Personal Dispositions" which addresses teacher health and well-being as does the area of "Professionalism". Local and state trainings address research, best practice, and strategies to reduce stress and promote well-being related to work in the early childhood field. The increased efforts in Montana to implement social and emotional supports at the classroom level through coaching and reflective practice are occurring throughout STARS programs as an integral component of the quality framework.

Resources and documents are developed in partnership with tribal organizations receiving CCDF funds, and MT Early Learning Standards and other relevant Special Events, Conferences, and Courses are also posted on the Early Childhood Project website under

“Find Training”. Each CCR&R also provides a website with information about local training that has been approved through the Early Childhood Project’s PDAS. Montana has a mixed delivery system for training, which includes in person and online. This mixed delivery system allows all provider types, including those serving school-age children, serving Native American children, or serving children in rural areas, to be able to attend trainings online and at a time that is convenient for them. Montana's contractor for distance learning courses through [Child Care Training \(CCT\)](#) has software available to translate courses submitted in English into other languages for facilitation and grading purposes.

Courses focused on inclusion methods are available to early care providers and students and are as follows: Inclusion I Foundations: Course on Inclusion in Early Childhood provides the foundations for inclusion. Topics include Introduction to Inclusion, Recognizing Young Children's Strengths and Needs, Creating an Accessible Environment, Building Partnerships with Parents and Families, and Being Part of the Team. The course is 15 weeks and is offered as 15 hours of state-approved training or for one academic credit. Inclusion II Strategies: Course on Inclusion in Early Childhood provides basic strategies for inclusion. Topics include: Maintaining a Safe and Healthy Environment, Arranging the Environment for Learning, Increasing the Playability of Toys and Play Materials, Guiding the Behavior of Young Children, Facilitating Young Children's Communication, Positioning Young Children, and Inclusion and Beyond. The course is 15 weeks and is offered to satisfy 30 hours of state-approved training or for two academic credit.

Child Care Training and the Child Care Resource and Referral agencies coordinate and are responsive to tribal communities. Per the Course Development Guidelines for CCT “A comprehensive review and update of each course will occur minimally every 3 years. It may be necessary to update more frequently as new research is published and new strategies show great promise. Child Care Resources will attempt to work with original course developers to update courses.” This ensures that all courses are subject to review and updates a minimum of every 3 years, and CCT is very efficient at ensuring these updates occur within the allotted timeframe. This ensures that all courses housed on CCT contain current and relevant information. Online services continue to be a challenge for online accessibility. In 2020 the Early Childhood Project utilized funds to support the MTAEYC virtual conference through funding speakers and additional materials as well as utilizing the ECP Conference Module for participants in the virtual conference. Finally, E-Pyramid modules have been added to the Early Childhood Project’s Learning Management System

which offer the trainings to be taking virtually at no cost and will take the place of face to face trainings beginning in September of 2021.

**6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).**

Montana's approved training posted on the Early Childhood Project website's Statewide Training Calendar is available to all practitioners, including tribal early childhood programs. The Early Childhood Project and the Early Childhood Services Bureau are working in partnership with tribes to understand how early childhood professional development trainings and courses can be tailored to support the cultural adaptations in communities across the state. The Early Childhood Project staff are available to work in partnership with providers and tribal organizations to access the Practitioner Registry, trainings and professional development resources. Tribes partner with CCR&Rs at the regional level to access required trainings, and the Early Childhood Project provides outreach to support new child care providers in joining the Practitioner Registry. Recent conversations have supported working in partnership with tribal partners and Child Care Training (CCT) to encourage increasing trainers within tribal communities to assure training delivery in culturally and linguistically responsive. The Early Childhood Higher Education Consortium meets two times per year to convene Montana's four and two-year colleges, which includes tribal colleges. Higher education partners share and discuss the information they are hearing and experiencing from their students regarding trainings, courses, course content and career development overall. Institutions of higher education work collaboratively to identify opportunities to promote access for students, including students who are working in tribal communities and/or are providers supported through Indian tribes or tribal organizations receiving CCDF funds. Feedback on program and policy change are encouraged through the Career Development Advisory Board and the Montana Early Childhood Advisory Council to understand how our early childhood professional development system can be proactive in supporting language and cultural inclusion practices.

**6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:**

**a) with limited English proficiency**

The CCR&Rs, Early Childhood Project, Child Care Licensing and other state partners working with providers coordinate to meet the needs of providers through language supports as needed. The Early Childhood Project (ECP) Policies and Procedures are available on their website and outline the following: ECP staff has access to campus training on diversity, cultural sensitivity, and customer service and treat all program participants and partners with respect. Staff meetings are held monthly where staff may discuss issues, concerns, and interactions with participants. ECP staff is sensitive to language needs and special accommodations necessary to assist all early childhood professionals to fully participate in programs. ECP staff will seek external assistance to successfully work with participants. Telecommunications Device for the Deaf (TDD) services are available through Montana State University-Bozeman. The Montana Early Childhood Advisory Council facilitates conversations specific to the early care and education workforce, including the recruitment of providers with language diversity across the state. Increasing access to trainings in multiple languages is supported and Montana will work to be responsive to changing language needs of children, families and providers across the state.

**b) who have disabilities**

Accommodations in accordance to the Americans with Disabilities Act are available to providers with disabilities for trainings and participation on the Practitioner Registry. The CCR&Rs, Early Childhood Project, Child Care Licensing and other state partners working with providers coordinate to meet the needs of providers through accessibility accommodations as needed. The Early Childhood Project (ECP) Policies and Procedures are available on their website and outline the following: - The ECP shall assure quality services and comply with the American with Disabilities Act (ADA) of 1990. The Early Childhood Project reviews all content that goes out to the public to assure it meets specific requirements: diversity of families in imagery, language, accessibility in written text, pictures and videos.

**6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).**

The Montana professional development and training requirements are regularly updated or reviewed to assure providers who care for children receiving child care subsidies, including children of various age groups, Native Americans and Alaska Natives, English-language learners, as well as children with developmental delays and disabilities are supported to best meet the needs of children and families. The infant and toddler certification, the preschool certification, inclusion courses, the Apprenticeship program and the child care development specialist credential are all continuing education services provided to child care practitioners across the state. An online course is available to providers called The Best Beginnings Scholarship Program Basics for Providers, which provides information to providers about the Best Beginnings Scholarship Program.

Montana's Professional Development Approval System provides approved training aligned with Montana's Early Care and Education Knowledge Base and MT's Early Learning Standards (MELS), both of which address family cultural and linguistic diversity and children with disabilities, to all providers in Montana through the Statewide Training Calendar. Montana has a mixed delivery system for training, which includes in person and online. This mixed delivery system allows all provider types, including those serving school-age children, serving Native American children, or serving children in rural areas, to be able to attend trainings online and at a time that is convenient for them. Montana's contractor for distance learning courses, Child Care Training, has software able to translate courses submitted in other languages into English for facilitation and grading purposes. The MT Early Care and Education Knowledge Base "Standard 4: Using Developmentally Effective Approaches" outlines specific approaches to English-language learners, developmentally appropriate approaches, and tools to connect with children and families to positively influence each

child's development and learning. Key elements of Standard 4 are focused within the content area of "Child Guidance" and "Diversity" although it is important to note elements of these areas are dispersed throughout the Knowledge Base Assessment areas. As stated in the Knowledge Base, "Diversity encompasses the wide range of children's developmental ages and stages as well as families' traditions, attitudes, language(s), and beliefs. The area of Diversity describes knowledge and skills that are essential to fully embrace and celebrate these qualities and to embed them in daily practice to support children's optimal development and learning." Specific competencies related to language include the degree to which providers support English Language Learners in their home languages while also assisting them to learn a new language and in the area of "Child Growth and Development" the degree to which the provider considers factors that potentially influence cognitive learning and brain development when setting expectations for each child, such as individual capacity, temperament, maltreatment, disability, family, language, culture, and community.

The Montana Early Learning Standards and other relevant Special Events, Conferences, and Courses are also posted on the Early Childhood Project website under Find Training. Each CCR&R also provides a website with information about local training that has been approved. Awards are available to child care providers who complete the Infant Toddler Caregiver Education Course (60 hours or 4 college credits/each) and receive certification. Inclusion courses are available for all child care providers. Inclusion I Foundations: Course on Inclusion in Early Childhood provides the foundations for inclusion. The two Inclusion Courses (available for college credit) are required for QRIS (or STARS) providers. Topics include: Introduction to Inclusion, Recognizing Young Children's Strengths and Needs, Creating an Accessible Environment, Building Partnerships with Parents and Families, and Being Part of the Team. The course is 15 weeks and is offered as 15 hours of state-approved training or for one academic credit. Inclusion II Strategies: Course on Inclusion in Early Childhood provides basic strategies for inclusion. Topics include: Maintaining a Safe and Healthy Environment, Arranging the Environment for Learning, Increasing the Playability of Toys and Play Materials, Guiding the Behavior of Young Children, Facilitating Young Children's Communication, Positioning Young Children, and Inclusion and Beyond. The course is 15 weeks and is offered to satisfy 30 hours of state-approved training or for two academic credits.

**6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).**

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The Lead Agency provides an online training for providers on identifying and serving homeless children and their families. Previously Montana utilized the course developed by the Center for Early Childhood Professional Development through the University of Oklahoma and Oklahoma Child Care Services has been tailored to the needs of providers in Montana but recently switched to a new course through the office of Head Start. The course is called, "Supporting Children and Families Experiencing Homelessness" and is designed to help child care providers understand, define and identify children and families experiencing homelessness, as it is defined according to McKinney-Vento. The course also explains how being homeless affects the child's health and development and provided guidance strategies to support young children experiencing homelessness. Information and resources for homelessness are available on the Early Childhood Services Bureau website.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

The Early Childhood Services Bureau partners with the Office of Public Instruction McKinney-Vento Liaison State Coordinator to disseminate information and collect data to support access of services among children and families experiencing homelessness. Early Childhood Coalitions across Montana coordinate with community-level organizations to address homelessness and provide connections to child care services. Head Start and Early Head Start programs collect data on children and families experiencing homelessness and coordinate with child care providers, especially through the Early Head Start - Child Care Partnership program to provide access to high-quality care and community resources.



