

# **Child Care and Development Fund (CCDF) Plan For Virgin Islands 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: Virgin Islands Department of Human Services

Street Address: 1303 Hospital Ground Knud Hansen Complex

City: St. Thomas

State: Virgin Islands

ZIP Code: 00802

Web Address for Lead Agency: [www.dhs.gov.vi](http://www.dhs.gov.vi)

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Kimberely

Lead Agency Official Last Name: Causey-Gomez

Title: Commissioner of Department of Human Services

Phone Number: 3407741166

Email Address: [kimberley.causeygomez@dhs.vi.gov](mailto:kimberley.causeygomez@dhs.vi.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: Tishma

CCDF Administrator Last Name: Tucker-Lans

Title of the CCDF Administrator: Administrator

Phone Number: 340-774-0930 extension 4180

Email Address: tishma.tucker-lans@dhs.vi.gov

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

CCDF Co-Administrator First Name: Carla

CCDF Co-Administrator Last Name: Benjamin

Title of the CCDF Co-Administrator: Assistant Commissioner

Description of the Role of the Co-Administrator: The role of the Co-Administrator is to support and to assist the Administrator in the exercise of the Lead Agency's execution of the CCDF goals and objectives in the Territory. The Co-Administrator ensures continuity of operations in the absence or lack of availability of the Administrator

Phone Number: 3406428816

Email Address: carla.benjamin@dhs.vi.gov

## 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.

The Lead Agency works in concert with the following central government agencies that provide essential information about their areas of expertise and inform the CCDF Plan in the following ways: - the VI Department of Health works closely with our Licensing Unit to ensure Health and Safety Standards are met; - VIDHS Office of Head Start submits recommendations and inter-agency referrals to the Lead Agency for children who do not qualify for the Head Start Program because the family's income does not meet eligibility. The Assistant Commissioner overseeing the Head Start Program along with Head Start Administrator reviews the CCDF Plan and provides input into their respective areas; - VI Fire Services is consulted on Health and Safety Standards, conducts fire inspections and issues certificates for facilities that meet fire standards and provide education about fire prevention; - The Department of Planning and Natural Resources inspects Child Care Facilities ensuring buildings are up to current code, safe and are in appropriate zones; and - VI Territorial Emergency Management Agency (VITEMA) provides guidance on preparedness for disasters for child care provider's. VITEMA also assisted the Lead Agency on its Disaster Preparedness Plan and will assist on mapping locations for child care facilities across the territory. In addition to collaborating with the above listed government agencies, the Lead Agency consults with medical staff from the Federally Qualified Health Centers and community public clinics to ensure children are off to healthy starts. The Public Health Clinics are operated by the VI Department of Health.

### 1.3.2

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

Written agreements. Note: The contents of the written agreement may vary based on the role

the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

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

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

The Lead Agency Administrator has overall responsibility to ensure ongoing monitoring and assessment of CCDF administration and implementation responsibilities. The Administrator is assisted with overall monitoring by the Assistant Administrator, the Director of Quality Services, and the Director of Licensing Services. In conjunction with the assigned Fiscal Financial Management Officer, the Lead Agency's Management teams regularly meet to monitor and assess the policy implementation of federal and local mandates for subsidy eligibility determination, distribution of subsidy vouchers to parents, and processing of payments to providers. Staff is assigned duties which create checks and balances and the management team provides ongoing monitoring and assessment to ensure the Lead Agency's procedures and practices are in line with the federal policy mandates. The Lead Agency has no agreements with other agencies to monitor CCDF administration and implementation responsibilities. This responsibility lies solely with the Lead Agency.

The Subsidy program is also monitored by the Department of Human Services Fiscal Office for compliance with eligibility determination and accurate payment policies and procedures. Separation of functions in the processing of childcare payments reflects the Virgin Islands Department of Human Services' policy to ensure program integrity. For example, the Eligibility Specialist is not allowed to simultaneously perform the role of Processing Coordinator.

There is a rigorous Enterprise Resource Planning (ERP) electronic financial management system workflow for processing providers and vendor payments. The ERP System ensures there is no duplication of invoices which could result in duplication of payments. Approvers in the ERP system to complete a single payment transaction requires program, fiscal and senior level staff within the Lead Agency as well as final approval from the Department of Property and Procurement. Additionally, the levels of internal management oversight in the Office of Child Care and Regulatory Services and the larger VI Department of Human Services ensure program integrity. A Grant Administrator is assigned to review the CCDF

grant requirements and works with the Lead Agency Administrator to ensure compliance.

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

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

The Lead Agency has a legacy subsidy eligibility system which will be replaced by an Integrated Eligibility System currently in the design phase. The legacy subsidy eligibility system is not available for use by other entities. The new Child Care Subsidy Eligibility System will be made available to other public agencies whether territory or state upon request. The Lead Agency has not received requests for code or software for child care information systems or information technology from other states or territories, but we are prepared to respond to any such request. Upon receiving such a request, we will connect the requesting state or states with our Child Care System Administrator and will identify what specific areas we can share with the other jurisdiction. The V.I. Lead Agency will coordinate telephone conferences, peer to peer visits, and will share code or relevant software for our systems.

**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 Office of Child Care and Regulatory Services (OCCRS) is a division of the Virgin Islands Department of Human Services. Per 3 VIC Chapter 34 section 432a, the Department of Human Services is the "state agency" for all programs pertaining to youth, children, handicapped, elderly and low-income adults and families whenever such designation is required by federal law for the purpose of participating in federal programs. Personally identifiable and other information about children and families are confidential and cannot be disclosed except with specific documented authorization from the specific family. The Lead Agency staff also receives health information concerning children and families served. It is bound by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which requires the Lead Agency to protect health data integrity, confidentiality and accountability. The Office of Child Care & Regulatory Services – Subsidy Resources, and Referral (SR&R) maintains an original signed document "Consent for the Release of Information" which is signed by the client ([www.dhs.gov.vi/OCCRS/documents/SubsidyPolicyRulesandRegulationsPoliciesandProcedures.pdf](http://www.dhs.gov.vi/OCCRS/documents/SubsidyPolicyRulesandRegulationsPoliciesandProcedures.pdf)). This document releases the Agency to share information as needed with other agencies to facilitate services and verify information for purposes of eligibility determination and compliance with the OCCRS Rules and Regulations for Child Care facilities.

### 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.

N/A; the VI has no general purpose local government.

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

The Early Childhood Advisory Council (ECAC), which served as the VI Coordinating body is currently inactive. In the VI State Advisory Council (SAC) was formed to provide a coordinated group to advise the Governor and the territory's early care and education community. Consequently, the SAC will serve as the Advisory Group for the CCDF State Plan and other major activities of the Lead Agency. The goal is to strengthen early childhood care and education in the territory by improving the quality of care, promoting collaboration and partnerships among persons who provide early childhood care and education service; provide high quality early childhood care and education opportunities; and, ensure parents/guardians are provided with information and the opportunity to make



an informed choice about their options for early childhood care and education programs and providers in the U.S.V.I.

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.

N/A; there are no recognized tribes in the territory

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

The Lead Agency works in concert with the following central government agencies that provide essential information about their areas of expertise and inform the CCDF Plan in the following ways: - the VI Department of Health works closely with our Licensing Unit to ensure Health and Safety Standards are met; - VIDHS Office of Head Start submits recommendations and inter-agency referrals to the Lead Agency for children who do not qualify for the Head Start Program because the family's income does not meet eligibility. The Assistant Commissioner overseeing the Head Start Program along with Head Start Administrator reviews the CCDF Plan and provides input into their respective areas; - VI Fire Services is consulted on Health and Safety Standards, conducts fire inspections and issues certificates for facilities that meet fire standards and provide education about fire prevention; - The Department of Planning and Natural Resources inspects Child Care Facilities ensuring buildings are up to current code, safe and are in appropriate zones; and - VI Territorial Emergency Management Agency (VITEMA) provides guidance on preparedness for disasters for child care provider's. VITEMA also assisted the Lead Agency on its Disaster Preparedness Plan and will assist on mapping locations for child care facilities across the territory. In addition to collaborating with the above listed government agencies, the Lead Agency consults with medical staff from the Federally Qualified Health Centers and community public clinics to ensure children are off to healthy starts. The Public Health Clinics are operated by the VI Department of Health.

**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. 6/18/2021

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. 6/14/2021

*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 Department of Human Services Public Relations Officer coordinated the public hearing announcement for the Department of Human Services, Office of Child Care and Regulatory Services (OCCRS). A variety of media were tapped, which included local radio stations (FM 103.5 and AM 970), the Department's Facebook page, flyers posted Departments wide, frontline workers were employed to notify the public, staff in each district (ST. Thomas/St. John and St. Croix) visited child care facilities and encouraged providers, their staff and parents to participate in the hearings.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. Hearings were held on St. John, St. Thomas, and St. Croix USVI using the

method described in 1.3.2 c.

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.)

Printed copies were placed at Libraries, University Campuses, and VI Department of Human Services Offices. Providers were also emailed copies of the draft plan and a copy was posted on the Department of Human Services website at dhs.vi.gov.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? Public discussions took place at each public hearing and the Department of Human Services specifically requested input on how to better serve the children of low income families and underserved communities. Most of the suggestions were considered for implementation and some are included in the State Plan.

**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.

The previous VI CCDF Plan was posted on the website. The updated VI CCDF State Plan will be posted on the Lead Agency's website on the Home page of the Office of Child Care and Regulatory Services at [www.dhs.gov.vi/OCCRS.index.html](http://www.dhs.gov.vi/OCCRS.index.html).

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

☒ Working with advisory committees.

Describe:

The Plan and Plan amendments will be available on the website at address [www.dhs.gov.vi/OCCRS.index.html](http://www.dhs.gov.vi/OCCRS.index.html). The Plan will also be placed on the University of the Virgin Islands website who is the PDGB-5 contractor and coordinates the activities of the State Advisory Council

☐ Working with child care resource and referral agencies.

Describe:

☐ Providing translation in other languages.

Describe:

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

Describe:

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

Describe:

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

☐ Other.

Describe:

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

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

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

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

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

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

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

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

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

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

This is not applicable, there is no general purpose local government in the territory.

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 Lead Agency consults and coordinates with the State Advisory Council (SAC) which is coordinated by the University of the Virgin Islands Caribbean Exploratory Research Center (CERC). The Lead Agency participates in the SAC along with other early

childhood care and education stakeholders in identifying quality child care initiatives for early care and education. The SAC will also assist the Lead Agency in identifying the current supply of early care and education and will also identify gaps or child care deserts in the Virgin Islands. The members of the SAC include the VI Department of Education which will work to develop smoother transitions for children when they are transitioning from private child care facilities and entering the K-12 system

☒ 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:

N/A

☒ 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:

i. The Lead Agency coordinates with the Virgin Islands University Center for Excellence in Developmental Disability (VIUCEDD), the Virgin Islands Department of Education - Special Education Division, the VIDHS Head Start Program and the Department of Health - Infants and Toddlers Program to support children with disabilities and their families. This coordination assists in the transition of children from early care and education/pre-k settings into the K-12 system with identified support. All children with special needs have access to Special Education services, even if they attend private centers from the Special Services Division of the Department of Education and the Maternal Child Health (MCH) Clinics. Coordination between these entities ensures that quality care is provided to children with disabilities, not only in early care settings, but helps them to transition to elementary schools with identified support services and Individualized Education Plans (IEPs), that extend until they reach the age of maturity. The goal of this coordination is to provide quality child care and educational advantages

for children with special needs.

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

The Lead Agency coordinates with Head Start to ensure that children's early child care needs are met. The goal of this coordination is to provide low-income families with the best opportunity to access quality early child care; we ensure accessibility, continuity, and quality of care. Head Start and the Office of Child Care work closely to ensure continuation of their partnership as children transition to kindergarten. The Administrator for VIDHS Head Start is a member of the Children and Youth Task Force, which focuses on the emotional, mental, and physical well-being of children after natural disasters. Additionally, it should be noted, that Head Start and the Child Care Lead Agencies are both operated under the auspices of the VI Department of Human Services.

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

The Lead Agency coordinates with the Virgin Islands Department of Health to ensure that policies regarding immunizations align with the Health Department's and to establish points of contact to assist parents in obtaining immunizations, health care screenings, and other health related services for their children. The Lead Agency's goal is to continue to assist the Department of Health with providing information to parents on the importance of keeping children's immunizations up-to-date, providing information on outbreaks of diseases and other health concerns that affect children

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

i. The Lead Agency coordinates with the Department of Labor to provide opportunities for workforce development in the early childhood profession. The goal of coordination is to access all available resources to develop the early childhood professional network which may include grant funding, scholarships, training, and professional development opportunities. The goal is to improve children's access to high quality early care and education provided by a workforce with relevant and quality professional development and certifications.

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

i. The Lead Agency collaborates with the Department of Education to provide seamless transition for children from preschool to kindergarten ensuring school-readiness. The cooperation includes sharing information and providing training as needed to ensure scholastic readiness. The goal is to improve the transition of children in Pre-K settings to K-12 settings.