**6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.**

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

Child Care Training has two Tom Copeland trainings offered which are "Family Childcare Contracts and Policies" and "Family Child Care Record Keeping and Taxes". In addition to these two courses another offering is titled, "How to Make a Profit in Child Care". All of these trainings encompass best practices for running a child care business. These courses are available for any individual that wishes to learn more regarding best business practices.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

## 6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

### 6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

The Montana Early Learning Standards (MELS) and the MT Early Care and Education Knowledge Base both address all areas of development and provide the foundation for all approved training and professional development in MT. The MELS were adopted as the basis of content for preschools in the public schools. CCDF Quality funds are used for this activity.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

MT embedded the Pyramid Model (PM) into its QRIS program and a training series of courses is required of program staff. Coaches are assigned to programs and work with leadership and program staff to implement the Pyramid Model. CCDF Quality funds are used for this activity.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

All courses approved in Montana must address how cultural diversity and inclusion will be addressed in the course. MT does not have a specific course developed on this subject that is widely offered. However, ongoing training on cultural and linguistic diversity are included in each annual Professional Development Specialist Forum sponsored by the Early Childhood Project. Higher education in ECE requires a class on meeting the needs of families and a diversity class. Multiple courses on diversity have been offered, and will continue to be offered statewide. A state-wide training work group is meeting to determine the needs of training in the state, and has identified this content as an area of need.

Salish Kootenai College, The Montana Head Start Collaboration Office, and The American Indian Alaska Native Collaboration office convened the first Montana

Early Language and Games Summit in June 2018; this is now an annual Summit. The Summit provided the opportunity to bring together tribal Early Childhood programs from across the state to discuss tribal language and Indigenous Games for Early Childhood professionals working in child care. Tribal Colleges, Head Start and K-12. The plan is to continue this annually through Salish Kootenai College and the American Indian College Fund. It will provide an ongoing opportunity to further develop language speakers and meld the pedagogy in Early Childhood and Language Revitalization to support the tribal early childhood programs throughout the state specifically in integrating native language and culture into early childhood curriculums. CCDF Quality funds and Head Start Collaborator funds were used for these activities.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

All Montana courses approved by the Early Childhood Project must include the applicable subdomain and standard from the Montana Early Learning Standards, content area(s) from the Knowledge Base, as well how cultural diversity and inclusion are addressed within each course. All courses must be evidence-based and informed by research and responsive to the needs of the communities and providers for all approved trainings state-wide. Courses are delivered with multiple delivery styles i.e. in-person, online, and a combination of online and in-person which we refer to as a hybrid course. CCDF Quality Funds are used for this activity.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

MT has approved some courses that address community partnerships that promote families' access to services that support learning and development. The local early childhood councils provide a means for dissemination of information about available community resources and collaboration around cross-sector professional development. A diverse group of approved state level and community-based training sponsors offer courses for practitioners, such as county health departments, Part C Providers, school districts, family education and support agencies and other child and family non-profit organizations. CCDF Quality Funds are used for this activity.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

The QRIS program requires assessments in the Environmental Rating Scales and the Program or Business Administration Scales and the scores are the basis for

programs' Quality Improvement Action Plans (QIAP).CCDF Quality Funds are used for this activity.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

Montana offers an online course, Best Beginnings Scholarship Basics for Providers. This course educates providers about supporting low income families through the Best Beginnings Scholarship Program. A course is available to all practitioners online, and is specific to insecure housing, and the effects on children and families.

Montana offers an online course to both providers and non-caregiving community members called Building Skills and Safe Spaces: Supporting Young Children Impacted by Trauma. The course provides information about trauma, how it impacts young children, and strategies for supporting children impacted by trauma, including self-care strategies for adults and child care providers.CCDF Quality Funds are used for this activity.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

Montana has two inclusion courses (both available for college credit) that are required training for QRIS programs. ECSB contracts with the Early Childhood Project to coordinate Pyramid Model training addressing challenging behavior and coaching withing the STARS to Quality system.

Positive Social Emotional Development: STARS has adopted the Pyramid Model Framework as the model to promote positive social and emotional development and to prevent and address challenging behavior. There are STARS training requirements associated with the framework, coaching support for implementation, and ongoing assessments to ensure the model is being implemented to fidelity. HS/EHS are required by the HS Performance Standards to address social and emotional development.

Training on the Pyramid Model Practices: STARS uses the Center on the Social and Emotional Foundations of Early Learning (CSEFEL) Pyramid Training Modules as the foundation for training STARS programs on the Pyramid Model, modifying them and using additional resources to meet the needs of the training audience, an individual, or program. All of the required Pyramid Model trainings are approved by the early Childhood Project as STARS qualified trainings. Modules 1,2, and 3 focus on tier 1, tier 2, and tier 3 of the Pyramid Model. The 8-hour module 3 training is required for the Behavior Support Team is an advanced training, all education staff are welcome to take the course, however, only the Behavior Support Team is required. All licensed providers, whether they are enrolled in STARS to Quality to attend the Pyramid Model trainings.CCDF Quality Funds are used for this activity.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

In-home care (care in the child's own home)

**b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.**



- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- iv. Other.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)

Describe:

N/A

**6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

The STARS to Quality team looks several data sets within the Practitioner Registry. STARS to Quality program staff are required to participate on the Registry, which helps the STARS to Quality team collect valuable data about professional development and education based on individuals' levels on the Career Path. The Career Path promotes professional development for early care and education practitioners by providing a framework for recording and recognizing experience, training, and educational accomplishments. The Career Path outlines eleven levels of career development based on training, education, and experience in the field. The Membership Level, formerly the Early Childhood Practitioner level, was removed for a brief time and then modified and added back to the Career Path in 2018, when Child Care Licensing implemented rule that all individuals in licensed and registered programs must be current on the Career Path. Any individual developing a plan for professional growth in early care and education can chart a course on the Career Path. From 2019 to 2020, there was a 4% increase in STARS Registry participants and nearly a 17% increase in all current Registry Participants. The following shows Practitioner Registry participant numbers for FY2020 by Registry level.

***Membership Level***

STARS to Quality: 62

Statewide workforce: 202

***Level 1***

STARS to Quality: 383

Statewide workforce: 1,428

***Level 2***

STARS to Quality: 622

Statewide workforce: 1,213

***Level 3***

STARS to Quality: 195

Statewide workforce: 312

**Level 4**

STARS to Quality: 88

Statewide workforce: 165

**Level 5**

STARS to Quality: 100

Statewide workforce: 152

**Level 6**

STARS to Quality: 34

Statewide workforce: 71

**Level 7**

STARS to Quality: 29

Statewide workforce: 59

**Level 8**

STARS to Quality: 98

Statewide workforce: 172

**Level 9**

STARS to Quality: 30

Statewide workforce: 65

**Level 10**

STARS to Quality: 2

Statewide workforce: 3

**Educational Growth**

From 2019 to 2020 there was nearly a 7 % increase in Bachelor's degrees attained among STARS to quality Registry participants.

**Number of STARS to Quality providers with increased educational levels in FY2020:**

Associate degree: 163

Bachelor's Degree: 371

Master's Degree: 65

Doctorate: 3

Some College: 232

High School + MACTE (Montessori Accreditation Council for Teacher Education) certification and/or CDA (any type): 79

High School + MT Infant Toddler Certification and/or MT Preschool Certification: 309

## 6.4 Early Learning and Developmental Guidelines

**6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.**

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Montana Early Learning Standards are designed to guide the work of early childhood professionals in a variety of early childhood settings. Professionals who utilize the Montana Early Learning Standards (MELS) help ensure children from birth to age five develop the skills and knowledge they need to achieve success in learning and reach their full potential in life. The Office of Public Instruction recognizes the MELS as the curriculum framework for Montana Early Childhood Programs and built upon the MELS when developing the Montana Preschool Program Guidelines (2014). Alignment to the early learning standards, as well as P-3 Vertical Alignment are key factors in assuring the guidelines are appropriate for all children along the developmental spectrum. A comprehensive literature review and integration of best practices and evidence-based research were thoroughly integrated into the document. The following paragraphs are included in the Montana Preschool Program Guidelines and underscore the rationale for use of the MELS in curriculum development and pedagogy supports among early care professionals to foster positive early learning

experiences.

#### ii. [Developmentally appropriate.](#)

Alignment to the Standards: To understand which developmental concepts and skills children need to acquire, it will be important that curriculum is aligned to the MELS. The MELS will guide choosing, aligning, planning, and implementing developmentally appropriate curriculum across all domains of development. Furthermore, the MELS provide clarity about what children should know and be able to do in all domains of development before entrance into kindergarten. Ultimately, the MELS provide a framework to guide the work of teachers and ensure that children have the skills and knowledge they need to achieve success in learning and reach their full potential in life.

#### iii. [Culturally and linguistically appropriate.](#)

The MELS incorporates current research, particularly in the areas of brain development and cultural/linguistic diversity, including significant and meaningful integration of the Montana Indian Education for All (IEFA) Act. In addition, a crosswalk analysis of the MELS was conducted to highlight connections with other professional standards, including the Montana Common Core Kindergarten Standards for Language Arts and Math and the Next Generation Science Standards as well as the Head Start Framework.

#### iv. [Aligned with kindergarten entry.](#)

The Montana Early Learning Standards state, "Children should be recognized as competent learners and supported as such. They are born ready to learn. The experiences that children have in the early years are the foundation for growth and development, and what they learn through these experiences is shaped by each child's family, community, and school. Children have the right to expect that public schools, specifically kindergarten classrooms, will be prepared to meet their needs. Failing to meet the challenge to improve all children's readiness and achievement will perpetuate the inequalities of achievement gaps and the low performance of the U.S. student population as a whole (NAEYC, 2009)." All of the standards within the MELS are focused on preparing children for successful entry into kindergarten.