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

i. The Lead Agency through the Office of Child Care and Regulatory Services has direct responsibility for the licensure and regulation of child care facilities. The Lead Agency collaborates with other government agencies including VI Fire Services (issues permits for meeting fire safety standards), Virgin Islands Department of Health (issues health permits for meeting health and safety standards), and Department of Planning and Natural Resources (issues permits to ensure that child care facilities are operating in the appropriately zoned areas).

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 Lead Agency administers the Supplemental Child and Adult Care Food Program (CACFP) and the Supplemental Nutrition Assistance Program (SNAP) information to low income families. The Agency also coordinates with these programs to inform low income parents of the availability of quality child care services. Additionally, the Lead Agency utilizes public media, the DHS website, brochures, frontline workers, and community outreach to accomplish the goal of linking very low income families to affordable quality child care services. The children of low income families will also have continuity of care from the Lead Agency's Subsidy program.

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 VI Department of Human Services, through the Office of the Commissioner, oversees the issuance of local government grants to non-profit agencies that provides



services for the Homeless population. Such agencies include: Community First Catholic Charities of the Virgin Islands, St. Croix Mission Outreach, the Women's Coalition of St. Croix, Family Resource Center and various others. The Lead Agency traditionally provides funding for these agencies. The VI Department of Human Services hired a Director of Homelessness Services. The Director ensures homeless families that require services such as child care subsidies are given priority access. Information about the Lead Agency's designation of Homeless children as a priority group is shared across the Homelessness Provider network. This coordination will be greatly expanded during the triennial period of this VI CCDF Plan. This coordination goal is to increase access to quality childcare to homeless children. Greater emphasis with increased public Virgin Islands advertisement of this service will be highlighted on the Lead Agency's Consumer Education Website. The Lead Agency also participates in the annual homeless count. The Lead Agency's goal is to provide this vulnerable population of families with young and school age children improved access to information on the availability of quality child care in the Virgin Islands

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

The Lead Agency (VI Department of Human Services), is responsible for providing child care subsidies for clients who are deemed eligible under the Temporary Assistance for Needy Families (TANF) program. The TANF program is operated under the VI Department of Human Services - Division of Family Assistance. The Lead Agency ensures families benefit from available resources including child care services and referrals to relevant programs. Slots are reserved in the child care subsidy program for clients referred by TANF. The coordinated goal of the Lead Agency which administers TANF is to provide immediate child care upon referral from the TANF Employment Training Officers (ETO's). TANF families are identified as a Priority Group in the Lead Agency Plan; therefore, their child clients are given immediate access to subsidized childcare. This coordination between the two programs results in continuity of care for children of TANF parents

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

i. The Lead Agency, VI Department of Human Services, is the Center for Medicare and Medicaid Services' territorial grantee for the Medicaid and CHIP programs. The Lead

Agency ensures that families applying for CCDF Subsidies are aware of health insurance resources available from the Medicaid and CHIP Programs. It should be noted that the Lead Agency will be using the VI Integrated Eligibility and Enrollment System (VIBES) in 2020. The goal is to provide smooth eligibility determination via an integrated electronic eligibility system. Consequently, parents/guardians will be able to submit Virgin Islands required eligibility documents in a one stop location to access a variety of services. With the new Integrated Eligibility and Enrollment System the coordination process will be automated, particularly within the operation and context of Medicaid, CHIP, and other federally funded programs to include SNAP, TANF, LIHEAP and CCDF. The goal is for smooth and efficient access to child care subsidies and available health care services to meet health requirements for admission to licensed child care facilities.

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

i. The Virgin Islands Department of Health is the agency responsible for mental health in the territory. The Lead Agency and the Department of Health partner together to advance access to mental health services generally, however, mental health services for young children are administered by the Lead Agency. The coordination between agencies establishes a point of contact for child care providers and parents to make appropriate referrals when necessary.

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

The Lead Agency is the primary provider of child care consumer education, early childhood education training and professional development. Through its representation and participation in the SAC and other early childhood education research initiatives the Lead Agency coordinates with the University of the Virgin Islands and other early childhood stakeholders to ensure that child care providers and consumers are armed with information and have access to resources.

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

This is not applicable in the territory. The Lead Agency through the Office of ChildCare and Regulatory Services is responsible for licensure and regulations of afterschool

facilities

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

The Lead Agency consults with the Virgin Islands Territorial Emergency Management Agency (VITEMA) in developing a disaster preparedness plan for the Office of Child Care and Regulatory Services to outline procedures to be followed before, during, and after a disaster. The Lead Agency's ESF 6 responsibilities include sheltering, feeding and reunification of families during disasters.

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

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

The Department of Human Services collaborates with the University of the Virgin Islands to provide training for child care staff's professional development. The goal of this cooperation is to ensure there is a knowledgeable and well-trained labor force for early childhood learning. Continuing education is a requirement of all Early Education and Care Professionals to be in compliance with the Department's regulations.

☒ iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.  
Describe

: VI Department of Education operates public K-12 schools as well as pre-K classrooms called "Granny Preschool." Lutheran Social Services of the Virgin Islands

provides Early Head Start provider. The Lead Agency is the territory's Head Start provider. The VI Department of Health operates the territory's Birth to Three Program and begins to provide special services to identified children ages 0-3 years

- ☒ iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe

The VI Department of Health, Maternal Child Health (MCH) Division, operates the Maternal and Child Home Visitation Program. MCH refers expectant and new mothers to the Lead Agency for access to affordable quality child care.

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

Describe

The VI Department of Health, Maternal Child Health (MCH) Division, Infant and Toddlers Division, and Department of Education, Special Education Division are responsible for early and periodic screening, diagnosis, and treatment.

- ☒ vi. State/territory agency responsible for child welfare.

Describe

1. State/territory agency responsible for child welfare. Describe:

The Virgin Islands Department of Human Services, Office of Intake and Emergency Services, Division and Children and Family Services and Division of Intervention and Prevention Services is responsible for child welfare. The Office of Child Care and Regulatory Services (OCCRS) partners with the Office of Intake and Emergency Services Division and Children (IES) to ensure information they receive concerning neglected and/or abused children is shared with IES immediately and responded to appropriately.

- ☒ vii. Provider groups or associations.

Describe

This is not applicable in the territory.

- ☒ viii. Parent groups or organizations.

Describe

This is not applicable in the territory.

☒ ix. Other.

Describe

This is not applicable in the territory.

### 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"

b) Which funds you will combine

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.

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

e) How are the funds tracked and method of oversight

**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:
- ☐ 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.**

The Lead Agency is partnering with the V.I. Department of Health (State/Territorial), the Department of Planning and Natural Resources (State/Territorial), the Department of Fire(State/Territorial) on updating and improving the licensing process for all child care facilities Virgin Islands Page 26 of 318 in the territory. These territorial agencies are partner agencies with the Lead Agency in the child care facilities licensing process. The goals of the partnerships with these territorial entities are to improve the uniformity of licensing and monitoring of private and non-profit child care facilities across the territory. As pertaining to the partnership with the Department of Health, the goal is to monitor and educate with the goal in reducing the common violations which occur in ten identified areas: 1. Water 2. Sewage 3. Hygiene 4. Toileting & Diapering 5. Sanitation & Disinfection 6. Food Service & Infant Feeding 7. Illness Policy & Procedures 8. Medication & First Aid 9. Pest Control 10. Toxics & Chemical Management With regards to the Fire Department, the goal is to reduce the hazards which may exist for fires erupting in the child care facilities. Additionally, the Fire Department and the Lead Agency has the goal of ensuring each child care facility does routine fire drills and examination of their preparedness for emergency responses in the event of a fire or other hazards. The Department of Planning and Natural Resources and the Lead Agency continues to partner on promoting building safety especially in preparation for the environmental threats in the U.S. Virgin Islands to include earthquakes, hurricanes, tsunamis, and other natural hazards. The Lead Agency and the public agencies for licensing partner with the Red Cross, non-profit agencies, churches, and other private groups to improve the health and safety standards of the child care facilities across the territory. Red Cross provides essential first aid/CPR training for child care facilities. The Lead Agency provides financial assistance to child care facilities to cover costs related with pediatric first aid and CPR. Red Cross also also assists the agencies by providing education on disaster preparedness and disaster responses in conjunction with the Lead Agency. Non-profit agencies to include Lutheran Social Services who is the Early Head Start grantee, the Community Foundation of the Virgin Islands, and the University of the Virgin Islands work collaboratively and partner on the annual Best Beginnings Early Childhood Conference. This Virgin Islands Page 27 of 318 is the premier early care and education training opportunity for

Providers in the private sector, non-profit, and the V.I. Department of Education Pre-Kindergarten programs. The goal of this partnership is to provide cutting edge best practices and guidance for Child Care Providers to improve the quality of early care and education in the U.S. Virgin Islands. The University of the Virgin Islands and the Lead Agency partner to provide scholarship opportunities for professional development and education of our early care and education workforce. The Legislature of the Virgin Islands recently enacted a law to provide a free undergraduate degree to individuals who have graduated from local Virgin Islands high schools. The Lead Agency will be working with members of the State Advisory Council to promote this opportunity to the early care and education workforce so they can pursue and obtain Associates and Bachelor's of Arts degrees in Inclusive Early Childhood Education. The Lead Agency will also partner with private businesses who are Economic Development Commission (EDC) beneficiaries to provide support to early care and education providers to improve the quality of the workforce. This will include providing funding to help the educators obtain training and guidance. EDC companies are mandated to invest in the Virgin Islands educational programs and the early care and education is an area in which they can invest. Public-Private partnerships enable the V.I. Lead Agency to provide core support to our early care and education providers. These partnerships will serve to strengthen and improve the quality of early care and education programs.

## 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:

## 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.

With relevance to Child Care, an pandemic plan was added to the ESF6 annex of the Virgin Islands Territorial Operations Plan (TEOP) to ensure safety precautions to prevent the spread of the COVID-19 virus.

**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:**

[www.dhs.gov.vi/OCCRS/DOCUMENTS/ChildCareDisasterGuide](http://www.dhs.gov.vi/OCCRS/DOCUMENTS/ChildCareDisasterGuide).

## 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:**

1.1.1 Childcare provider complaints may be submitted anonymously. The process does not require the complainant to identify their relationship to the child/children. Complaints may be submitted directly to the Lead Agency Office of Child Care and Regulatory Services(OCCRS) by mail, email, telephone, or in person. The direct phone number for the OCCRS is (340)



774-0930 ext. 4181 in the St. Thomas/St. John district/1303 Hospital Ground, STE1\* St. Thomas, VI and (340) 772-7147 in the St. Croix district/129 Golden Rock, St. Croix, VI Virgin Islands. OCCRS Lead Agency Licensing Specialists are assigned to review and investigate complaints. The Virgin Islands does not have a 24-hour hotline number, however, parents and the wider public may also choose to call (340) 774-0930 Ext. 4109 which is the direct contact for the Community Affairs Coordinator. Parents and the wider public can also visit the Office of the Department of Human Service Community Affairs Coordinator to submit complaints in person at 1303 Hospital Ground, STE 1 St. Thomas USVI 00802 or in the St. Croix District at 3011 Golden Rock, Christiansted, St. Croix, VI 00820. Additionally, complaints can also be submitted via email to [communityaffairs@dhs.vi.gov](mailto:communityaffairs@dhs.vi.gov). The emails are reviewed by the DHS Community Affairs Coordinator or her designated staff. The link to the policy memorandum is [ishttp://www.dhs.gov.vi/OCCRS/documents/PolicyMemorandum101FY2019ChildCareComplaintPolicyFINAL.pdf](http://www.dhs.gov.vi/OCCRS/documents/PolicyMemorandum101FY2019ChildCareComplaintPolicyFINAL.pdf)