[v. Appropriate for all children from birth to kindergarten entry.](#)

In a position statement published by NAEYC (2009), Copple and Bredekamp stress that children's learning experiences across the early childhood years, birth to age 8, need to be far better integrated and aligned. In 2010, the National Association of Elementary School Principals (NAESP) published a similar position statement urging states to "lead a careful, well-balanced effort to align K-3 standards to pre-K standards and vice versa." NAESP suggested alignment work would require states to expand their K-3 standards to include a focus on social, emotional, cognitive, physical, and creative learning, as well as school- related skills across the continuum. The group went on to say, "states should also promote balanced teaching strategies, a variety of types of learning opportunities, and multiple ways for children to demonstrate progress in learning in conjunction with the implementation of their standards." They further encouraged states to look at the full range of Common Core State Standards for all grades and expand them to include additional child development domains that focus on social, emotional, and physical learning.

[vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.](#)

The Montana Early Learning Standards (MELS) are typically updated every five years. State Advisory Council members will be recruited to participate in the next revision to the MELS. Several members of the State Advisory Council participated in the 2014 update process, which comprised of 17 individuals from across the state. Due to the COVID-19 pandemic, and the inability to meet in person as a workgroup for an intentional revision process, the MELS revision has been postponed. The Montana Early Learning Standards (MELS) are applicable to children regardless of the setting in which they are cared for, nurtured, and educated. These settings may include their own homes; family, friend and neighbor homes; family and group child care homes; child care centers; preschool programs; Head Start; Early Head Start; and public schools. The MELS are implemented into trainings, higher education coursework and stand as a resource to providers across the state.

[b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.](#)

**i. Cognition, including language arts and mathematics.**

Within the MELS language arts are covered in detail in 3.5, 3.6 3.7 and 3.8. In each of these sections early reading and book appreciation, print development/writing, print concepts and phonological awareness are addressed. In sections 4.10, 4.11, 4.12, 4.13 and 4.14 of the MELS mathematics is accounted for through numeric sense and operations, measurement, data analysis, algebraic thinking and geometry and spatial reasoning.

**ii. Social development.**

In sections 1.8 and 1.9 of the MELS social interactions are addressed through interactions with adults and interactions with peers.

**iii. Emotional development.**

Emotional development is focused on in sections 1.4, 1.5, 1.6 and 1.7 of the MELS. The topics of self-concept, self-efficacy, self-regulation and emotional expression are examined in detail.

**iv. Physical development.**

The MELS puts a focus on physical development in sections 2.1, 2.2 and 2.3. In these sections fine motor skills, gross motor skills and sensorimotor skills are the primary focus.

**v. Approaches toward learning.**

The MELS focuses on approaches toward learning in sections 4.1, 4.2, 4.3, and 4.4. In these sections curiosity, initiative and self-direction, persistence and attentiveness and reflection and interpretation are examined.

**vi. Describe how other optional domains are included, if any:**

N/A

**c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.**

Montana's Early Learning Guidelines for Children 3 to 5 (2004) and Montana's Early Learning Guidelines for Infants and Toddlers (2009) were incorporated into one document that represents a continuum of growth and development for children from

birth to age 5. This integrated document is called the 2014 Montana Early Learning Standards (MELS). Major changes of the 2014 integration include: Instead of using the term "guidelines," the current document uses the term "standards." This wording aligns with similar documents used across the state to guide the education of Montana's children, most notably K-12 Standards. Changes were made to ensure that the MELS incorporate current research, particularly in the areas of brain development and cultural/linguistic diversity, including significant and meaningful integration of the Montana Indian Education for All Act. In addition, a crosswalk analysis of the MELS was conducted to highlight connections with other professional standards, including the Montana Common Core Kindergarten Standards for Language Arts and Math and the Next Generation Science Standards as well as the Head Start Framework. The MELS feature a continuum of developmental progression without listing specific ages. Children's development can be identified and observed over time on the continuum described in each developmental domain. The updates are completed through the convening of a Task Force. The Task Force was selected in part to establish both content validity and face validity. To establish content validity, it was necessary to find professionals who had substantial experience in the field of early childhood learning, an appropriate educational background, and experiences external to-but appropriately related to-early childhood learning. The MELS will be updated in 2021.

d. [If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.](#)

N/A

e. [Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.](#)

- [Montana Early Learning Standards](#)
- [Montana Preschool Program Guidelines](#)

#### **6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:**

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,



-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The Montana Early Learning Standards (MELS) are a tool for every early childhood and related service professional working with young children and their families, including early care and education practitioners, elementary school teachers, early interventionists, pre-service teachers, parent/family educators, family support specialists, home visitors, mental health providers, and child/family health practitioners. The MELS are also a tool for those who plan and provide early childhood professional and career development, including college instructors, high school teachers, professional development specialists, and Early Head Start/ Head Start training and technical assistance personnel. The 2014 Montana's Early Learning Standards (MELS) are used to:

- Acknowledge the diverse value systems in which children learn and grow
- Assist early childhood professionals in communication/collaboration with policy makers, community members, and key stakeholders
- Develop training and education programs for adults working with children and their families
- Emphasize the importance of early care and education to the community
- Help teachers focus on what children can do and reinforce the idea that children are capable learners
- Help teachers meet children's developmental needs, including those of children with disabilities, at the level they require and in an individual capacity
- Help teachers recognize the critical need to meet children's emotional/ social needs and that meeting those needs serves as the basis for a child's future learning
- Help teachers recognize their own value and abilities Improve quality in early care and education programs and serve as a model for teaching and building secure relationships with young children Increase the flow of information among early childhood teachers, professionals, and policy makers
- Support teachers in learning more about child development
- They will not be used for the primary or sole basis of determining child care provider eligibility to participate in CCDF, as a reward or sanction for an individual provider, as a method for assessing program effectiveness, nor to deny child eligibility to participate in CCDF.

**6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).**

Quality funds are used to maintain and implement early learning and development guidelines. ECSB looks at website analytics pertaining to MELS, including the link to the electronic version of the MELS. ECSB reviews the number of printed copies distributed each year. An online course is available for the MELS through ChildCareTraining.org. The training is a required course in STARS to Quality at STAR 2 for lead teachers, and is open for all other child care providers to take. Number of individuals completing the course, in addition to course evaluations, are reviewed to measure progress and quality of the MELS.

## 7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report,

the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should

consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

**7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).**

In 2019, the Early Childhood Services Bureau conducted a comprehensive needs assessment of the birth to five early care and education system in Montana. A key focus of this needs assessment was directed at assessing the implementation of quality activities in Montana. The findings from this needs assessment laid out a blueprint for the expansion of quality activities across Montana's EC system.

In addition to the birth to five needs assessment, ECSB conducts regular annual quality assessments. The Best Beginnings STARS to Quality team conducts STARS program evaluation surveys with participating programs. The intent of the STARS program evaluation survey is to obtain program information, including feedback about program criteria, training, and program support. The STARS program evaluation survey is conducted at least annually. An assessment evaluation survey is sent to programs that receive an ERS, PAS/BAS assessment to receive feedback about how the state could improve communication, training, and support to programs that receive an assessment.

A coaching evaluation survey is sent to individuals that complete cycled coaching to receive feedback about how the state and STARS Coaches could improve communication and

support to programs, as well as informing our coaching model for the state. Surveys have not been conducted since 2019 due to the Covid-19 pandemic.

The Montana Head Start Collaboration Office conducts an annual Head Start Needs Assessment. The Needs Assessment is comprehensive of 3 data sources: 1. Survey Analysis & Findings: The survey was conducted via Survey Monkey in 2020 and distributed to all Head Start and Early Head Start directors in the State of Montana; 2. Program Information Report (PIR) Statewide Data findings conducted by the Office of Head Start; 3. Input from facilitated joint strategic planning with MTHSA and HSCO in June 2020. In April-June 2020, Head Start directors were invited to participate in the Head Start Collaboration Office needs assessment survey. Directors are encouraged to participate, but if they could not fill out the survey or wanted to provide more input from their program, they were encouraged to send it on to other staff. 18 Directors participated in the survey, all self-identified. All answers are de-identified in the needs assessment summary.

**7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.**

The birth to five needs assessment focused on assessing the ability of the agency and its partners in key areas of organizational structure that support the development, delivery and sustainability of quality in child care programs. These are achieved by:

Promoting trust and responsibility for excellence and continuous improvement among both staff and families. Implementing ongoing systematic, formal, and informal assessments to provide information on children's learning and development and inform continuous improvement and instruction refinement. Building strong partnerships across service delivery systems. Coordinating resources. Encouraging alignment in standards across systems.

The assessment also included the following key findings around quality: Families participating in ECE services report quality program implementation. Quality measures of ECE programs are improving over time across ECE initiatives. Programs are pursuing quality through continuous improvement. The share of child care capacity served by the state's QRIS providers is increasing. High-quality ECE capacity is limited. While QRIS participating providers appreciate the focus on professional development and program improvement, QRIS training requirements may dissuade program participation. Lack of public consensus

on the importance of quality ECE provision limits access to high-quality care.

The Best Beginnings STARS to Quality assessments provided by providers identified the following goals for ECSB: Continued collaboration between HS/EHS programs and STARS to Quality support, which would, at a minimum, maintain the number of programs participating in STARS to Quality. Continued focus on infant and toddler supports, with a goal of increased infant and toddler slots in STARS to Quality programs. Evaluation of consulting and coaching process and structure within STARS to Quality.

The STARS to Quality leadership team reviews visit logs and TA data to determine the effectiveness of the consulting and coaching system. One of the identified goals from this process is to provide additional consumer education for assessment tools (ERS, PAS, BAS). This support to programs will help to resolve assessment questions and misconceptions as well as assist in the useful application of the resulting data from such assessments.

Programs in Montana at the Head Start or preschool age group have the option to pursue a license. Early Head Start programs are required by regulation to be licensed. To access the child care subsidy program or to participate in the state's QRIS, a program must be licensed. In the results the Head Start Needs Assessment, 50% of respondents indicate that they held a child care license. This is an increase over the percentage observed in the 2018 assessment.

STARS to Quality had slightly lower percentage of respondents at 47.37% involved in QRIS. Head Start programs see becoming licensed as part of the process of being involved in STARS to Quality.

In the annual Head Start Needs Assessment, the majority of respondents identified a high level of collaboration between HS programs and STARS to Quality coaches and consultants. Findings show a high level of impact for the support of expansion and access to high quality workforce and career development opportunities. Data coordination was moderate in the level of impact. A majority were in the major or moderate impact of collaboration with STARS to Quality this is a change from last year with more in the moderate category. The emphasis this year on health and COVID 19 related needs may have impacted the response this year. This area will be important to monitor as EHS/HS programs continue to enter STARS to Quality.

Respondents were asked to identify areas that were most important to fully use the STARS program in the next year. The major areas identified were maintaining STAR levels with departure of staff and resources needed for STARS participation (time, program investments etc.). The next highest was applying STARS precepts and practices to EHS/HS programs.

That changed from last year's highest needs which included providing training at times convenient for programs. There has been a major concentrated effort by the STARS to Quality team to have increased access to all training through varied modalities as needed. Head Start/Early Head Start goals based on the HSCO federal priority and Needs Assessment survey results include: Increase the alignment between STARS to Quality and Head Start programs, HSCO and STARS staff will meet regularly to collaborate on ways to streamline the interface between STARS and HS, HSCO will facilitate opportunities for EHS/HS programs to effectively participate in STARS, HSCO will bring together HS and STARS to Quality decision makers to discuss opportunities for alignment of STARS training with HSPPS requirements and accessibility for Head Start professionals, HSCO will promote STARS program benefits and successes to all EHS/HS programs in Montana that are eligible.

Over the last year 4 programs which include 11 EHS/HS sites moved up in STARS levels or joined STARS, one program, three sites moved down from a 2 to a 1, and the rest maintained their STARS levels. Currently no tribal programs are involved in state licensing or state QRIS. Many programs, due to federal guidance and changes in leadership at the programmatic level, have opted to enter the STARS program over the last two years and have committed to pursue movement up the quality matrix.

## 7.2 Use of Quality Funds

### **7.2.1 Check the quality improvement activities in which the state/territory is investing**

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA



g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

## 7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

### **7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?**

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

Montana's QRIS, Best Beginnings STARS to Quality, is a voluntary quality rating improvement system that aligns quality indicators with support and incentives for early childhood programs and early childhood professionals. Best Beginnings STARS to Quality is a five-tiered program aimed at improving and measuring quality in early childhood care and education programs in Montana. Programs that advance levels are

eligible for financial incentives, including higher reimbursement rates over the base rate for programs that serve children receiving Best Beginnings Scholarships. In order to receive a STAR level, programs must demonstrate through an application process that they are meeting all criteria at the level applying for, as well as all levels below. Criteria throughout the STARS standards that align with Head Start and Early Head Start standards have been waived for Head Start and Early Head Start programs. There is a strong emphasis on professionalism and professional development throughout the standards, with each level building on the prior level. All programs applying for STAR 3 and above receive the appropriate Environment Rating Scale assessment (Early Childhood Environment Rating Scale-Revised, Infant Toddler Environment Rating Scale-Revised, Family Child Care Environment Rating Scale-Revised) and either the Program Administration Scale assessment (centers) or the Business Administration Scale assessment (family and group programs). Programs must be accredited or a Head Start program in order to achieve the highest level of STAR 5. STARS to Quality is administered at the state level through the Lead Agency, however, Child Care Resource & Referral agencies are contracted to administer coaching and technical assistance to participating programs. The STARS Application site, where all programs must enter program information and submit to request assessments and apply for STAR levels, is housed on The Early Childhood Project database. STARS to Quality began with 100 programs in a field test in 2010. The field test ended in April 2014 and STARS to Quality became available statewide for any licensed program to apply at any time. For more information regarding Best Beginnings STARS to Quality, visit [the Best Beginnings STARS to Quality website](#).

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

**7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.**

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).
- Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

All programs that participate in STARS to Quality must be licensed or registered. Programs must have been licensed a minimum of 6 months in order to qualify for

STARS.

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

STARS to Quality has standards in place specifically for Family/Group programs, Centers, and Early Head Start/Head start, that are individualized to the type of program. Evidence requirements for certain criteria may be different, and training criteria addresses specific roles for each program type. Assessment tools utilized within STARS to Quality at STAR 3-5 are specific to program type (i.e. Family Child Care Environment Rating Scale and the Business Administration Scale are used for Family/Group providers).

### **7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.**

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

No

Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

- a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
- b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
- c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- d. Programs that meet all or part of state/territory school-age quality standards.
- e. Other.

Describe:

NA

#### 7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - b. Embeds licensing into the QRIS
  - c. State/territory license is a "rated" license
  - d. Other.

Describe:

NA

**7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.**

No

Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based



- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

NA

**7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

For STARS to Quality, ERS baseline assessments are conducted upon a program's acceptance into STARS. This allows the STARS to Quality team to gather baseline data and track progress as the program moves up in the framework. From FY2018-FY2020, there were 38 ECERS-R, 40 ITERS-R, and 49 FCCERS-R baseline assessments completed. Montana reviews STARS to Quality program movement in the framework. Beginning at STAR 3, the indicators are embedded into the framework to collect data and measure program progress towards increased quality. From FY2018-FY2020, 70% of ECERS-R assessments completed had a score of 4.0 or above. 80% of those scored a 4.0 or above in

Language & Reasoning, and 84% scored a 4.0 or above in Interaction. 45% of ITERS-R assessments had a score of 4.0 or above. 70% of those scored a 4.0 or above in Listening & Talking, and 73% scored a 4.0 or above in Interactions. 58% of FCCERS-R assessments had a score of 4.0 or above. 88% of those scored a 4.0 or above in Listening & Talking, and 86% scored a 4.0 or above in Interactions. Data for training, technical assistance, and coaching within STARS programs is tracked and used to inform and build upon the overall system. In FY2020, individuals completed 36,646 hours of STARS to Quality qualified training. Currenting in STARS to Quality programs, there are 116 EC teachers that have an Associate's Degree, 284 have a Bachelor's Degree, 33 have a Master's Degree, and 443 teachers have Higher Education qualifications.

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

**7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to

child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

STARS to Quality requires lead teachers at STAR 3 to complete the 60-hour Certified Infant-Toddler Caregiver course. This course is available to anyone, regardless if they are participating in STARS to Quality or working in a licensed childcare program. Each CCR&R must offer this course a minimum of 2 times per year in their region. There is a course completion award and an 18- month continuity of care award attached to this course to encourage participation and completion. The following courses contain course objectives specific to serving infants and toddlers in care and are available to all providers: Together We Grow and Early Childhood Essentials (which are Licensing Orientation required courses), Introduction to Montana Early Learning Standards, Montana blended Pyramid Model modules, Inclusion I: Foundations for Inclusion, and

## Inclusion II: Strategies for Inclusion.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

### Describe:

A requirement of completing the 60 hour Certified Infant Toddler Caregiver course is to have 2 on-site observations in a program and to work a minimum of 45 hours directly with infants and toddlers throughout the course. The instructor goes through each observation with the student to further the students understanding and ability to implement best practices regarding infants and toddlers. For STARS to Quality programs, coaching and technical assistance specific to this group's unique needs can be requested by the program as needed.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or

needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

**7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

CCR&R Agencies employ Family Engagement Coordinators to provide support and referrals to Part C services. Part C Early Intervention Specialists have become part of the Practitioner Registry in MT. Part C Intervention Specialists are being supported by the Lead Agency's Coaching Specialist to implement Pyramid Model practices specific to Part C services.

- Licensed center-based  
 License exempt center-based  
 Licensed family child care home  
 License- exempt family child care home  
 In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

The STARS to Quality program uses the Infant Toddler Environment Rating Scale and the Family Child Care Environment Rating Scale to assess environments serving this age group. Programs receive a baseline score and work to improve their scores as they progress through STAR levels. Programs must use a Quality Improvement Action Plan (QIAP) to address low scoring areas. Lead teachers must complete the Certified Infant Toddler Caregiver course at STAR 3.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the

infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

**7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

Two new positions were added to all of the Resource and Referral agencies: Family engagement Coordinator and Consumer Ed/Outreach Specialist. These positions are to improve statewide consumer education as well as supporting informational and individual needs of families. These positions are responsible to coordinate with community agencies to increase knowledge and share information about resources and opportunities similar to the above topics. Family Engagement coordinators are tasked to support STARS to Quality programs specific to developmental screening and family engagement.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

STARS to Quality programs at all levels must serve a certain percentage of High Needs children. Infants age 0-19 months are considered a high needs category for STARS to Quality purposes.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.



Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

**7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.**

STARS to Quality tracks data for programs receiving ITERS and FCCERS assessments. Data is tracked on the number of individuals completing the Certified Infant Toddler Caregiver course. Certified Infant Toddler Caregiver Course All CCR&Rs in MT offer a 60-hour Certified Infant Toddler Caregiver (CITC) course. This course is required of Lead Teachers working with infants and/or toddlers in STAR 3 and above programs. Following is the number of individuals that have completed this course over the past 2 federal fiscal years:

- FFY2019: 147
- FFY2020: 165

Upon completion of the CITC course, individuals are eligible for a one-time \$500 completion award. Individuals are also eligible for a Continuity of Care stipend if they remain in the same licensed program, working with infants and/or toddlers, for an 18-month period. There are 3 payments every 6 months, for a total of \$1600. Following is the number of individuals awarded either the Completion award or the stipend award. Numbers may be duplicated as individuals can receive both if eligible.