**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:**

1.1.1 Subsequent to receiving complaints concerning CCDF Providers directly or via the Lead Agency's Community Affairs Coordinator, Child Care Licensing staff begins their investigative process within three business days. The complaints are investigated when it is alleged that there are (1) non-compliance with licensing requirements; or (2) operation of a nonlicensed facility in violation of the Act; or (3) abuse and/or neglect of child(ren) in care; or 4) allegations of financial exploitation or fraudulent activities. If other types of CCDF Providers complaints are received the Lead Agency's Licensing Specialists will also investigate. If there is a complaint alleging abuse and/or neglect of a child, the Community Affairs Coordinator and the Licensing Specialists will make an immediate report to the Department of Human Services Intake and Emergency Services. The Office of Intake and Emergency Services social workers must investigate allegations of abuse and neglect within twenty-four hours of receiving the complaint. The Intake and Emergency Social Workers take

the lead on child abuse and neglect allegations and will coordinate with the Lead Agency's Licensing Specialists. With Supervisory approval, licensing staff conducts a full investigation, which includes Virgin Islands monitoring the Child Care Provider's facility to obtain sufficient information to make a finding. They may investigate a complaint by telephone only when (1) the alleged non-compliance does not place child(ren) at risk, (2) there weren't numerous repeated complaints or serious non-compliance issues, and (3) a monitoring visit took place within the previous three months during which significant compliance was documented. When a complaint alleging operation of an unlicensed facility is received, staff determines if the CCDF Provider is exempt from licensing requirements by providing care as a Family, Friend or Neighbor (FFN). If the Provider is not exempt, the staff conducts a full monitoring visit within three business days by gathering the necessary information to either validate or disprove the complaints. If the CCDF Provider is an unlicensed FFN Provider, the Licensing Specialist and Subsidy Staff visit the home and proceeds with an investigation within three business days. The FFN can be suspended or terminated from the Subsidy Program if complaints are substantiated and endanger the health and safety of the child(ren). Upon completion of the investigation file, the Licensing Specialist will submit it to the Lead Agency's Licensing Director. The file is jointly reviewed and a recommendation is made to the Administrator. If a complaint against a CCDF Provider is deemed substantiated, a recommendation for action is made to the Lead Agency's Administrator. The Commissioner of the Department of Human Services as Head of the Agency grants the authority to suspend or revoke the license of CCDF Providers and non-CCDF Providers. The Virgin Islands Rules and Regulations for Child Care Facilities Section 307 explains that Suspension of the Provider's License may result if the health and safety of the child(ren) is/are not endangered. Section 308 of the Rules and Regulations delineate the Revocation Procedure and Section 309 indicates Criminal and Civil Penalties. If the complaints are substantiated, the investigative case files are enclosed in the Provider's Licensing Case File. If suspension or revocation of the CCDF Provider License is designated, the Licensing Specialists update the Subsidy Files on the Lead Agency's Subsidy Payment Processing System to indicate the license has been suspended or revoked. Subsidy payments to the Provider are then halted. All substantiated complaints are added to the CCDF Provider's licensed and Subsidy Processing files and maintained for a period of no less than seven years.

**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:**

Subsequent to the completion of the investigation, licensing staff (1) documents the findings in the Provider Case File (2) notifies the provider of the complaint allegations and findings by sending them a complaint summary. If the complaint is substantiated and endangers the health and safety of child(ren), the Provider's license and/or ability to participate in the Subsidy Program is suspended and could also be revoked. The Licensing Specialists will keep a record of substantiated parents' complaints in the Client's file for a period of seven years. If the complaint identifies abuse and neglect of child(ren), the Office of Intake and Emergency Services (OIES) records the substantiation of the complaint. The OIES Social Worker will also maintain a record in their case files. Following the completion of the design, development, and implementation of the lead agency's new Office of Child Care and Regulatory Website, (scheduled to be completed in calendar year 2020), the substantiated complaints will be maintained and searchable on the Website, <http://www.dhs.gov.vi/OCCRS/index.html>

**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:**

Childcare facilities are required to maintain accessible files of monitoring reports, notices to comply, licensing complaints and confirmed Intake and Emergency Investigative Summaries for up to seven (7) years. These files can also be viewed at our DHS offices.

Information obtained concerning reports of violations of licensing requirements is confidential with the exception, of summaries of allegations, and findings of violations. These reports, if they include child abuse, will be filed with two other Divisions of the Department of Human Services, which are the Office of Intake and Emergency Services and Children and Family Services Division. However, the names of the child(ren) and parents/guardians will be redacted from public viewing.

Parents/guardians or the wider public interested in viewing the substantiated complaints can

call for appointments to view the reports at the Office of Child Care and Regulatory Services(OCCRS), or request the information to be mailed or emailed to them. Upon completion of the Office of Child Care and Regulatory new website, the substantiated claims will be posted. Estimated date for completion of the Lead Agency's Consumer Education Website.

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

Lead Agency Office of Child Care and Regulatory Services Website at:

<http://www.dhs.gov.vi/OCCRS/documents/PolicyMemorandum101FY2019ChildCareComplaintPolicyFINAL.pdf>

## **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 Department of Human Services' Lead Agency website can be found at [www.dhs.gov.vi/OCCRS/documents.pdf](http://www.dhs.gov.vi/OCCRS/documents.pdf). It is user-friendly and accessible to parents ,child care providers, and the general public. The website includes policies and procedures for licensing child care providers, lists the child care providers with contact information such as address and phone number and uses plain language. However, in our efforts to meet the full qualifications of the CCDBG Re-Authorization of 2014 for Consumer Education Websites, the Lead Agency is working intensive technical assistance from an ACF -Office of Child Care TA Provider and has completed the RFP to retain a Contractor who will work with us to design, develop, and implement the new OCCRS Website. The target date for the Launch of the new V.I. Consumer Education WebsiteTimeline 2022.

**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)):**

Timeline 2022

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

Timeline 2022

### **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

Virgin Islands Rules and Regulations for Child Care Facilities.

<http://www.dhs.gov.vi/OCCRS/documents/RevisedRulesRegswithattachments.pdf>.

- 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:

Virgin Islands Rules and Regulations for Child Care Facilities.

<http://www.dhs.gov.vi/OCCRS/documents/RevisedRulesRegswithattachments.pdf>

- 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.

The link is at

[www.dhs.gov.vi/OCCRS/documents/USVICriminalBackgroundCheckforChildCareProviders.pdf](http://www.dhs.gov.vi/OCCRS/documents/USVICriminalBackgroundCheckforChildCareProviders.pdf)

This link connects you to the policies and procedures related to Criminal Background Checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF Funds.

- 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:

Timeline 2022

### 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:

A list of child care providers facilities for both districts of the Virgin Islands territory can be found at <http://www.dhs.gov.vi/OCCRS/index.html>.

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

N/A

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

A list of child care providers facilities for both districts of the Virgin Islands territory can be found at <http://www.dhs.gov.vi/OCCRS/index.html>.

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

Describe

N/A

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

Describe

N/A

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

Describe

N/A

☒ v. Relative CCDF providers.

Describe

N/A

**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

Provider specific quality information is not available at this time. Parents can review the list of available providers at <http://www.dhs.gov.vi/OCCRS/index.html>, and they are encouraged to visit the OCCRS. Timeline 2022

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

☒ i. Licensed CCDF providers.

Describe the quality information:

Timeline 2022

☒ ii. Licensed non-CCDF providers.

Describe the quality information:

Timeline 2022

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

Describe the quality information:

Not applicable

☐ iv. License-exempt FCC CCDF providers.

Describe the quality information:

Not applicable

☐ v. License-exempt non-CCDF providers.

Describe the quality information:

Not applicable

☐ vi. Relative child care providers.

Describe the quality information:

Timeline 2022

☒ vii. Other.

Describe

N/A

**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.

Monitoring reports are not reflected at this time. The website is being updated to include monitoring reports in plain language. The ne Lead agency Consumer Education Website is expected to be launched in the near future 2022.

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:

This is not on the website, but the information is compiled in written form. The website is being updated to include this requirement. Timeline 2022

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

Describe:

Corrective action plans are written, but are not available on the website as the VI is in the process of updating the website.

☐ 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.

Currently the URL/website link is not available, but will be apart of the Lead Agency website. The Lead Agency has chosen a vendor timeline 2022

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

Currently the URL/website link is not available, but will be apart of the Lead Agency website. The Lead Agency has chosen a vendor timeline 2022 here to enter text.

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.

Plain language means that the information is understandable to the general public to include, using short sentences, every day words and stating main points. The Lead

Agency is updating the website to include monitoring reports and a process for public feedback.

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

Monitoring Reports are not reflected on the website at this time. The website is being updated to include monitoring reports in plain language. The new Lead Agency Consumer Education Website is expected to be launched by 2022.

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

The Process for Correcting Inaccuracies in reports is not available on the current agency website but will be a part of the new Lead Agency Website scheduled to be launched by 2022.

**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.

This service is not currently available on the website, which is being updated to include this requirement. In the meantime, the process for Appeals of Licensing suspensions, revocations, or probation are found in the V.I. Rules and Regulations for Child Care Facilities Section 308:D Page 10.

**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)).**

The consumer education website is not available at this time. We are in the process of becoming compliant. Timeline 2022

**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.**

Child care providers, operators, owners, and/or employees are required to report serious injuries and deaths to the Lead Agency. Page 14, of the Department of Human Services, Office of Child Care and Regulatory Services, Rules and Regulations for Child Care Facilities After School Programs and Summer Camps cites the relevant Law. The law requires that abuse and/or neglect shall be reported to the Department of Human Services, Office of Intake & Emergency Referral, which is a program within the Lead Agency.

This information is not available on the website, the Lead Agency is in the process of designing and developing a new Consumer Education Website and the data for serious injuries or deaths of children occurring in child care will be aggregated and uploaded to the new website. The target date for activation of the new Consumer Education website is, 2022.

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

Substantiated means that after an investigation of a report of child abuse or neglect and based upon credible evidence, there has been determination that child abuse or neglect occurred. Abuse is defined as harm or threatened harm or failure to protect from harm or threatened harm to the health, safety, or welfare of a child and includes

physical, sexual, verbal abuse, and trafficking activities.

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

Serious injury is one when medical attention is required.

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.

The lead agency website is being updated to include this feature. It should be noted that the Lead Agency is receiving intensive technical assistance to include the development of a scope of work to meet all requirements of the Child Care Development Block Grant Reauthorization of 2014. The new lead agency website is expected to be active 2022.

**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 Department of Human Services, the Lead Agency, has responsibility for Child Care Referral and Resources (CCR&R) and does not contract this service out.



**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:**

The current consumer education website displays contact information for the Department of Human Services Office of Child Care and Regulatory Services. The website provides instructions on submitting complaints on licensed or license exempt CCDF Providers to the Lead Agency. The link to the website follows:

<http://www.dhs.gov.vi/OCCRS/documents/PolicyMemorandum101FY2019ChildCareComplaintPolicyFINAL.pdf>

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

<http://www.dhs.gov.vi/OCCRS/index.html>

## 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 Office of Child Care and Regulatory Services partners with agencies, organizations, providers, parents, and programs to provide information about the availability of child care services provided through CCDF and other programs for which they may be eligible. Trainings, brochures, frontline workers, and community outreach are employed to disseminate information to parents, providers and the general public. The Lead Agency maintains a public website at [www.dhs.gov.vi/OCCRS/index.html](http://www.dhs.gov.vi/OCCRS/index.html) which includes general information about subsidized child care, where and how to apply for services, and frequently asked questions. The Lead Agency provides outreach to their communities through public engagement campaigns on social media, newspapers, online newspapers, and television and radio stations in the territory.

**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:

Information provided regarding Temporary Assistance for Needy Families (TANF) includes the Program's physical address, telephone number, email address and basic eligibility criteria. OCCRS provides this information through brochures and a link to their website.

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

Information the Office of Child Care and Regulatory Services (OCCRS) shares with parents and the general public concerning Head Start and Early Head Start includes eligibility and contact information. The goal is to ensure parents and providers are aware of the other child care services that are available to meet their child care needs and the medium of communicating this message is through the Department's website, frontline workers, brochures, training, and community outreach.

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

The Office of Child Care and Regulatory Services provides information on the application process, eligibility requirements and benefits of the Low-Income Energy Assistance Program. This information is provided to providers, parents and the public to ensure they are aware of this service and can apply for the assistance if they meet the eligibility requirements.

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

The Office of Child Care and Regulatory Services disseminates information to parents, providers and the general public on the Supplemental Nutrition Assistance (SNAP) Program. Information concerning the eligibility criteria is provided through community outreach, frontline workers, the Department's website, frontline workers and training.

☒ **e. Women, Infants, and Children Program (WIC) program:**

Information specific to the Women, Infants, and Children Program (WIC) is shared with providers and parents to ensure they are aware of its benefits for women, infants, and children's nutrition. The Department of Human Services employs its website, frontline workers, brochures, and community outreach to disseminate the information.

☒ **f. Child and Adult Care Food Program(CACFP):**

Parents and providers are given information specific to the Child and Adult Food Program (CACFP) to ensure that child care nutritional needs are met. Information about the Program benefits and eligibility criteria are shared through the departments' website, brochures, and community outreach.

☒ **g. Medicaid and Children's Health Insurance Program (CHIP):**

The Office of Child Care and Regulatory Services collaborates with Medicaid and Children's Health Insurance Program (CHIP) to ensure parents, providers, and the public are aware of the medical assistance programs that pays for medical expenses for low income residents. Eligibility information is provided via the Lead Department's website, brochures, frontline workers and community outreach

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

Information is provided to the public, providers, and parents to ensure child care needs of this vulnerable population are met. Through frontline workers, the department's website, brochures, and community outreach, information relative to access, location, and eligibility criteria is disseminated about the Virgin Islands Infant and Toddler's Part C Program operated within the local Department of Health.

**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:

The Lead Agency provides information on research, and best practices through on going training, the departments' website, individual and group licensing orientations for providers, parent fairs and brochures on child development, safe sleep, development milestones, and helping children cope with disasters.