- Course Completion Award
  - FFY2019: 135
  - FFY2020: 118
- Continuity of Care Award
  - FFY2019: 65
  - FFY2020: 98

STARS to Quality programs self-report enrollment and high needs numbers when submitting for a STAR level. Programs must serve 10% high needs children at STAR 1 through STAR 3, and 15% at STAR 4 and STAR 5. As of April 2021, it is reported that there are 429 infants and 617 toddlers enrolled across currently rated STARS to Quality programs. There are 79 infants and 309 toddlers reported to be enrolled in STAR 3-5 programs.

## 7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

### 7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

The Child Care Resource and Referral (CCR&R) agencies provide the following services:

- Determine parent or guardian's eligibility for assistance to pay for child care services;
- Process Best Beginnings Scholarship payments;
- Recruit new child care providers and assist in applicable requirements;
- Promote the STARS to Quality Program by referring providers who demonstrate general interest in quality improvement; distributing information, and facilitating necessary trainings;
- Refer parents and guardians to child care providers;
- Refer families and providers to other community agencies or programs that will support and accommodate children, family, and provider needs;
- Provide training, technical assistance, and coaching to child care providers, including those participating in STARS to Quality;
- Perform successful business outreach and community collaboration;
- Offer public training and education opportunities on child care issues;
- Provide and/or secure parent education opportunities;
- Assist in the development and promotion of policy initiatives, which expand and maintain the supply of quality child care in the local communities as well as on the state and national level;
- Provide consumer education for families, providers, and communities;
- Provide family engagement opportunities.

### 7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care

programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Montana has 7 Child Care Resource and Referral agency regions. The CCR&Rs submit quarterly reports which include a great amount of data. Reports must be submitted no later than October 15, January 15, April 15, and July 15 for the preceding quarter. Each agency reports on the following data points, as well as other information requested by ECSB: Number of on-site visit with new providers; Number of new and closed providers in the region; Recruitment methods and results; Professional development; Number of programs receiving TA related to specific topics (i.e. health & safety, inclusion, emergency preparedness, etc.); STARS to Quality QRIS data, including number of programs recruited in the region; Meetings with Best Beginnings Scholarship families; Eligibility determination data; Referral data Consumer Education and Collaboration and referral to Family Engagement coordinator to support family needs.

Data reported includes:

- Number of visits to the agency website
- Events attended
- Electronic media publications or broadcasts
- Locations of written material distribution
- Community service events
- Names of organizations collaborated with as well as the type of collaboration and the results/outcomes.

Quarterly reports are reviewed by the Lead Agency quarterly and considered part of desk monitoring. Feedback is provided via a desk monitoring form and clarifications and/or additional information is requested as needed. The Lead Agency schedules on-site contract monitoring visits annually and focused on areas of concerns that have been discovered in the Quarterly Reports and /or fiscal reviews. The Lead Agency also used the Quarterly Reports as an opportunity to share success and promote best practices across the state. Additional information, such as movement of STARS to Quality programs, recruitment efforts and kinds of TA provided to individual providers are also discussed during these monitoring visits. Montana also has a CCR&R network. The Montana Child Care Resource & Referral (MT CCR&R) Network is a statewide network of 7 community-based child care resource and referral agencies who work to improve the quality, accessibility, and affordability of child care for all Montana's families. The mission of the Network is to support member organizations, advance the early childhood profession, and improve the quality, affordability, and accessibility of child care. This is done by providing training and support to member agencies; initiating projects to build

child care supply and quality in urban and rural areas; educating policy makers, businesses, and the public on child care issues; advocating for child care professionals and families. The MT CCR&R Network meets quarterly, and often invites the Lead Agency to attend the meetings to provide updates, answer questions, and to collaborate together as a partnership.

## 7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

**7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.**

Describe:

The Lead Agency funds licensing standards including requirements for inspection, monitoring, training, and health and safety. The Lead Agency funds required health and safety training and provider orientation to support providers' compliance with regulations, which allows for these trainings to be free of charge for any individual residing in MT. Licensing compliance is the foundation of participation for STARS to Quality programs, and STARS to Quality trainings are also funded by the lead agency and offered at no charge to any individual within the state of MT. CCR&Rs are contracted to provide technical assistance for all child care providers in Montana. CCR&Rs are also contracted to provide 2 of the in-person orientation courses so that all individuals working in early care and education have direct contact with the local CCR&R and know that supports are available. CCR&Rs are contracted to provide additional assistance to programs if referred by Child Care Licensing,

through a standardized Support Plan Referral process. Examples of this technical assistance include program management skills, such as program policy writing, staff support, and environmental improvements.

**7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?**

- No
- Yes. If yes, which types of providers can access this financial assistance?
  - Licensed CCDF providers
  - Licensed non-CCDF providers
  - License-exempt CCDF providers
  - Other

Describe:

NA

**7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

In FY2020, over 10,000 individuals completed the required orientation courses which are all offered free of charge. From FY2019 and FY2020, 50 programs were supported with direct Support Plan Referrals through the CCR&Rs to address serious and/or continued licensing deficiencies. In FY2020, 13 programs received Emergency grants for a total of \$31,702.81, which supported programs to address licensing deficiencies. Seventy one programs received Start Up grants, which support programs starting a new childcare business to ensure that health and safety standards are being met prior to opening or within the first few months of operation. The total awarded for Start Up grants was \$184,186.44. CCR&R agencies track the total number of programs that technical assistance is provided for in certain areas for each quarter (the total annual number is a duplicated count). FY2019 and FY2020 over

3,800 programs statewide requested and were provided technical assistance specific to health and safety from their CCR&R agency.

## 7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

### **7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?**

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

Montana uses the following instruments to measure child, family, teacher, classroom, and provider improvements within the STARS to Quality programs: ECERS-3, ITERS-3, FCCERS-3, BAS and PAS. The Early Childhood Environment Rating Scale-3 (ECERS-3) is used in classrooms for children aged 3 through 5 years of age. The scale consists of 35 items organized into 6 subscales: Space and Furnishings, Personal Care Routines, Language and Literacy, Learning Activities, Interactions and Program Structure. The Infant Toddler Environment Rating Scale (ITERS-3) is used in classrooms for children birth through 2 years of age. This scale consists of 33 items organized into 6 subscales: Space and Furnishings, Personal Care Routines, Language and Books, Activities, Interactions and Program Structure. The Family Child Care Environment Rating Scale -3 (FCCERS-3) is for use in a family child care home. This scale consists of 33 items organized into 6 subscales: Space and Furnishings, Personal Care Routines, Language and Books, Activities, Interaction and Program Structure.

The Business Administration Scale (BAS) is a reliable and easy-to-administer tool for measuring the overall quality of business and professional practices in family child

care settings. Providers use the information from the BAS to learn about the quality of their practices and take action toward positive change. The Program Administration Scale (PAS) - is a valid and reliable instrument designed to measure the leadership and management practices of early childhood programs. The PAS provides valuable information to directors about the quality of their administrative practices and can be used as a springboard for program improvement efforts. Programs must meet certain overall scores, as well as certain subscale scores, in order to achieve a STAR 3 and above for the Environment Rating Scales. Montana was previously using the Revised edition of the Environment Rating Scales and had trained and reliable individuals in these tools, as well as, PAS and BAS. Montana is transitioning to the 3rd edition of the ECERS, ITERS and FCCERS tools. The effective date of transition was January 1, 2021. We are currently in the process of training the Early Child Assessors to become valid and reliable in the new edition of the tools dependent upon the Covid-19 pandemic.

**7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.**

The Lead Agency collects the scores of all of the Environment Rating Scales and measure progress of STAR Level 3, 4, and 5 programs within a determined time period. Programs must achieve a certain score within the Environment Rating Scales in order to advance or maintain levels from STAR 3 and up. The number of programs receiving STAR 3, 4, and 5 will be a measure toward achieving the quality of child care. From FY2018-FY2020; 70% of ECERS assessments, 45% of ITERS assessments, and 58% of FCCERS assessments had an overall score of 4.0 or above. There was an average of 80% of programs that had a score of greater than 4.0 in the Environment Rating Scale items of Listening and Talking and Language and Reasoning. Data also shows there was an average of 80% of programs that scored greater than a 4.0 in Interactions. Overall BAS scores increased from an average of 4.2 in FY2020 to an average of 5.15 in FY2021. Overall PAS scores increased from an average of 4.8 in FY2020 to an average of 5.66 in FY2021. Montana had 22 STAR 4 programs in 2020 and there are projected to be 19 in 2021. There were 5 STAR 5 programs

in 2020 and there are projected to be 19 in 2021. A survey is conducted for all programs who receive program assessments to collect information on the benefits of receiving an assessment, how programs use the information from their assessment and the resources they used to guide their quality improvement to achieve higher quality scores. The last complete responses from our Assessment Survey are from the July 2019 application period before the pandemic halted all assessments, as they are conducted in person. 80% of survey respondents felt the frequency of assessments have been helpful. Montana sends out resources for all STARS programs in the form of Guidance and Procedures; the ERS, PAS, BAS scale books; and the All About ECERS & ITERS books. 97% of respondents utilize the STARS Guidance and Procedures, 86% reference the scale books and 67% utilize the All About books. Additionally, survey respondents indicated the Resource & Referral Agencies STARS consultants and coaches were instrumental and valuable resources for STARS program participation.

## 7.8 Accreditation Support

### **7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?**

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?  
Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation  
NAEYC and NAFCC scholarships are available through ECP for all licensed child care providers in Montana, as funding allows. In FY2020, 8 licensed programs statewide were supported through this scholarship. There are currently 6 programs at STAR 5, which means they are accredited through either NAEYC or NAFCC. It is projected that by 6/30/2021 there will be 19 programs at STAR 5. Of those, 11 would be nationally accredited.



- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

**7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

The Lead Agency will use the following additional criteria to evaluate progress in improving quality of child care programs and services in Montana: Number of NAEYC and NAFCC

accredited programs that reach a STAR 5 level; Number of programs accessing and using available funds through the Early Childhood Project accreditation scholarships. In FY2020, 8 licensed programs statewide were supported through ECP with an accreditation scholarship. There are currently 6 programs at STAR 5, which means they are accredited through either NAEYC or NAFCC. It is projected that by 6/30/2021 there will be 19 programs at STAR 5. Of those, 11 would be nationally accredited.

## 7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

### a. Infants and toddlers

Directors and teachers in STARS to Quality programs must complete additional trainings related to health and safety, above and beyond the required training for Child Care Licensing. These trainings are: Food Safety Course, Oral Health, and Medication Administration II. STARS to Quality programs at STAR 2 and above must apply to participate in the Child and Adult Care Food Program (CACFP). If they are not eligible to participate, they must meet additional criteria. In addition, they must participate in Family Style Meal Service within their program and indicate they are meeting this requirement when submitting for a STAR level. Programs at STAR 3 that serve Infant Toddlers are required to have lead teachers complete a 60 hour Infant Toddler course.

### b. Preschoolers

Directors and teachers in STARS to Quality programs must complete additional trainings related to health and safety, above and beyond the required training for Child Care Licensing. These trainings are: Food Safety Course, Oral Health, and Medication Administration II. STARS to Quality programs at STAR 2 and above must apply to participate in the Child and Adult Care Food Program (CACFP). If they are not eligible to participate, they must meet additional criteria. In addition, they must participate in Family Style Meal Service within their program and indicate they are meeting this requirement when submitting for a STAR level. Programs at STAR 3 are required to have lead

teachers complete a 60 hour Preschool course.

**c. and/or School-age children.**

Directors and teachers in STARS to Quality programs must complete additional trainings related to health and safety, above and beyond the required training for Child Care Licensing. These trainings are: Food Safety Course, Oral Health, and Medication Administration II. STARS to Quality programs at STAR 2 and above must apply to participate in the Child and Adult Care Food Program (CACFP). If they are not eligible to participate, they must meet additional criteria. In addition, they must participate in Family Style Meal Service within their program and indicate they are meeting this requirement when submitting for a STAR level.

**7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

A basic three-hour Montana Early Learning Standards (MELS) course is required for STARS to Quality program staff and is available on-line. This course was developed to ensure MELS is integrated into the QRIS system and can be utilized to support the state's progress in improving quality overall. Additionally, course approval requires training sponsors to identify specific MELS domains and subdomains that are addressed in the course. This information is included on the Statewide Training Calendar posting of the event. Child Care Resource & Referral agencies provide individualized technical assistance upon request. The Early Childhood Project is also available for support as trainings are being developed (i.e. training approval guide) and track the number of trainings when submitting a course for approval required to identify the sub-domains in the early learning standards that apply to the course. The Early Childhood Project also tracks the number of participants that take the course and the number of standards exposed to, which region the training is occurring in, and the type of sponsoring agency (i.e. Head Start or a CCR&R). The targeted outcome is all early childhood provider are familiar with the standards and integrate the MELS to their curriculum. Tracking of the domains and subdomains in courses and training are used to evaluate state's progress in improving the quality of child care programs and services.

## 7.10 Other Quality Improvement Activities

**7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:**

The Center for Health and Safety Culture (“Center”) at Montana State University partnered with the Montana Department of Public Health and Human Services in their efforts to support positive early childhood development for Montana’s young children (birth to age 5) and their families. Specifically, this project created resources (including universal media to reach families and caregivers and training for Montana’s early childhood system) to engage families in best practices to improve early childhood learning and development, health, and family support. The resources developed are based on Center’s Positive Culture Framework. Montana made certain resources were available for families for young children with special needs and built on the previously completed work that provided supports for children ages 5-21.

The Center for Health and Safety Culture collects and reviews analytics pertaining to parentingmontana.org, a website created to easily provide resources and consumer education to Montana families. This data is regularly shared with ECSB. The Center for Health and Safety Culture receives input from the general public, and sends out regular surveys to parents in order to learn how to improve their resources and meet the needs of Montana families. CCR&R distribute these resources, and report data quarterly to ECSB through their CCR&R quarterly reports. ECSB reviews the data to ensure consumer education is provided consistently and effectively throughout the communities in each CCR&R region.

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

### 8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

**8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:**

- a. Verifying and processing billing records to ensure timely payments to providers

**Describe:**

Montana's invoicing system, CCUBS, automatically releases invoices for payment when a child's attendance for the service month is 85% or higher. Instances when a child's attendance is below 85% require an eligibility supervisor approval. This process allows for the quick approval of invoices and subsequent payments.

**b. Fiscal oversight of grants and contracts**

**Describe:**

When ECSB is unable to obtain program critical services within the Early Childhood and Family Support Division (ECFSD), it may seek to procure those services through an outside agency by means of a formalized agreement. Such procurements may take the form of a Request for Proposal, Sole Source, Inter-Agency Agreements, Memoranda of Understanding, Contractor Engagement Proposal. The Montana Office of Administration establishes state procurement rules and offers guidelines in developing, securing and monitoring contracts. ECFSD's Fiscal and Operations Bureau (FOB) supports ECSB in securing contracts, reviewing agreements with program managers for allowable costs and activities, application and adherence to procurement rules and guidelines during the procurement process, and subsequent monitoring of resulting contracts.

Prior to pursuing a procurement, ECSB must demonstrate the need for the procurement. This is a formal request process in which ECSB establishes the need, provides supporting documentation, and fiscal impact, if appropriate. FOB informs ECSB during this process and determines which procurement avenue is appropriate. Once approved, FOB conducts the contracting. Contracts include statement of work with identifiable deliverables, performance metrics, and reporting and monitoring criteria. In addition, contractors must attest to their ability to adhere to relevant federal and state regulations. Following an award, contractors must follow ECFSD policy and submit monthly budget invoices to program and fiscal staff for review and approval prior to payment.

FOB and the ECSB Bureau Chief and program managers meet regularly to review contract budgets and expenditures, program budgets and expenditures, and review contract budget requests for allowable costs. Both fiscal and program input is needed to determine allowability.

c. Tracking systems to ensure reasonable and allowable costs

Describe:

Following ECFSD policy, all contractors submit monthly invoices to the ECSB contract manager. The monthly invoice includes budget line item details. The manager reviews the invoices for appropriate and allowable cost, contract deliverable alignment, and correct allocation of funds against budget line item expenditures. If approved, the invoice is sent to FOB for review and upon approval, the invoice is processed for payment. All costs and contracts are tracked in the CCUBS system.

d. Other

Describe:

**8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:**

a. Conduct a risk assessment of policies and procedures

Describe:

The Early Childhood Services Bureau Policy Unit conducts an annual review of policy and procedure. The Policy Unit reviews policy and procedure for accuracy and alignment with current rule and incorporating any changes. In addition, policy and procedure are assessed on an ongoing basis to determine risk level posed by policy and procedure. This process is informed by using error trends identified during monthly error rate reviews. Those error trends are addressed through training and manual updating as well as targeted technical assistance.

b. Establish checks and balances to ensure program integrity

Describe:

Montana's eligibility data system, CCUBS, requires dual approval for all contracts and agreements before such action is authorized. CCBUS automatically holds payment for all subsidy invoices that exceed 10% of the authorized amount. Those cases must be reviewed by an eligibility supervisor and approved before payment is executed.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Eligibility Supervisors conduct reviews of 10% of the cases, monthly. ECSB determines which cases are reviewed. Upon completion of the reviews, the supervisor submits their report to ECSB for review.

d. Other

Describe:

**8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.**

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

To change CCDF policy, ECSB goes through a rule change process that includes posting notification of rule change on the ECSB website and announcing the proposed change to ECSB's interested parties. The proposed rule is subject to public comment period. Comments can be submitted online or given during the public hearing. Once adopted into rule, but prior to going into effect, ECSB issues flyers via mail to all parties affected by the rule change, Notification is posted on ECSB's website as well. ECSB also notifies child care providers and families regarding policy changes through methods such as emails, mailers, flyers, town halls and forums, and speaking engagements addressing provider groups. ECSB also relies on the CCR&R agencies and the Early Childhood Project to support the notification process through communication with families, early childhood practitioners, and stakeholders.



ii. Issue policy manual.

Describe:

As part of the licensing process, new child care providers are required to read the regulations governing child care and sign an attestation to that effect. To be eligible to receive subsidy payments, child care providers must sign the Provider Rights and Responsibilities. This document is updated as changes warrant. Montana maintains an accessible policy manual for licensing and the subsidy program as well as a guidance and procedure document for the state's QRIS on the ECSB website, [www.bestbeginnings.mt.gov](http://www.bestbeginnings.mt.gov). These documents are regularly reviewed and updated to ensure accuracy with current policy and procedure.

iii. Provide orientations.

Describe:

CCR&R agencies contact new providers to assist them with their program operations. For the subsidy program, ECSB facilitates an Eligibility Basics training for new CCR&R eligibility staff. This course provides the necessary training for new staff in understanding Montana's subsidy program. In addition, providers can access an Eligibility Basics course that is tailored to the provider side of the subsidy program. Both versions of the courses are hosted on the [ChildCareTraining.org](http://ChildCareTraining.org) website allowing for easy access.

iv. Provide training.

Describe:

ECSB offers and conducts regular trainings with staff across the state's CCR&R agencies so that they can offer support to providers and families aligned with the most current policy and procedure. In addition to regular trainings, ECSB holds trainings prior to new policy implementation, and is available to provide subject matter training at a CCR&R agency's request. Manuals, handbooks, and guidance documents are updated regularly to support trainings.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

ECSB holds monthly meetings with CCR&R conducting CCDF services through their agency to review relevant CCDF requirements and policy implementation.

Within ECSB, Child Care Licensing and the CCDF Policy Unit meet regularly to review policy and clarify process around implementation and monitoring. ECSB's contract manager with support from ECSB's fiscal analyst monitor contractors to ensure compliance with CCDF rules.

- vi. Meet regularly regarding the implementation of policies.

Describe:

- vii. Other.

Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

- i. Issue policy change notices.

Describe:

ECSB issues memos to staff and partnering programs prior to the implementation of CCDF policy changes. ECFSD's Fiscal Bureau also issues changes to broader fiscal policy that affect CCDF work and monitoring.

- ii. Train on policy change notices.

Describe:

For the subsidy program, ECSB conducts regular trainings with eligibility staff across the state's CCR&R agencies. In addition to regular trainings, ECSB holds trainings prior to new policy implementation, and is available to provide subject matter training at a CCR&R agency's request. The STARS to Quality program trains CCR&R QRIS support staff to assist participating providers, or providers seeking to participate, in the implementation of new policy. ECSB holds training sessions with the state's early childhood workforce registry, the Early Childhood Project, when changes to training or workforce requirements are made.

- iii. Issue policy manuals.

**Describe:**

ECSB maintains a publicly available policy manual on the bureau website for both Child Care Licensing and for the child care subsidy program. In addition, ECSB maintains a procedure handbook and process manual for those staff and partners implementing the programs. The handbook and manual are regularly reviewed and sent electronically to partner agencies. The STARS to Quality QRIS program maintains standards and guidance documents on the ECSB website. Partner agencies are notified of updates to those documents. These documents assist staff and partner agencies in the application of policy. They are reviewed and updated regularly to reflect current policy.

**iv. Train on policy manual.**

**Describe:**

ECSB offers regular trainings on the subsidy program's policy manual for partner agencies including the practical application of the policy in the day-to-day administration of the subsidy program. Changes and updates to these STARS to Quality QRIS program maintains standards and guidance documents are presented and trained on to the relevant state and CCR&R staff who support the program.

**v. Monitor and assess policy implementation on an ongoing basis.**

**Describe:**

ECSB conducts quarterly review of data provided by CCR&R agencies. The data reviewed are performance measures established in the contract with the agency. Included in these reports are data that reflect the application of subsidy policy. ECSB conducts monthly error rate audits on randomly selected subsidy cases across the state's seven CCR&R agencies. The results of these audits inform the Bureau as to specific policy implementations are or are not being executed properly. Agencies with errors receive technical assistance and training as applicable. In an instance of a high error rate, above 10%, or repeat errors on the same policy, ECSB may issue a corrective action plan to guide remediation of the errors.

**vi. Meet regularly regarding the implementation of policies.**

**Describe:**

ECSB regularly meets as a bureau and with partnering agencies implementing elements of CCDF programs. These meetings regularly contain hosts monthly calls with the state's CCR&R agency Eligibility Supervisors. These calls allow for review of policy application and allow time to ask questions, peer learning, and receive technical assistance from ECSB

**vii. Other.**

**Describe:**

**8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:**

In the spring of 2020, the Early Childhood Services Bureau transferred from the Human and Community Services Division to the newly formed Early Childhood and Family Support Division. ECFSD also incorporated and Fiscal and Operations Bureau (FOB) as part of its organizational design. The FOB provides support to ECSB for contracting, budgeting and fiscal monitoring, reporting, database management, data analysis, and process and procedure development. FOB maintains a shared policy and procedure site on Policytech. Policies such as risk management are aligned across programs to ensure that the monitoring and evaluation of internal controls is comprehensive and properly mitigates risk.

With input and guidance from the Fiscal and Operations Bureau (FOB), ECSB uses several strategies to evaluate internal control activities. These strategies included regular scheduled monitoring reviews of the seven subrecipient CCR&R agencies and their operation, reviews of audits to evaluate performance, regular security reviews of CCUBS access, programming and issue tracking, case file reviews, and payment reviews. Prior to each contract year with the state's seven CCR&R agencies, the contract manager and fiscal analyst conduct a risk assessment on each agency. This assessment draws on the agency's single audit, invoicing and fiscal history with the bureau, and a review of the past year's monitoring. Once a contract is reauthorized, the CCR&R agencies submit quarterly reports to ECSB. These reports contain performance measures and metrics demonstrating contract obligations are being met. The quarterly reports are reviewed by subject matter experts, key program staff, and the contract manager. The bureau keeps a communications log that documents all contract relevant communications with contracted agencies. The contract manager also conducts an annual review of each CCR&R agency. This process begins with a desk audit, then an onsite monitoring visit, and the process ends with an exit interview. Any findings require a plan of correction from the agency. ECSB staff monitor the plan to ensure targets

are met as well as provide any technical assistance that may be required. ECSB policy staff conduct regular reviews of policy, process and procedures to ensure they are accurate and aligned. The FOB supports program integrity by conducting testing on CCUBS as new programming warrants. They also conduct a security review every six months. This monitoring ensures that CCUBS user information is accurate and up-to-date, permission levels are correctly assigned, and inactive users are removed. Designated staff from ECSB, FOB and the Project Management Bureau meet monthly with Peraton, the vendor for CCUBS, to receive status reports on new programming and resolution of issues, monitor contract deliverables, and review requested modifications. Peraton's work is also monitored and tracked using the JIRA platform. This tool allows for issue tracking and product management.

The agency's multilevel procurement process provides strict oversight of contracts for allowable costs, and adherence to federal, state and program rules before a contract is executed. Execute contracts are the subjected to ongoing monitoring by both fiscal and program managers to insure continuing compliance.

Montana's Legislative Audit Division conducts biennial audits of Montana state programs including CCDF. These audits can be either fiscal or performance focused. During these audits, state auditors review ECSB's policies, procedures, fiscal records, systems and databases, and relevant documents to determine compliance with state and federal rule. These audits provide ECSB with regular outside analysis of program operations and respond to any potential weaknesses in the system.

**8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.**

- a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of

fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

The Child and Adult Food Program relies on ECSB's Child Care Licensing program to ensure a program is in good standing and eligible to participate. CACFP provides data on programs who are issued an IPV to the STARS to Quality QRIS program. Providers with CACFP violations are ineligible to participate in the QRIS program. Montana's SNAP, TANF, and Medicaid data is maintained in the state's Combined Health Information and Montana Eligibility System (CHIMES) database. This system functions to conduct client analysis and issue benefits. ECSB's subsidy and licensing database, CCUBS, interfaces with CHIMES to determine express client eligibility, i.e. a TANF approved family is eligible for the child care subsidy program. A CHIMES client who is found to be ineligible due to fraud is identified as ineligible in the system and not able to access child care subsidy funds.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

A daily report of payment issues is automatically created and recorded in an error log. A designated program specialist reviews the daily report and works with child care providers and individuals to resolve payment issues.

The CCUBS invoicing processing automatically flags invoices that exceed 10% of the authorized amount. Those invoices require review by the relevant CCR&R's eligibility supervisor. Invoices that are justified in the over authorized amount can be fully paid, otherwise they are reduced to the authorized amount. The CCUBS system generates a daily error log. This report logs payments that the payment system was unable to process in the previous day. A program specialist reviews this log to determine the reason for the error and once the cause is determined, uses that information to address the failed payment, including reissuing the payment if necessary and reporting the issue to ECFSD's Fiscal and Operations Bureau for technical remedy. The result of these activities are a quick remediation of payment errors and a reduction of payment errors due to technological errors

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

A monthly invoice for a selected child, submitted by a child care provider, is reviewed as part of the error-rate review process. Reviewing monthly invoices aids in the identification and prevention of fraud and intentional program violations because it requires a review of actual attendance and the authorized hours of care for a child. Child care providers are required to retain attendance records for six years after date of attendance. The results of this practice are an identification of providers who need technical assistance, detection of improper invoicing, recovery of improper payments, and a reduction in improper payments made.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Monthly eligibility cases are selected by Montana for a second level review by the regional Child Care Resource and Referral (CCR&R) eligibility supervisors. These supervisor reviews mirror the error-rate review process at the state level. Monthly supervisor reviews aid in the identification and prevention of fraud and intentional program violations because it allows for a review of more eligibility cases where potential fraud can be identified. Results of the supervisor reviews are shared with the state and include the actions the CCR&R agency has taken to resolve the errors, and processes established to prevent the recurrence of similar errors. This process allows the state providing targeted technical assistance and training to specific CCR&R agency staff based on their need and identify areas of concern or trends across all agencies. This results in better-trained eligibility staff who can more readily identify errors in turn lowering instances of intentional program violations and fraud.

v. Audit provider records.

Describe the activities and the results of these activities:

CCR&R staff conduct investigations into invoices. Invoices subject to inquiry are those that appear to be practicing block billing, e.g. same time in and time out for a child during an invoice period, over authorized hours, or if invoicing occurs for a child in more than one program during the same period of time. During the investigative process of a program, CCR&R staff request provider attendance

records to review. ECSB aid in these reviews as needed. Records reviewed include sign-in/sign-out sheets, invoices, and authorization plans. In the event that CCR&R staff member is unable to reconcile attendance records with the invoice, the case is referred to ECSB. A ECSB specialist reviews the case and determines the overpayment to be assessed and, if applicable, an intentional program violation. Review of the records results in the technical assistance needs of specific providers, and the reduction of instances of fraud and intentional program violations.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

All CCR&R eligibility staff are required to complete the state's subsidy policy course, Eligibility Basics, at the onset of their onboarding with their agency. In addition, new eligibility staff are required to have a training plan prior to assuming a caseload. ECSB provides ongoing training with the CCR&R eligibility staff. These trainings address policy and rule changes and updates, When either a payment or an administrative error is identified during the error-rate review process, the regional CCR&R eligibility supervisor is required to train all regional eligibility staff on the applicable policy and procedure. This aids in the identification and prevention of fraud and intentional program violations because the eligibility staff an apply the understanding of policy and procedure to identify similar situations in eligibility cases they work on. The results of these training efforts are staff who are readily able to identify fraud and intentional program violations.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.



b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

A daily report of payment issues is automatically created and recorded in an error log. A designated program specialist reviews the daily report and works with child care providers and individuals to resolve payment issues.