**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:**

The Virgin Islands Department of Human Services provides information specific to social - emotional/behavioral and early mental health of young children to the public, parents, and providers through training, and brochures on child development and developmental milestones.

**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 requires child care providers to implement disciplinary policies that are age-appropriate. The Lead Agency prohibits corporal punishment and other aversive approaches. Disciplinary policies are outlined in the facility handbook and reviewed by Licensing Specialists. The Lead Agency partnered with the University Center for Excellence in Developmental Disabilities (VIUCEDD) to train child care professionals in Applied Behavior Analysis. The Registered Behavior Technician (RBT) course provides information on positive reinforcement behavior change procedures, and modification.

## 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 collaborates with the Department of Education - Special Education, the

Department of Health, and other community agencies that regularly share information on opportunities for developmental screenings. This information is passed to child care providers through emails, training, and professional development opportunities. Public service announcements are also made regarding the same to ensure the general public is aware of/and have access to these services.

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.). Parents and providers are provided information and referrals to early and periodic screenings through trainings, professional development, and technical assistance. The Lead Agency also requires parents to complete annual screenings for children by utilizing the Universal Health Record where early and periodic screening, diagnosis, and treatment are required for all children.

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.

Parents and providers are provided information and referrals to early and periodic screenings through trainings, professional development, and technical assistance. The Lead Agency also requires parents to complete annual screenings for children by utilizing the Universal Health Record where early and periodic screening, diagnosis, and treatment are required for all children.

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

The lead agency collaborates with the Department of Education - Special Education Child Find Initiative which is a program that makes screening information available to child care providers, physicians, private and public schools as part of their public awareness component. These developmental screening opportunities are free of charge to everyone whether or not the family has relatively low income. The lead agency also refers their parents and other caregivers to the Infants and Toddler Part C Program

within the V.I. Department of Health.

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

Child care providers receive training and professional development opportunities on an annual basis regarding a variety of topics including immunizations, Ages and Stages, speech and language development, SIDS, shaken baby syndrome and other related topics. Child care providers receive information via emails, flyers, and public service announcements on available developmental screening opportunities.

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

Virgin Islands Rules and Regulations for Child Care Facilities: Section 509 - Maintenance of Children's Records addresses the requirement of all children in child care facilities to have annual child care screenings on file and available for review.<http://www.dhs.gov.vi/OCCRS/documents/RevisedRulesRegswithattachments.pdf>

## **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.



The Office of Child Care and Regulatory Services provides parents with a brochure on eligibility requirements and the types of providers available. Parents are referred to the Lead Agency's website [www.dhs.gov.vi/OCCRS](http://www.dhs.gov.vi/OCCRS) to learn about licensing requirements, access a list of active providers, and find out if CCDF subsidies are accepted. The Lead Agency website also provides information on how to submit complaints, the State Median Income and Sliding Scale, and Co-Pay Guidelines. Individuals who do not have computer access are given hard copies.

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.

Child Care Subsidy Program's major goals are to provide access to quality child care for low income families and to improve the quality of child care for all children in the territory.

### 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 Birth

(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: A Children whose physical or mental ability inhibits developmental progress and whose

condition is documented by a qualified professional. Priority is given over other CCDF eligible families.

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":

The child must live in the same household as the parent or a person responsible for the care and supervision of the child. Parent means a person related to the eligible child by blood, marriage, or adoption, including a legal guardian or other person standing in loco parentis

ii. "in loco parentis":

In Loco Parentis may include relatives of a child or others who may or may not be legally appointed.

### 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 guardian receiving income from employment, self-employment, or other paid work experience and work a minimum of 30 hours per week.

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

Job training is participation in an TANF-Jobs or other approved jobs training program that requires the participant to engage in activities that improve his skills, knowledge, and or employability and to assist him toward employment and self-sufficiency.

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

Education and training activities may be full or part-time and include: VI high school diploma or an online high school program GED, literacy, or adult basic education classes Vocational educational classes; Educational classes leading to a Certificate A formal education program that leads to the attainment of an associate or bachelor's degree by an approved institution

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):

Attending job training means participating for at least 20 hours per week in a program or a course that improves the skills, knowledge, and or employability of the individual.

### 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.

Reason for care

Applicants or clients must have one or more qualifying activities as described below:

Working or employment means receiving income from employment, self-employment, or other paid work experience and work a minimum of 30 hours per week.

- The applicant must provide proof of work hours.
- An applicant working from home may be approved for child care when unable to work

while the child is at home.

Job training is defined as participating in a TANF-Job or other approved job training programs that requires the participant to engage in activities to improve their skills, knowledge, and/or employability and to assist them toward employment and self-sufficiency.

- The applicant must provide proof of days and hours of training.

Education activities may be full or part-time and include:

- o VI high school diploma or an online high school program, child care may be approved for one or both parents to attend high school. Applicant must provide proof of enrollment indicating days and hours of attendance
- o GED, literacy, or adult basic education classes
- o Vocational educational classes
- o Educational classes leading to a Certificate
- o A formal education program that leads to the attainment of an associate or bachelor's degree by an approved institution

- Applicant is required to provide an original letter signed and dated by the administrator or registrar, documenting the days and hours of attendance and expected graduation date. A copy of their training or course schedule is also acceptable.

- Classroom attendance and or an instructor presence is required. On-line or correspondence class is not a qualifying activity.

Protective Services: Protective or preventive child care benefits may be used as an early intervention strategy in certain critical situations to help prevent neglect, abuse, or exploitation of a child. The worker may approve child care in these situations to help stabilize the family or enhance family functioning.

Volunteering: Applicants who work under 30 hours per week or attend school part-time, may volunteer up to **30** hours per week to meet the 30-hour requirements. Clients may conduct volunteer services at government or private agencies, hospitals or schools, or other qualifying non-profit organization. Qualifying activities can be

combined interchangeably. Applicants must provide verification of volunteer hours.

Job Search: At recertification, applicants who permanently lose their job or stop attending training and education programs may be authorized for up to three months of job search. Applicants must provide a VI Department of Labor job search verification card.

### 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":

i. Protective Services are child care services provided to a child: in foster care or kinship care who may be under the supervision of the DHS Juvenile Division whose family is under investigation or Supervision by Department of Human Services/Division of Children and Family Services (DCFS) for child abuse, neglect, abandonment, or exploitation placed in court-ordered, long term custody or under the guardianship of a relative or non-relative after termination of supervision by DCFS. to prevent removal of child from home or stabilize a family situation whose family has been affected by a natural disaster

*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?

For purposes of eligibility, countable income includes all earned and unearned income received by the custodial parent/legal guardian and other adults considered part of the household.

Earned income includes wages and net income from self-employment.

Unearned income includes but is not limited to pensions, VA benefits, alimony, child support, retirement, social security income, interest income, worker's compensation, unemployment and TANF.



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

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	0	0	N/A	N/A
2	\$2,830	\$2,406	N/A	N/A
3	\$2,948	\$2,506	N/A	N/A
4	\$3,066	\$2,606	N/A	N/A
5	\$3,184	\$2,707	N/A	N/A

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)).

N/A

d. SMI source and year. Bureau of Economic Research Virgin Islands House Income and Expenditure Survey

*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.

The Bureau of Economic Research Virgin Islands House Income and Expenditure Survey

was divided by sub-district for each District of St. Croix, St. Thomas and St. John. The most populous area of the territory used to complete the chart above were the islands of St. Croix and St. Thomas/St. John island districts.

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 6/15/2018

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

[www.dhs.gov.vi/OCCRS/documents/OCCRSStateMedianIncomeGuidelinesSubsidyEligibilityDetermination2019.pdf](http://www.dhs.gov.vi/OCCRS/documents/OCCRSStateMedianIncomeGuidelinesSubsidyEligibilityDetermination2019.pdf)

**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).

Families attest at certification and recertification that their assets do not exceed \$1,000,000. The Lead Agency may waive the asset limit for families who are in protective services status.

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 Lead Agency waives the asset limit for families who are designated in the status of protective services (e.g. foster care, kinship care, children in danger of abuse or neglect, or children under the supervision of the Juvenile Division-See 3.1.2 (d) for definition). Upon receiving a referral from the Department of Human Services Office of Intake and Emergency Services, Children and Family Services, or the Juvenile Justice Divisions, the Subsidy Specialist will automatically qualify the applicant as eligible for Child Care Subsidies. The families are not placed on a waiting list and neither is the Self-Declaration of Assets required.

<http://www.dhs.gov.vi/OCCRS/documents/PolicyMemorandumOCCRS102FY2019Sub>

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

a. eligibility determination.

Not applicable

b. eligibility redetermination.

Not applicable

**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:

Not applicable

### 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:

N/A

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

☐ Applicant identity.

☒ Required at Initial Determination

☒ Required at Redetermination

Describe:

The program maintains copies of the child's or children's birth certificate and immunization card or exemption letter from the Department of Health, Immunization Office. These documents are required at determination. Only immunization card or exemption letter is required

☐ Applicant's relationship to the child.

☒ Required at Initial Determination

☒ Required at Redetermination

Describe:

The program maintains copies of the child's or children's birth certificate and immunization card or exemption letter from the Department of Health, Immunization Office. These documents are required at determination. Only immunization card or exemption letter is required

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

☒ Required at Initial Determination

☒ Required at Redetermination

Describe:

The child's or children's birth certificate is used to determine the age of the child and for verifying parent's name.

☒ Work.

☒ Required at Initial Determination

☒ Required at Redetermination

Describe:

To perform work, carry through a task fulfill duties regularly for wages or salary. The Lead Agency requires parents applying for the CCDF subsidies who are working to submit a month's worth of check stubs (e.g. weekly consecutive paychecks within the last month of application or bi weekly paycheck stubs). The Lead Agency also accepts a Job Letter on the business' letterhead indicating phone numbers and

address of supervisors.

☒ Job training or educational program.

☒ Required at Initial Determination

☒ Required at Redetermination

Describe:

At determination and re-determination, the applicants must provide a letter from the institution of where they are attending to do their education or training. Such as but not limited to all level of public and parochial schools, University or College, and Skill Center or Trade Schools.

☒ Family income.

☒ Required at Initial Determination

☒ Required at Redetermination

Describe:

At determination and re-determination, family income of both parents residing in the same household and who are responsible for the child is provided. All income in the household is used to determine eligibility, except household of extended relatives such as the applicant's parents, grandparents, siblings.

☒ Household composition.

☒ Required at Initial Determination

☒ Required at Redetermination

Describe:

Household composition includes all children who are residing in the home but may not be receiving child care services along with their parents.

☒ Applicant residence.

☒ Required at Initial Determination

☒ Required at Redetermination

Describe:

At determination and re-determination, the applicants proof of residence is determined by their income verification form, driver's license, rental lease agreement, or current

utility bills.

☐ Other.

☐ Required at Initial Determination

☐ Required at Redetermination

Describe:

**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:

Eligibility is determined at the time of the initial interview and an application process will usually occur within the same day. If the applicant does not provide all documentation to determine eligibility during the initial interview, the applicant is given 10 days to submit their documents to complete the eligibility process. If funds are unavailable, the applicant is placed on a waiting list until a slot becomes available. Subsidy Specialists are given ten (10) working days upon receipt of all required documents to make final eligibility determinations. It should be noted that the Subsidy Specialists usually determine eligibility within 1-3 days of receiving all required documents, but their time limit is 10 days.

☐ Track and monitor the eligibility determination process

☐ Other.

Describe:

N/A

☐ 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: Department of Human Services Division of Family Assistance-JOBS Program

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

i. "Appropriate child care":

Appropriate child care is child care which meets local licensing standards of quality and safety and provides age appropriate learning opportunities while meeting the individual needs of the family.

ii. "Reasonable distance":

Reasonable distance refers to location accessible via public and/or private transportation and is with the venue of the parent's employment and/or residence



iii. "Unsuitability of informal child care":

Unsuitability of informal child care is a child care environment in which the informal care provider is unable to meet the Territory's minimum health and safety standards for that category of CCDF subsidized care as are established by the Department of Human Services Rules and Regulations for Child Care Facilities, After Schools, and Summer Camps. Additionally, an informal child care is deemed unsuitable if the proposed Provider does not submit to the required comprehensive criminal background check. Note: Family Members who are providing care are exempted.

iv. "Affordable child care arrangements":

Affordable child care arrangements refers to child care arrangements which provide access to quality child care services.

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:

N/A

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

Timeline 2022

## 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).

Family Size	(a) Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	(b) What is the monthly co-payment for a family of this size based on the income level in (a)?	(c) What percentage of income is this co-payment in (b)?	(d) Highest initial or First Tier Income Level before a family is no longer eligible.	(e) What is the monthly co-payment for a family of this size based on the income level in (d)?	(f) What percentage of income is this co-payment in (d)?
1	0	0	0	0	0	0
2	\$1,409	0	0	\$2,406	\$48	2%
3	\$1,778	0	0	\$2,506	\$48	1.9%
4	\$2,145	0	0	\$2,606	\$48	1.8%
5	\$2,514	0	0	\$2,707	\$48	1.7%

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.

This chart was created using the U.S. Virgin Islands State Median Income for the territory-wide population composed of data collected on the islands of St. Thomas, St. Croix, and St. John and released in June 2018.

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)? January 1, 2020

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

[www.dhs.vi](http://www.dhs.vi)

### 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:

N/A

☒ vii. Other.

Describe:

N/A

☒ 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:

N/A

- ☒ vii. Other.

Describe:

N/A

**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:

N/A

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

Describe:

N/A

- ☒ c. Other.

Describe:

N/A

**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.

N/A

- ☐ 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.

N/A

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

N/A

### **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.

N/A

B. Provide the citation for this policy or procedure.

N/A

☒ 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:

N/A

B. Describe how the second eligibility threshold:

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

N/A

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:

N/A

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

N/A

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

N/A

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.

N/A

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:

N/A

### 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 who has been professionally diagnosed with a disability.a.": Children whose physical or mental ability inhibits developmental progress and whose condition is documented by a qualified professional. Priority is given over other CCDF eligible families.

b) "Families with very low incomes":

Children whose family household income is less than 85% of SMI/FPL.

### 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.

N/A

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

Protective Services – Protective Services are child care services provided to a child: in foster care or kinship care who may be under the supervision of the DHS Juvenile Division whose family is under investigation or Supervision by Department of Human Services/Division of Children and Family Services (DCFS) for child abuse, neglect, abandonment, or exploitation placed in court-ordered, long term custody or under the guardianship of a relative or non-relative after termination of supervision by DCFS. to prevent removal of child from home or stabilize a family situation whose family has been affected by a natural disaster. Teen (Minor) Parent – A minor who is attending junior or high school, under the age of 19. A client

referred by the Office of Intake & Emergency Services, who may be at risk of losing their children due to abuse and neglect. Juvenile Services - A client referred by the Department of Human Services' Division of Juvenile Justice. The Division of Juvenile Justice oversees the cases of minors who are at risk of juvenile delinquency and are labeled as "Persons In Need of Supervision." The Juvenile Justice Division may make referrals of school-age children below age 13 who may need afterschool and summer child care placements.

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

Upon receiving a referral from any of the programs listed in 3.2.3 (Protective Services, FosterCare, Juvenile Justice\*\*\*, Intake and Emergency) or a teen parent approaches the child care program for assistance, that case is immediately given highest priority status for services by the Office of Child Care and Regulatory Services. \*\*\*The Juvenile Justice Division has oversight of minors who are in need of supervision to avoid juvenile delinquency. The Juvenile Justice will at times refer children who meet the age criteria of the CCDF and are in need of afterschool or summer placements. These referrals are given priority and are immediately placed and not put on a waiting list.

### **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.

Parents or guardians who are homeless are given a grace period of three months to provide required documents to determine eligibility. This includes birth

certificates, immunization records, other health records, and parent government issued picture I.D.s.

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

OCCRS participates with VI Project Homeless Connect Volunteer Agencies and the United Way of the Virgin Islands in an annual outreach to the Homeless population to include families on St. Thomas, St. John, and St. Croix. The Lead Agency Staff members have a designated table or booth in this annual event where they provide information on the Child Care Development Fund Subsidy program and special provisions for Homeless families. The Homeless attendees receive written information about the Child Care program services and appointments are scheduled for them, if desired.

*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)

A grace period of three months is given to submit immunization and other health and safety requirements for the homeless families. . .

Provide the citation for this policy and procedure.

<http://www.dhs.gov.vi/OCCRS/documents/HomelessChildrenandFamiliesOCCRSPolicyMemorandum1032019.pdf>

ii. Children who are in foster care.

Children who are in foster care are given the 3-month grace period and the Office of Intake and Emergency Services and/or Children and Family Services Division work with the foster parent to obtain the necessary immunizations. .

Provide the citation for this policy and procedure.

<http://www.dhs.gov.vi/OCCRS/documents/PolicyMemorandumOCCRS102FY2019SubsidyPolicyforFosterCareandProtectiveServices.pdf>

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)).

N/A

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

☐ No.

☒ Yes.

Describe:

A grace period of three months is also given to TANF children

## 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 family who meets the eligibility requirements for child care services will receive a 12-month eligibility. A grace period of three months is granted if a family experiences any temporary change in activity. V.I. CCDF State Plan Amendments March 17, 2020

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:

Citation:

N/A

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

Describe or define your Lead Agency's policy:

N/A

Citation:

N/A

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

Describe or define your Lead Agency's policy:

Citation:

N/A

- ☒ 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:

N/A

Citation:

N/A

- ☒ 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:

N/A

Citation:

N/A

- ☒ 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:

N/A

Citation:

N/A

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

Describe or define your Lead Agency's policy:

N/A

Citation:

N/A

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

Temporary change means any time-limited absence from employment or other eligible activity and could include the following: Limited absence from work for employed parent or guardian due to reasons such as the need to care for a family member or an illness Interruption in work for a seasonal worker Student holiday or break for a parent or guardian participating in training or education Temporary reduction in work, training or education hours, as long as the parent or guardian is still working or attending training or education-VI Child Care Parent Subsidy Agreement/Page 2. The Lead Agency during the



pandemic has Extended Sixty (60) Day Eligibility Period for CCDF Subsidies for Clients who were required to recertify during States of Emergency caused by Natural or Man Made Disasters, Public Health Emergencies, or other critical incidents . We will also include the Virgin Islands CCDF Lead Agency will extend an additional 60 days of Eligibility for CCDF Subsidies once the official declared State of Emergency is ended if it is deemed necessary. V.I. CCDF State Plan Amendments March 17, 2020

### **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):

N/A

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 grace period of three months of consecutive allowance of continued child care services due to loss of work or other interruption of existing activities is given to the parents. The grace period allows for the client to seek another activity while the child is being cared for. If at the end of grace period the parent engages in qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance continues until the end of the 12-month eligibility period.

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

The three-month Job-Search Period is triggered if the parent or legal guardian loses their employment and/or is no longer deemed eligible because of TANF designation or family in need of protective services.

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

A three months is granted for job-search

iv. Provide the citation for this policy or procedure.

Policy Memorandum - OCCRS 105FY 209 [www.dhs.vi](http://www.dhs.vi)

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:

N/A

B. Provide the citation for this policy or procedure:

N/A

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

Provide the citation for this policy or procedure:

Discontinuing CCDF Subsidy Assistance Policy Memoranda OCCRS 104-2019

☒ 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.

Substantiated fraud or intentional program violation refers to an intentional act whereby a Parent/Legal Guardian knowingly and/or willfully gives false or misleading information, misrepresents, conceals or withholds fact with the intention of receiving child care benefits that should have not been eligible to receive. For Providers: Intentional Program Violations include but are not limited to -Intentionally accepting children over the licensing requirements; Intentionally accepting vouchers for a child who is not attending the child care facility and receiving services to include infant/toddler care, preschool, afterschool, aftercare, or summer program; Intentionally receiving vouchers without a valid license; Intentionally refusing to provide required

requested documents; Intentionally accepting a child in an overcapacitated facility or informal aka Family, Friend, and Neighbor (FFN setting); Intentionally verbally expressing or physically exhibiting physical mistreatment or abuse in the presence or close proximity of children in care and/or to children in care; Provider lives in the same household of child/ren in care; Intentionally endangering the health and safety of a child; and Intentionally caring for more children in an FFN setting than is allowed at any given time. The conditions listed above describing fraud or intentional program violations can result in discontinued Subsidy Assistance prior to the 12-month re-determination. Policy Citation: OCCRS Subsidy Policy and Procedure Manual Section 18:10 Page 52

### **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:

1. Salary increases that may exceed the 85% of the State Median Income; 2. Death of the child; and 3. Family moves out of the territory with child.

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

Describe:

There will be some instances where the agency cannot contact the family such as natural disasters or temporary loss of electricity or connectivity. The Lead Agency also experiences the inability to contact the family when phone numbers and mailing addresses are changed and the parent/guardian has not issued notification to the Lead Agency.

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

Describe:

Changes in child care providers

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:

N/A

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

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

Families are encouraged to report changes that increase the amount of care authorized, such an increase in work hours or temporary fluctuation of hours worked. They may also report changes that decrease the copayment, such as a job loss.

ii. Provide the citation for this policy or procedure.

Reporting Changes Policy and Memorandum

[www.dhs.gov.vi/OCCRS/documents/ReportingChanges006FY2019PolicyMemorandum.pdf](http://www.dhs.gov.vi/OCCRS/documents/ReportingChanges006FY2019PolicyMemorandum.pdf)

### **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:

N/A

## 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)).**

An applicant must select a child care provider before a voucher (aka child care certificate) can be printed and issued. Information that is included on the certificate (5 part voucher) is as follows: Case Number, Provider Name, Date Issued, Voucher Number, Name of Child, Amount, Period of service provided Provider's Signature and Date, and Applicant's Signature and Date. Once a selection of a Provider has been made the child care certificate is linked to that particular Provider in the Lead Agency Eligibility System.

**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:

Prior to the voucher(s) being printed, parents are given a hard copy of the

Licensed Child Care Facilities from which they can choose a Provider. Subsidy, Resource and Referral (SR&R Specialists review with the parents/guardians the different types of child care available, locations of care and which Providers accept the Lead Agency participate in the CCDF Subsidy System. Parents can ask questions about the Providers as to licensure, monitoring reports, if involved with the Quality Rating System - VI S2Q, and a host of other questions such as type of facility- private, non-profit, or faith based. SR&R Specialists are very knowledgeable about the Providers in each district and the Lead Agency Information about each licensed Provider is extensive. Parents are also told about the choice they can make for a license-exempt Provider aka Family, Friend, or Neighbor (FFN) Care. They understand that although license-exempt Providers must be screened, they are not regulated the same as licensed Providers.

**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:

The Lead Agency has placed the listing of all CCDF providers on the website; the listing is also available via email.

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

A majority of providers in the territory participate in the CCDF Subsidized Program and their rates are similar across the territory. Adjustments to minimum wage and inflation are legitimate grounds for increasing subsidized child care provider rates. The proposed increase was informed by the Market Rate Survey on affordability, access, and quality.

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:

Timeline 2022

**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)).**

The Lead Agency provides a listing of all child centers contact numbers, and physical address address on the DHS website. Parents can also contact the Office of Child Care & Regulatory Services in their district for assistance.

**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:

Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum Wage )

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

Describe:

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

Describe:

☒ 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:

A relative must be 18 or older and pass the lead agency criminal background check requirements.

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

Describe:

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

Describe:

- ☐ g. Other.

Describe:

#### 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 is unable to identify shortage in the supply of high-quality child care providers. The Lead Agency plan on conducting a detail MRS to provide the shortage high quality child care providers in 2022.

**b. In child care homes.**

The Lead Agency is unable to identify shortage in the supply of high-quality in child care homes. The Lead Agency plan on conducting a detail MRS to provide the shortage high quality in child care home in 2022.

**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:

☐ iii. Start-up funding.

Describe:

☒ iv. Technical assistance support.

Describe:

The Office of Child Care and Regulatory services provides extensive consultation for existing providers and those interested in providing child care services. The assistance includes, but not limited to, encouraging providers to form an organization representing their interest and encouragement for them to seek advice on "the business of Child Care". The Lead Agency technical assistance will be promote higher quality for child care provider and families.

☐ 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:

The Office of Child Care and Regulatory Services collaborates with other agencies and organizations to provide opportunities for providers and staff to receive management training.

☒ viii. Accreditation supports.

Describe:

The revision of QRIS standards which is currently in progress will provide accreditation support.

☒ ix. Child Care Health Consultation.

Describe:

The Department of Human Services collaborates with the Department of Health and the Department of Education, the agencies responsible for healthcare, to provide information specific to socio-emotional/behavioral and early health screenings of young children to the public, parents, and providers through training and brochures on child development and development milestones.



☒ x. Mental Health Consultation.

Describe:

The Virgin Islands Department of Human Services provides information specific to socio-emotional/behavioral and early mental health of young children to the public, parents and providers through training, brochures on child development and developmental milestone.

☐ xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

b. Infants and toddlers. Check and describe all that apply.

☒ i. Grants and contracts (as discussed in 4.1.6).

Describe:

Mini grants are provided for the purpose of Quality Improvement of child care facilities. Funding Source CRRSA, APR. The Lead Agency will conduct grants to improve quality for child care providers.

☐ ii. Family Child Care Networks.

Describe:

☐ iii. Start-up funding.

Describe:

☒ iv. Technical assistance support.