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

CCR&R staff conduct investigations into invoices. Invoices subject to inquiry are those that appear to be practicing block billing, , over authorized hours, or if invoicing occurs for a child in more than one program during the same period of time. During the investigative process, CCR&R staff request provider attendance records to review. ECSB aids in these reviews as needed. Records reviewed include sign-in/sign-out sheets, invoices, and authorization plans. If CCR&R staff member is unable to reconcile attendance records with the invoice, the case is referred to ECSB. A ECSB specialist reviews the case and determines the overpayment to be assessed. Providers are required to retain attendance records for six years after the attendance date. Providers who are determined to have an overpayment as the result of an unintentional program violation are issued a technical assistance letter in addition to the notification of overpayment.

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Each month, ECSB randomly selects case files from each CCR&R region. These cases are reviewed at the CCR&R level by each agency's eligibility supervisor to determine if they eligibility determinations and child care payments are accurate

and in accordance with Best Beginnings Child Care Scholarship policy. The supervisor shares the result with ECSB along with mitigation strategies and processes they have employed to prevent reoccurrence of an identified error. ECSB conducts monthly reviews of eligibility supervisor case files.. Results of the supervisor reviews are shared with the state and include the actions the CCR&R agency has taken to resolve the errors, and processes established to prevent the recurrence of similar errors. This process allows the state providing targeted technical assistance and training to specific CCR&R agency staff based on their need and identify areas of concern or trends across all agencies. This results in better-trained eligibility staff who can more readily identify errors that lead to unintentional program violations and prevent them from occurring.

v. [Audit provider records.](#)

[Describe the activities and the results of these activities:](#)

CCR&R staff conduct investigations into invoices. Invoices subject to inquiry are those that appear to be practicing block billing, e.g. same time in and time out for a child during an invoice period, over authorized hours, or if invoicing occurs for a child in more than one program during the same period of time. During the investigative process of a program, CCR&R staff request provider attendance records to review. ECSB aid in these reviews as needed. Records reviewed include sign-in/sign-out sheets, invoices, and authorization plans. In the event that CCR&R staff member is unable to reconcile attendance records with the invoice, the case is referred to ECSB. A ECSB specialist reviews the case and determines the overpayment to be assessed and if the error is the result of an unintentional program violation. Providers found to have an unintentional program violation are provided a technical assistance letter.

vi. [Train staff on policy and/or audits.](#)

[Describe the activities and the results of these activities:](#)

When either a payment or an administrative error is identified during the error-rate review process, the regional CCR&R eligibility supervisor is required to train all regional eligibility staff on the applicable policy and procedure. This aids in the identification and prevention of fraud and intentional program violations because the eligibility staff apply the understanding of policy and procedure to identify similar

situations in eligibility cases they work on. Well-trained staff have reduced the number of unintentional program violations.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

A daily report of payment issues is automatically created and recorded in an error log. A designated program specialist reviews the daily report and works with child care providers and individuals to resolve payment issues. Review of this report identifies agency errors in the automated payment process. Errors are referred to ECFSD's Fiscal and Operations Bureau for correction.

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

- iv. Conduct supervisory staff reviews or quality assurance reviews.

[Describe the activities and the results of these activities:](#)

Each month, ECSB conducts error rate reviews, even in non-reporting years. Eligibility supervisors submit a summary page, which provides ECSB with an overview of the reviews including the nature of the errors discovered. ECSB staff review the summary and follow-up with reviews on individual cases to ensure accuracy. An agency with an error rate higher than 10% must submit a plan of correction to ECSB detailing their plan to address errors and prevent similar errors from arising in the future. ECSB must approve the plan. The plan is considered satisfied when the error rate is below 10%. Any agency found with a repeated error rate higher than 10%, must submit a plan for approval to ECSB outlining how they will address their errors. In the event of repeated 10% or higher error rates, the agency is placed into a corrective action plan. The results of these activities are a reduction in agency errors.

[v. Audit provider records.](#)

[Describe the activities and the results of these activities:](#)

[vi. Train staff on policy and/or audits.](#)

[Describe the activities and the results of these activities:](#)

When either a payment or an administrative error is identified during the error-rate review process, the regional CCR&R eligibility supervisor is required to train all regional eligibility staff on the applicable policy and procedure. This aids in the identification and prevention of fraud and intentional program violations because the eligibility staff can apply the understanding of policy and procedure to identify similar situations in eligibility cases they work on. The CCR&R informs ECSB on how they are addressing the training need and ECSB is available to provide the technical assistance and training input as needed. The results of these activities is a reduction of agency error.

[vii. Other](#)

[Describe the activities and the results of these activities:](#)

**8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

The Business and Financial Services Division pursues the collection of fraud and overpayments.

**8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

ESCB policy does not pursue repayment under \$100. If a household or provider receives any amount of subsidy funds to which they are not entitled, an overpayment may occur. Once an overpayment has been determined and assessed, the head of household or provider establishes a payment plan with BFSD. A household who is not current on their overpayment is not eligible for child care assistance, and a provider who is not current is not eligible for subsidy payments until payments are current.

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

When an improper payment is determined, the ECSB works with BFSD to establish an accounts receivable for the improper payment. BFSD manages the payments and recovery of the improper payment. BFSD submits a monthly aging report to the CCDF program manager and the CCDF budget analyst. This report allows ECSB to determine which overpayment cases are current and which are delinquent. Parties in

overpayment who have not made a payment after 30 days receive a notification. A second notification is issued after 60 days of inactivity. Cases without payment activity for 90 days are referred to tax offset for collection of remaining amount.

iii. Recover through repayment plans.

Describe the activities and the results of these activities:

BFSD can work with a household or provider with an established improper payment to determine a repayment plan. Allowing a provider or family to establish a payment plan allows for the recovery of the improper payment.

iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

When a parent or child care provider is in default on an improper payment, BFSD will establish a tax intercept. An account is determined to be in default if there is no activity over the previous 90 days. This ensures an improper payment can be recovered if a parent or child care provider receives a state tax refund.

vi. Recover through other means.

Describe the activities and the results of these activities:

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

ECSB does not pursue repayment on amounts below \$100.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

When an improper payment is determined, the ECSB works with BFSD to establish an accounts receivable for the improper payment. BFSD manages the payments and recovery of the improper payment. The provider or family is issued an overpayment notification letter, which includes the determination, amount of overpayment, and directions for appeal

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

BFSD can work with a family or provider with an established improper payment to determine a repayment plan. Allowing a provider or family to establish a payment plan allows for the recovery of the improper payment.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

When a parent or child care provider is in default on an improper payment, BFSD will establish a tax intercept. This ensures an improper payment can be recovered if a child care provider receives a state tax refund.

- vii. Recover through other means.

Describe the activities and the results of these activities:

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

- ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. N/A. the Lead Agency does not recover misspent funds due to agency errors.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

If an investigation determines an improper payment is due to an error caused by ECSB or a CCR&R agency, ECSB does not pursue repayment. However, if a family receiving benefits is determined to be above 85% state median income, then recovery of the improper payment is sought. The family is issued an overpayment notification letter, which includes the facts of the determination of overpayment, amount of overpayment, direction to satisfy the overpayment, and direction for appeal of the overpayment assessment.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).



Describe the activities and the results of these activities:

The Business and Financial Services Division is the state agency tasked with the pursuit of overpayment collections. A family in overpayment status establishes a payment plan with BFSD. The plan is in effect until the overpayment is satisfied with no outstanding balance. BFSD furnishes ECFSD with a monthly status on all overpayments. The results of these activities are collection of improperly issued funds.

iv. Recover through repayment plans.

Describe the activities and the results of these activities:

BFSD establishes improper payment to determine a repayment plan. Allowing a provider or family to establish a payment plan allows for the recovery of the improper payment in full.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

When a family is in default on an improper payment, BFSD establishes a tax intercept. This ensures an improper payment can be recovered if a family receives a state tax refund. The result of this activity is a higher recovery rate of improperly issued funds.

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

ix. Other

Describe the activities and the results of these activities:

**8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:**

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

In its Administrative Rule, Montana can issue an Intentional Program Violation (IPV) whether an overpayment is issued or not. Clients can be disqualified from participation after the second IPV is issued. Disqualification is up to seven years. Clients can appeal the IPV through an appeal through the Fair Hearing Process. Directions for appealing are included with all IPV notifications. The appeal process begins with an appeal for an administrative review by ECSB of the case. This review is conducted by a member of ECSB's policy unit. If the review is found in the client's favor, the client is reinstated in the program. If the administrative review upholds the previous disqualification, the client has recourse to seek redress through the Office of Administrative Hearing. The client submits a request for a hearing through the Office of Administrative Hearing. The office schedules a hearing with the client and ECSB as well as any other parties, such as the CCR&R staff, who are relevant to the case. These hearings are presided over by an administrative law judge. The administrative law judge decides the outcome and instructs ECSB in writing to either uphold the previous decision or to reinstate the client.

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

In its Administrative Rule, Montana can issue an Intentional Program Violation (IPV) whether an overpayment is issued or not. Providers can be disqualified from participation after the second IPV is issued. Providers can appeal the IPV through the Fair Hearing Process. Directions for appealing are included with all IPV notifications. The appeal process begins with the formal request for an administrative review to ECSB of the case. This first level review is conducted by a member of ECSB's policy unit. If the review is found in the provider's favor, the provider is reinstated in the program. If the administrative review upholds the previous disqualification, the provider has recourse to

seek redress through the Office of Administrative Hearing. The provider submits a request for a hearing through the Office of Administrative Hearing. The office schedules a hearing with the provider and ECSB as well as any other parties, such as the CCR&R staff, who are relevant to the case. These hearings are presided over by an administrative law judge. The administrative law judge decides the outcome and instructs ECSB in writing to either uphold the previous decision or to reinstate the provider.

c. Prosecute criminally.

Describe the activities and the results of these activities:

d. Other.

Describe the activities and the results of these activities:

## Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.