Describe:

The Office of Child Care and Regulatory provides extensive support to providers

involved in infant/toddler care. Quality Improvement Specialist avail themselves of opportunities to learn of best practices in the field, which is shared by federal partners, and they also gather information on their own. Child Care basics is also a valuable resource. The Quality unit does consultations with child care staff, conducts regular training, and shares information with providers and staff of child care facilities. The Lead Agency will conduct grants to improve quality for child care providers.

☐ 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:

The Office of Child Care and Regulatory Services and their partners, such as Lutheran Social Services of the Virgin Islands provides technical assistance for providers to improve their business practices. The Lead Agency will conduct grants to improve quality for child care providers.

☒ viii. Accreditation supports.

Describe:

The Office of child Care and Regulatory Services is currently revising its QRIS Standards. When this process is completed, accreditation support will be considered. The Lead Agency will conduct grants to improve quality for child care providers.

☒ ix. Child Care Health Consultation.

Describe:

Information specific to Children's Health Insurance Program (CHIP) is shared with providers to ensure that children's health needs are met. The Office of Child Care and Regulatory Services also collaborate with the Department of Health to provide

consultations to parents and providers on children's health and safety. Ongoing training on CPR, Children Safe sleep, emergency procedures in the event of a disaster, child abuse and healthy foods are provided to staff of child care facilities. And the Department of Health and the Virgin Islands Fire Service conducts annual inspections of Child Care facilities. The Lead Agency will conduct grants to improve quality for child care providers.

☒ x. Mental Health Consultation.

Describe:

The Virgin Islands Department of Human Services provides information specific to social-emotional/behavioral and early mental health of young children to the public through training, brochures on child development and development milestones. The Lead Agency will conduct grants to improve quality for child care providers.

☒ xi. Other.

Describe:

OCCRS implements a quota system to ensure that infants receive priority in child care services. The Lead Agency will conduct grants to improve quality for child care providers.

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:

The Department of Human Services collaborates with the Virgin Islands University of Center for Excellence in Developmental Disability (VIUCEDD) to provide training to parents, providers and staff. The cost of training is paid for by the Department of Human Services. The Lead Agency will conduct grants to improve quality for child

care providers.

- ☐ ii. Family Child Care Networks.

Describe:

- ☐ iii. Start-up funding.

Describe:

- ☒ iv. Technical assistance support.

Describe:

The Department of Human Services collaborates with the University of the Virgin Islands Center for Excellence in Developmental Disability and the Department of Education-Special Needs program to provide training in caring for children with disabilities. Members of staff, parents, and providers participate in these trainings. The Lead Agency will conduct grants to improve quality for child care providers.

- ☐ 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:

The Department of Human Services collaborates with the Department of Health and the Department of Education, the agencies responsible for healthcare, to provide information specific to socio-emotional/behavioral and early health

screenings of young children to the public, parents, and providers through training and brochures on child development and development milestones. The Lead Agency will conduct grants to improve quality for child care providers.

☒ x. Mental Health Consultation.

Describe:

The Department of Human Services collaborates with the Department of Health, the agency responsible for mental health, to provide information specific to socioemotional/behavioral and early mental health of young children to the public, parents, and providers through training and brochures on child development and development milestones. The Lead Agency will conduct grants to improve quality for child care providers.

☐ xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

☐ i. Grants and contracts (as discussed in 4.1.6).

Describe:

☐ ii. Family Child Care Networks.

Describe:

☐ 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:

Not Applicable to the VI

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

- ☒ i. Grants and contracts (as discussed in 4.1.6).

Describe:

The Lead Agency will provide grants for Health & Safety, Professional Cleaning Services, Personal Protective Equipment, Technology, Behavioral Health and Wellness, Afterschool/Camp Supplies, Rent/Mortgage, Utility Expenses, and building improvements. Contracts-Consultants(Improving payment policies, QRIS, Market Rate Survey, etc.) The Lead Agency will conduct grants to improve quality for child care providers.

- ☐ ii. Family Child Care Networks.

Describe:

- ☐ iii. Start-up funding.

Describe:

- ☒ iv. Technical assistance support.

Describe:

The Office of Child Care and Regulatory provides extensive support to providersinvolved in infant/toddler care. Quality Improvement Specialist avail themselves ofopportunities to learn of best practices in the field, which is shared by federalpartners, and they also gather information on their own. Child Care basics is also avaluable resource. The Quality unit does consultations with child care staff,conducts regular training, and shares information with providers and staff of childcare facilities. The Lead Agency will conduct grants to improve quality for child care providers.

- ☐ 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:

The Office of child Care and Regulatory Services is currently revising its QRIS Standards. When this process is completed, accreditation support will be considered. The Lead Agency will conduct grants to improve quality for child care providers.

- ☐ ix. Child Care Health Consultation.

Describe:

Information specific to Children's Health Insurance Program (CHIP) is shared with providers to ensure that children's health needs are met. The Office of Child Care and Regulatory Services also collaborate with the Department of Health to provide consultations to parents and providers on children's health and safety. Ongoing training on CPR, Children Safe sleep, emergency procedures in the event of a disaster, child abuse and healthy foods are provided to staff of child care facilities. And the Department of Health and the Virgin Islands Fire Service conducts annual inspections of Child Care facilities. The Lead Agency will conduct grants to improve quality for child care providers.

- ☐ x. Mental Health Consultation.

Describe:

The Virgin Islands Department of Human Services provides information specific to social-emotional/behavioral and early mental health of young children to the public through training, brochures on child development and development milestones. The Lead Agency will conduct grants to improve quality for child care providers.

- ☒ xi. Other.

Describe:

OCCRS implements a quota system to ensure that infants, toddlers, preschool, and



school age children receive priority in childcare services. The Lead Agency will conduct grants to improve quality for child care providers.

**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 does not define "areas with significant concentrations of poverty and unemployment." The US Virgin Islands consists of four small Islands with a total population of approximately 100,000 people. Small pockets of unemployment and poverty exist throughout the territory, but there is no significant concentration.

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

Unemployment and poverty are evident in small pockets of the territory. The Lead Agency will provide intensive technical assistance to providers in these areas to improve quality of care and move toward high-quality child care. Efforts are also underway to recruit these centers to participate in the VI Steps to Quality program-the Lead Agency QRIS. During the triennial period, the Lead Agency Quality Improvement Specialists will recruit providers in this area for Quality Improvement activities.

## 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)?

N/A

☐ b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

N/A

☒ 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.

N/A

☐ 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:

N/A

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. Timeline 2022

**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:

The VI State Advisory Council was not active during the time of the Market Rate Survey.

b) Local child care program administrators:

The Lead Agency consulted with Local Child Care Program Administrators to get their feedback via Public Hearings, requesting they complete Survey Forms, and feedback via written means - letters, emails, etc.

c) Local child care resource and referral agencies:

The Subsidy, Resources and Referral Unit is incorporated into the Office of Child Care and Regulatory Services . There are currently no child care resource and referral agencies in the territory.

d) Organizations representing caregivers, teachers, and directors:

a. There is no Association of Child Care Providers representing caregivers, teachers, and directors in the Virgin Islands. This group, however, was represented at public hearings by Providers of infants/toddlers, preschool, after school, and summer camp and their input was incorporated into the final plan.

e) Other. Describe:

N/A

**4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:**

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: Click or tap here to enter text.

N/A

ii. Provide complete and current data:

N/A

iii. Use rigorous data collection procedures:

There is no noticeable variation in prices or cost of child care services between the islands or in different areas of the Islands providing similar child care services.. What was observed was a similarity in the range of the cost of child care among the providers with similar services.

iv. Reflect geographic variations:

N/A

v. Analyze data in a manner that captures other relevant differences:

N/A

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

☒ No

☐ Yes.

If yes, why do you think the data represents the child care market?

N/A

#### 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:

There is no noticeable variation in prices or cost of child care services between the islands or in different areas of the Islands providing similar child care services.. What was observed was a similarity in the range of the cost of child care among the providers with similar services.

b) Type of provider. Describe:

Providers who receive CCDF funds and offer the same type of programs charge basically the same price for child care; but there are variations in prices between subsidized and non-subsidized providers.

c) Age of child. Describe:

There is variation in prices based on the age of the child. Families are charged higher prices for Infants and toddlers care. The average cost for infants and toddlers is approximately \$450, while preschool is \$400

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

*Non-CCDF Providers charge higher rates for child care services than CCDF funded Providers, and it is believed that the former have more resources which contributes to higher quality child care*

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)).
  - b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).
  - c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).
  - d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

**4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care 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. N/A

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The Market Rate Survey was placed in the Office of Child Care and Regulatory Services Offices, University of the Virgin Islands, and libraries in the Territory on 7/25/18, and on the DHS website [www.dhs.vi.gov](http://www.dhs.vi.gov) on 8/31/18.

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

The Lead Agency attached significant weight to the views and comments of stakeholders and incorporated them into the report. Stakeholders are encouraged to call the Office of Child Care and Regulatory Services, or write to the program to share their views on how it can better serve the various child care communities. Much knowledge was gleaned also from the responses to the Market Rate Survey



### 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:\$450

Full-time weekly base payment rate: Month

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

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:\$400

Full-time weekly base payment rate: month

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

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:\$400

Full-time weekly base payment rate: MONTH

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$200

Full-time weekly base payment rate: month

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

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:450

Full-time weekly base payment rate: month

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

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:400

Full-time weekly base payment rate: month

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

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: 400

Full-time weekly base payment rate: month

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

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: 200

Full-time weekly base payment rate: month

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 20

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

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 Lead Agency does not publish weekly rates.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

*Full-time care is defined as childcare services provided to children during the full hours of a program's operation which is usually between 7:30 a.m. and 5:30 p.m. Child care providers are paid in full for occasional absences resulting from local and federal holidays, child illnesses, local weather events, and for children who attend at least 85% of authorized time during the month. Part-time child care is defined as a before-school program between the hours of 3:00 p.m. - 6:00 p.m.*

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). Timeline 2022

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.

Timeline 2022

f. Provide the citation, or link, if available, to the payment rates N/A

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)).

The Lead Agency within the territory is responsible for setting payment rates.

#### 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:

☒ c. Age of child.

Describe:

Ifants and toddlers, providers are paid a higher rate than school-aged child(ren) care. Informing this decision included the smaller number of children to staff ratio necessary for quality care

☐ 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:

Add-ons are employed for providers who care for children with special needs recognizing that optimal care for the members of this community require specialized training and skills. Also considered is the need for a smaller number of children to staff ratio. A child whose physical or mental ability inhibits developmental progress and whose condition is documented by a qualified professional is considered a special needs child

- ☒ 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:

Add-on employed for infants and toddlers, providers are paid a higher rate than school-aged child(ren) care. Informing this decision included the smaller number of children to staff ratio necessary for quality care

- ☐ 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:

The VI QRIS is not currently active but will be re-started during the triennial period and is slated to offer differential rates for providers who are steps above the 1st level of licensure.

- ☐ 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.

The Lead Agency was unable to obtain the data, the lead agency will conduct a detailed MRS/ACF survey for 2022.

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.

There is no variation for setting rates.

**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).**

Currently, there is no differential in rates based on higher quality care but the Department of Human Services, Office of Child Care and Regulatory Services, participated in a QRIS pilot which is in the process of revising our QRIS standards. The state's definition is used to define quality

**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.**

Not applicable

#### 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.

Pay prospectively prior to the delivery of services not applicable in the VI

☒ ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

The Office of Child Care and Regulatory Services collaborates with the Department of Human Services' Fiscal Office and the Department of Finance to ensure providers receive payments within 21 calendar days of receipt of completed invoices. Providers are required to submit their voucher(s) for the child or children whose name appear on the vouchers along with verification of attendance and their invoices by or before the 5th day of the month following the service month. Vouchers are compiled and submitted with the requisite invoices for each provider to the Lead Agency Processing Coordinators. The Processing Coordinators ensure the Vouchers are valid and use them to validate the accuracy of the invoices submitted by all Providers. After the Processing Coordinators have completed their review and verification of the Provider invoices, the invoices are presented to the Lead Agency Administrator or Assistant Administrator along with the Vouchers for review and Management approval to proceed with forwarding the Invoices to the assigned Financial Management Officer in the Department of Human Services Fiscal Office. The target date for the submission of invoices and corresponding vouchers is by or before the 15th day of the month following the provision of services. This target time takes into account that approved St. Croix invoices and vouchers are sent via seaplane to the Fiscal Office which is located on the island of St. Thomas. Once the Invoices and Vouchers are stamped into the Lead Agency Fiscal Office, they are given to the assigned Financial Management Officer. The Financial

Management Officer then ensures all Invoices correspond to the vouchers submitted and that vouchers bear the name of children for whom payment is being requested. Once the invoices and vouchers have been verified, the Financial Management Officer enters the invoice into the Accounts Payable module of the Lead Agency's Enterprise Resource Planning (ERP) - a transparent electronic financial management system. The requests for payments entered are reviewed according to a predetermined ERP Workflow rules. The Director of the Fiscal Office and the Chief Fiscal Officer (CFO) view and approve the payments, and they are then released to the Finance Department of the central Government of the Virgin Islands. Once approved by the Finance Department Document Examiner, the payment is electronically released into the check run which occurs two times per week. Child Care Providers are set up as Vendors in the ERP. The Providers are primarily set up for Electronic Fund Transfers which guarantees their payment mostly within 24 hours of processing. Those who receive manual checks, checks are mailed out the next morning after processing. The target date for payment of all Providers is within 21 days of submission of their invoices. The Providers usually receive their payments by or before the 25th day of the month following the provision of child care services.

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.

The Virgin Islands pays Providers based on the enrollment of the child. The Provider is required to maintain an attendance report, but the Lead Agency will pay the same rate and not prorate the monthly reimbursement based on the child's attendance. However, if the child is attending less than 50% of the days during the month for a two-month period, the Provider informs the Lead Agency and Parent/Guardian is contacted for an in person meeting. The Parent/Guardian is informed that they have an additional month to correct the absences of 50% or more. If the absences continue, the child's eligibility for Child Care Subsidies will be revoked. The Lead Agency plan to pay provider for full enrollment for January, February, and March 2022.

- ☒ ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

*Not Applicable the VI pay for enrollment slot of subsidized children and not by minimum*

- ☒ iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

Not applicable

- ☒ 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.

Not Applicable

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).

The V.I. Lead Agency does not pay on a part time basis or for prorated attendance of CCDF subsidized children. Rather, the Virgin Islands pays for the enrollment slot of a child and pays the set fee regardless of attendance.

- ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

Not a practice of the Lead Agency in the Virgin Islands

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

Providers interested in participating in the CCDF subsidy program are required to provide their payment policies, rates, and schedules to the Lead Agency. If a parent appeals a payment, the Director of Subsidy/Program Administrator is notified and the situation is usually resolved promptly, depending on the nature of the dispute. Occasionally, other parties may be required to intervene to alleviate the discrepancy or dispute in a timely manner.

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:

a. The Lead Agency's Subsidy, Resource, and Referral (SR&R) Specialists provides prompt notices to parents regarding any changes to families' eligibility status through official hand delivered letters; and parents are encouraged to inform their Child Care Providers of such changes. However, the SR&R Specialists will also advise providers of the families' eligibility change as well as changes in residencies and any other eligibility modification within a short period of time via telephone calls and/or emails. If parents decide to change providers, they are required to notify the SR&R Specialists, who will inform current providers of the upcoming withdrawal. Providers will be paid for the child(ren's) enrollment for the month of care in which the child(ren) attended.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

a. The Lead Agency has various controls in place to limit inaccuracies in processing Child Care Providers payments, the process follows: 1. Providers submit their invoices and vouchers to the Lead Agency's Processing Coordinators; 2. The Processing Coordinators carefully review the invoices for accuracy and match them against the vouchers, which are signed by the parents/guardians and counter-signed by the providers; 3. After the Processing Coordinators review and certify the invoices, they

are further reviewed by the Lead Agency Administrator or Assistant Administrator, who signs his or her approval before the invoices and vouchers are forwarded to the Fiscal Department; 4. The assigned Financial Management Officer reviews the invoices in concert with the attached vouchers and ensures the billings were processed correctly; 5. If inaccuracies are flagged by the Financial Management Officer, the invoices and vouchers will be returned to the Lead Agency's Administrator for re-processing; and 6. The Administrator or his/her designee, usually the Processing Coordinator, will be assigned to contact the Providers to inform them of the mistakes and request corrections and resubmission. If Providers contend they have been paid inaccurately, the Processing Coordinator in conjunction with the Financial Management Officer reviews the payment and makes any necessary corrections.

g. Other. Describe:

Not applicable

#### 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.

Timeline 2022

#### 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: .

Although subsidized Providers rarely charges families their co-payment. The co-pay is based on a weekly income rate and family size, and there is no co-paymentrequired for educational training for very low income families.

☐ 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

N/A

☐ 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.

N/A

☐ d. Other.

Describe:

N/A

**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.

*The quality of care which is based on the availability of resources vary among providers; observation of the child care market also indicates that staffing salaries vary among providers. The Lead Agency based its decision to allow providers to charge families additional amounts above the required co-payment, primarily to ensure the availability of quality childcare services, and the additional amounts are arranged between the parent and the Provider.*

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

The Lead Agency wants families to have parental choice. Allowing providers to charge families additional amounts, promotes providers serving children who receive CCDF. Few current providers, according to the most recent MRS, charge additional amounts above the required co-payments to families. The range of these amounts is from \$15-\$75 per month per child. A discount is given to families with more than one child in the same child care center.

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.

The additional amount above the required co-payment charged by providers may be impacting the access to care for families. Providers reported challenges in receiving copayment from parents which they say is necessary due to current subsidy payment rates.



## 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:

Center-based child care must be licensed in accordance with the Virgin Islands 'rules and regulations. Center-based care means a child care facility which provides care for more than twelve (12) children between two (2) and fourteen (14) years of age for less than twenty-four (24) hours a day, whether known under some other descriptive name such as "nursery", "pre-school", "pre-kindergarten", "after school center", "drop in center", or "child development center"; and whether or not the facility is operated for profit or not.

Below is the citation:

ii. Describe the licensing requirements:

The Department is authorized to promulgate these rules and regulations under the provisions pursuant to Title 34 Virgin Islands Code, Chapter 13 Sections 381-399. A child care facility shall be operated in conformity with all applicable Federal and Territorial laws and regulations. Territorial agencies whose regulations may relate to the operation of a facility include the Fire Department, Department of Planning and Natural Resources, Police Department, Department of Labor, Department of Health and the Department of Education. A person desiring to operate a child care facility or children's camp shall file a written application with the department that meets all of the requirements stated in the application in conjunction with the required inspection forms and other documents that certify the appropriate minimum standards set by the Department. B. During the consultation process, an initial inspection of the facility will be conducted by a representative of the Department. C. Upon receipt of the Application and accompanying inspection reports from partner agencies (including but not limited to Fire, Health), the Department shall conduct its investigation of the applicant and the plan of care for children. D. The Department shall complete its investigation and render a decision on the application within ninety (90) days after receipt of the Application and accompanying reports. E. If the Department determines that the facility has reasonably satisfied all of its requirements, it shall issue a license. F. The Department may impose restrictions on the facility, including, but not limited to, the number of children to be served and the ages of children to be served. G. If a facility meets any definition of a school under the authority of the Department of Education and any definition of a child care facility under the authority of the Department of Human Services, the legal entity shall apply for approval to operate from both the Departments of Education and Human Services..

iii. Provide the citation:

Rules & Regulations for Child Care Facilities Section 1:102 Section 2 (200)

☒ b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

**Family ChildCare - a child day care facility which provides care for not less than 3 and no more than 6 children under 14 years of age for less than 24 hours a day and whether or not the facility is operated for profit.. b. means a child day care facility which provides care for 7 to 12 children under 14 years of age for less than 24 hours a day and whether or not the facility is operated for profit.**

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**Definitions([www.dhs.gov.vi/OCCRS/documents/RevisedRulesRegswithattachments.pdf](http://www.dhs.gov.vi/OCCRS/documents/RevisedRulesRegswithattachments.pdf))**

ii. Describe the licensing requirements:

The Department is authorized to promulgate these rules and regulations under the provisions pursuant to Title 34 Virgin Islands Code, Chapter 13 Sections 381-399. A child care facility shall be operated in conformity with all applicable Federal and Territorial laws and regulations. Territorial agencies whose regulations may relate to the operation of a facility include the Fire Department, Department of Planning and Natural Resources, Police Department, Department of Labor, Department of Health and the Department of Education. A person desiring to operate a child care facility or children's camp shall file a written application with the Department that meets all of the requirements stated in the application in conjunction with the required inspection forms and other documents that certify the appropriate minimum standards set by the Department. B. During the consultation process, an initial inspection of the facility will be conducted by a representative of the Department. C. Upon receipt of the Application and accompanying inspection reports from partner agencies (including but not limited to Fire, Health), the Department shall conduct its investigation of the applicant and the plan of care for children. D. The Department shall complete its investigation and render a decision on the application within ninety (90) days after receipt of the Application and accompanying reports. E. If the Department determines that the facility has reasonably satisfied all of its requirements, it shall issue a license. F. The Department may impose restrictions on the facility, including, but not limited to, the number of children to be served and the ages of children to be served. G. If a

facility meets any definition of a school under the authority of the Department of Education and any definition of a child care facility under the authority of the Department of Human Services, the legal entity shall apply for approval to operate from both the Departments of Education and Human Services

iii. Provide the citation:

Rules & Regulations for Child Care Facilities Section 3: 301

☐ c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

N/A

ii. Describe the licensing requirements:

N/A

iii. Provide the citation:

N/A

**5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.**

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

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Not applicable

ii. Provide the citation to this policy:

N/A

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

N/A

b. License-exempt family child care. Describe 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:

Not Applicable

ii. Provide the citation to this policy:

N/A

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

N/A

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.

Timeline 2022

ii. Provide the citation to this policy:

Timeline 2022

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

Not Applicable

## 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:

Infant: 0-12 months

b. Toddler. Describe:

Toddlers: 12 months - 24 months

c. Preschool. Describe:

Preschool: 2 years to 4 years old.

d. School-Age. Describe:

School-age: 5 years - 14 years old

**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:

ratio: 1 adult to 5 for infants.

B. Group size:

The group size for infants is 10

ii. Toddler

A. Ratio:

ratio for toddlers: one adult to eight children.

B. Group size:

The group size is sixteen for toddlers.

iii. Preschool

A. Ratio:

one adult to twelve children

B. Group size:

Preschool group 24

iv. School-age

A. Ratio:

ratio for school-age: 1 adult to 12 children.



**B. Group size:**

The group size for school age is 24.

**v. Mixed-Age Groups (if applicable)**

**A. Ratio:**

When there are mixed age groups in the same room, the child-staff ratio and group size shall be consistent with the age of most of the children in the group. Infants and/or toddlers (i.e. 0-36 months) are not permitted as parts of mixed older age groups.

**B. Group size:**

When there are mixed age groups in the same room, the child-staff ratio and group size shall be consistent with the age of most of the children in the group. Infants and/or toddlers (i.e. 0-36 months) are not permitted as parts of mixed older age groups.

**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.**

N/A

**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:**

When there are mixed age groups in the same room, the child-staff and group size shall be consistent with the age of most of the children in the group. Infants and/or toddlers (i.e. 0-36 months) are not permitted as parts of mixed older age groups.

**B. Group size:**

When there are mixed age groups in the same room, the child-staff and group size shall be consistent with the age of most of the children in the group. Infants and/or toddlers (i.e. 0-36 months) are not permitted as parts of mixed older age groups

**ii. Infant**

**A. Ratio:**

The ratio for infant is one adult to five children.

**B. Group size:**

The group size for infants is ten (10).

**iii. Toddler**

**A. Ratio:**

One adult to eight children

**B. Group size:**

Group size 16

**iv. Preschool**

**A. Ratio:**

1 adult 12 children

**B. Group size:**

Group size 24

**v. School-age**

**A. Ratio:**

The ratio is for school ages is 1 adult to 12 children.

**B. Group size:**

The group size for school age is 24.

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.

1 adult to 2 children, group size 2

**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:

Not applicable

B. Group size:

Not Applicable

ii. Infant (if applicable)

A. Ratio:

Not Applicable

B. Group size:

Not Applicable

iii. Toddler (if applicable)

A. Ratio:

Not Applicable

B. Group size:

Not Applicable

iv. Preschool (if applicable)

A. Ratio:

Not applicable

B. Group size:

Not applicable

v. School-age (if applicable)

A. Ratio:

Not applicable

B. Group size:

Not applicable

vi. Describe the ratio and group size requirements for license-exempt in-home care.

One adult two children

### 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:

Lead teacher must be 18 years of age and possess a minimum of a CDA, or minimum of a high school diploma or its equivalent and shall have obtained annual training of no less than twenty-four (24) clock hours of classroom instruction that include and is not limited to child facility management, a Director's institute, child development, current best practices in child care, with a minimum of one (1) hour of training in the area of "child abuse and neglect", . An Assistant Teacher must be 18 years of age, possess a

minimum of a high school diploma or its equivalent, must be under the direct supervision of a lead teacher and shall have obtained annual training of no less than twenty-four (24) clock hours of classroom instruction that include and is not limited to child facility management, a Director's institute, child development, current best practices in child care, with a minimum of one (1) hour of training in the area of "child abuse and neglect"

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:

The Director of a School Age Program:

Shall have a Bachelors' Degree in Early Childhood Education, Elementary Education, Special Education, Child Development, or a child-related field, social work, psychology, or in a specific content area related to the school age program, including, but not limited to: art, music, dance, recreation, physical education, education, home economics, business management or administration, or nutrition.

(OR)

An Associate of Arts Degree in Early Childhood Education, Elementary Education, Special Education, Child Development, or a child-related field, social work, psychology, or in a specific content area related to the school-age program, including, but not limited to: art, music, dance, recreation, physical education, education, home economics, business management or administration, or nutrition.

(OR)

A high-school diploma or GED and twenty four (24) clock hours of classroom training related to but not limited to the following areas: child development, recreation, administration/ management, school age care, special needs children, special education or specific content area of school-age program including, but not limited to: art, music, dance, recreation, physical education, home economics, nutrition or completed a Director's Institute or Credential Program in early childhood education/child development, other child-related field. No less than twelve of the twenty-four clock hours of classroom instruction must be related to child development, the education and care of children, and child abuse detection, prevention and reporting.

(AND)

A minimum of three (3) years experience working with school-age children.

6. Shall be of good moral character, attested to by at least three references from unrelated persons.

B. Professional Development Requirements for Director: Annual training of no less than twelve (12) clock hours of classroom training in child development, current best practices in child care, a Director's Institute or program management. Of the twelve required hours, a minimum of 1 (one) hour of training in the area of "child abuse and neglect" is required.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

Not applicable

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

The Applicant must be 18, not have been convicted of a felony consisting of murder, child abuse or neglect, or crimes against children.

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:

Lead teacher must be 18 years of age and possess a minimum of a CDA. An Assistant Teacher must be 18 years of age, possess a minimum of a high school diploma or its equivalent, must be under the direct supervision of a lead teacher and shall have obtained annual training of no less than twenty-four (24) clock hours of classroom instruction that include and is not limited to child facility management, a Director's institute, child development, current best practices in child care, with a minimum of one (1) hour of training in the area of "child abuse and neglect".

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:

N/A

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:

The Applicant must be 18, not have been convicted of a felony consisting of murder, child abuse or neglect, or crimes against children...

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)(I)(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)(I)(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.

Each child from ages 0-14 shall also have had a health examination and all recommended immunizations according to the American Academy of Pediatrics and the V. I. Department of Health, within sixty (60) days prior to initial admission to a facility, and at least annually thereafter. These guidelines are issued on a yearly basis typically in December or January. Head Start programs are required to meet Federal Head Start Requirements. A child health record and immunization record shall be on file at the facility and shall be renewed and updated annually when appropriate. Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to



children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. Adopted April 1, 2011 For children ages 6-14 the providers will require the following for after school programs and children's camp programs: A. Child health record B. Immunization record

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.

Currently there are no enforceable standards for FFNs for infectious disease. VI currently revising FFN standards. Timeline 2022

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.

Citation Timeline 2022

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. (doesn't this statement conflict with the 24 hours entry level requirements. Are they suppose to come in with those hours or are they required to complete 24 hours every year thereafter) VI Rules and Regulations does not stipulate the minimum number of preservice or orientation hours. However, any new full and part-time staff shall be oriented within thirty (30) days of start date on health and safety topics. (Section 608 B)./License-exempt provider training citation timeline 2022.

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?

Training requirement timeline 2022

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.

Providers receive update information and/or training regarding via email, press release published on the lead agency web page and through the licensing ang quality unit personal technical services and Department of Human Services facebook page.

### **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.

Sudden Infant Death is defined in child care regulations definition chapter as: "Sudden Infant Death Syndrome (SIDS)" means the sudden and unexpected death of an apparently healthy infant, typically occurring between the ages of 3 weeks and 5 months and not explained by an autopsy. Licensed: There are no specific standards to

safe sleep practices. ECQA has provided the Virgin Islands a safe sleep rule draft that meets CCDF requirements.

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.

Standard timeline 2022

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.

Citation timeline 2022

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. exempt) timeline April 2002. The lead agency is presently working on the pre service training, timeline for pre service 2022.

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?

Training citation timeline 2022

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.

N/A

### **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.

A. Medications and special procedures shall be administered only as follows:

1. Prescription medications shall be in the original container labeled with the child's name, a date, directions, and the physician's name. Medication shall not be administered after any stated expiration date.

2. All non-prescription medications shall be labeled with the child's name and dated. All non-prescription medication shall be administered to the child only when approved in writing by health personnel and the child's parents and in accordance with label instructions.

3. Aspirin or aspirin-containing preparations may not be administered in a child care facility without a prescription by a licensed health care provider.

B. A written log of medications administered shall be kept at the facility. Entries shall include the full name of child and full name and signature of individual instructing the facility to administer the medication with instructions, the name of the medication and the expiration date, time and amount administered as well as the full name and signature of the person who administered the medication.

C. All medications, refrigerated or un-refrigerated, shall be secured with child protective caps, shall be kept in an orderly fashion, shall be stored away from food at the proper temperature and in a container clearly labeled "FOR MEDICATION ONLY". All medication shall be inaccessible to children and shall not be used beyond the date of expiration. Medications shall be kept out of reach of children and in locked storage.

Citation: Rules and Regulations, Office of Child Care Regulatory Services,  
Department of Human Services, Section 7 (700) (702) Medications

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This standard applies to licensed day care center, family day care center and group day care center. A. Medications and special procedures shall be administered only as follows:

1. Prescription medications shall be in the original container labeled with the child's name, a date, directions, and the physician's name. Medication shall not be administered after any stated expiration date.

2. All non-prescription medications shall be labeled with the child's name and dated. All non-prescription medication shall be administered to the child only when approved in writing by health personnel and the child's parents and in accordance with label instructions.

3. Aspirin or aspirin-containing preparations may not be administered in a child care facility without a prescription by a licensed health care provider.

B. A written log of medications administered shall be kept at the facility. Entries shall include the full name of child and full name and signature of individual instructing the facility to administer the medication with instructions, the name of the medication and the expiration date, time and amount administered as well as the full name and signature of the person who administered the medication.

C. All medications, refrigerated or un-refrigerated, shall be secured with child protective

caps, shall be kept in an orderly fashion, shall be stored away from food at the proper temperature and in a container clearly labeled "FOR MEDICATION ONLY". All medication shall be inaccessible to children and shall not be used beyond the date of expiration. Medications shall be kept out of the reach of children, and in locked storage.

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.

Timeline 2022

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.

Rules and Regulations, Office of Child Care Regulatory Services, Department of Human Services, Section 7 (700) (702) Medications Page 28

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. exempt) timeline April 2002. The lead agency is presently working on the pre service training, timeline for pre service 2022.

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?

N/A

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.

N/A

#### 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.

The facility shall have a written emergency plan outlining procedure for reporting and **managing incidents or unusual occurrences that are threatening to**

**the health, safety, or welfare of the children** and/or staff. The facility shall also include procedures for ongoing staff training on this emergency plan. The following incidents, at a minimum, shall be addressed in the emergency plan.

1. Lost or missing child.
2. Sexual or verbal or physical abuse or neglect of a child (as mandated by the V. I. Code).
3. Injuries requiring medical, psychological or dental care.
4. Serious illness requiring hospitalization, death of a child enrolled in the facility, or death of a caregiver, including deaths that occur outside of child care hours.

(a) Procedure for a caregiver to accompany a child to emergency care services and remain with the child until the parent or legal guardian assumes responsibility for the child; and provision for a

backup caregiver or substitute to make this feasible. Child/staff ratios must be maintained at the facility during the emergency.

(b) How to access emergency medical care - a hospital emergency room, clinic, or other constantly staffed facility known to caregivers and acceptable to parents.

(c) Procedure for re-supply of first aid kits following each first aid incident, and maintenance of required contents in a serviceable condition, by a periodic review of the contents.

(d) A plan for rapid response to choking, including posting of a chart near feeding areas showing choking response procedures for infants and young 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.

Standard timeline 2022

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.

The Lead Agency standard and citation for monitoring for food allergic will be completed in 2022.

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. exempt) timeline April 2002. The lead agency is presently working on the pre service training, timeline for pre service 2022.



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?

Timeline for training requirement 2022

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.

N/A

### **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.

A. Facilities shall be in compliance with the Virgin Islands Building Code, the Virgin Islands Zoning and Subdivision Law, and any and all other laws and regulations concerning land use and building standards.

The Child care Facility shall have an approved annual sanitation inspection by the

Division of Environmental Health of the Department of Health. The health permit from the Department of Health shall be prominently displayed in the facility at all times.

B. All rooms used by children shall be cooled, and ventilated to maintain comfortable temperatures, humidity, and air exchange and to avoid accumulation of objectionable odors and harmful fumes. There shall be adequate light and ventilation in all areas of the center. Fixtures shall be shaded.

The structure of the facility shall permit children fast and safe exit in case of an emergency consistent with the evacuation plan.

1. Only the ground floor level of any building shall be occupied by children.
2. The facility must have a minimum of two (2) exits to the outside, located on different sides of the building. Exits must be kept free and clear of objects, debris, and other impediments at all times.
3. Exterior doors shall be a minimum of thirty-six (36) inches wide, and shall open outwardly, in direction of travel. Door openings shall be maintained to be easily opened from the inside .
- 4 . At least one (1) egress (exit) window that readily opens in case of emergency shall be required in each room occupied by children .

#### **804 Safety**

A. The buildings, grounds, and equipment shall be properly repaired and maintained to

protect the health and safety of the children.

- I. Facilities shall be supplied with electric service that meets the basic requirements set forth in the V. I. Code.
2. All electric cords and appliances must be in safe working condition and must be UL approved. All wiring and electrical fixtures must be approved by fire inspectors. All electrical outlets accessible to children shall have electrical outlet safety covers.
3. Electric fans, if used, shall be mounted high on the wall or ceiling or shall be guarded to limit the size of the opening in the blade guard to less than a half ( ½) inch. Electric fans shall not be hung below light fixtures.
4. No window air conditioners shall be installed where children can reach working parts. Where 220-volt window unit connections are within

children's reach, a screen or guard shall protect the connection.

5. Gas appliances shall have metal tubing and connections, unless otherwise approved by the fire inspectors.

6. Stairs and porches shall have railings (to prevent injuries) the children can reach. Railings and other wooden structures shall be free of splinters.

Stairs shall be in compliance with DPNR regulations.

7. Garbage cans shall be covered at all times.

8. Combustible materials shall be kept away from light bulbs and other heat sources. Toxic substances, both indoors and out, shall not be accessible to children. All chemicals used inside or outside shall be stored in their original containers in a safe and secure manner, accessible only to authorized staff. They shall be used only according to the manufacturer's instructions, and in a manner that will not contaminate play surfaces or articles. When not in use, such materials shall be kept in a place inaccessible to children and separate from stored medications and food. (The Environmental Protection Agency has a list of restricted chemicals unsuitable for use in a child care environment.)

1. All toxic pesticides shall be applied by a licensed exterminator in a manner approved by the Environmental Protection Agency. Application shall be directly observed by a member of the child care staff to be sure toxic chemicals applied on surfaces do not constitute a hazard to the children and staff. No pesticide shall be applied while children are present.

2. No restricted-use pesticide shall be stored on the premises and can only be applied by properly licensed persons. Only a licensed person shall be authorized to use pesticides.

3. Chlorine products shall never be combined with ammonium compounds, as they produce a poisonous gas when mixed together.

D. Glass doors must be properly marked to prevent accidents and injuries.

E. The facility shall not have any firearms, pellet or BB guns (loaded or unloaded), darts, or cap pistols within the premises at any time.

F. Matches and lighters shall be stored in a location that is inaccessible to children.

G. Gasoline and similar flammable materials shall be stored away from the children in a separate building.

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.

Standards timeline 2022

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.

Timeline 2022

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. exempt) timeline April 2002. The lead agency is presently working on the pre service training, timeline for pre service 2022.

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?

Timeline 2022

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.

N/A

### 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.

A. Discipline and guidance shall be consistent, shall be based on an understanding of individual needs and development, and shall promote self-discipline and acceptable behavior.

B. No child shall be subject to corporal punishment, verbal abuse, ridicule, or threats. Punishment shall not be associated with food, naps, or toilet training.

C. Children shall not be punished for toilet accidents or bed-wetting.

D. Children shall not be placed in a locked room without adult supervision. When a child is removed from the group for disciplinary reasons, he/she must never be out of sight of a staff member.

E. Children shall not be humiliated or subjected to abusive or profane language. Staff shall not make derogatory remarks about the children or their family members.

**F. Infants and toddlers must never be shaken under any circumstances.**

Caregivers

shall avoid picking up infants and toddlers by their hands or feet or in any inappropriate manner.

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.

Standards timeline 2022

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.

Health & Safety licensed standards, Citation: Rules & Regulations manual page 49.

Timeline for the license-exempt Health & Safety citation 2022.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. exempt) timeline April 2002. The lead agency is presently working on the pre service training, timeline for pre service 2022.

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?

N/A

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.

N/A

**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.

A. In case of danger from fire, the first responsibility of the operator and staff of the facility shall be the evacuation of the children.

B. All facilities must have a certificate indicating that it meets Fire Service Regulations and has passed annual inspections including having required fire extinguishers on site (see appendix for current regulations).

C. An emergency evacuation plan, which has been approved by the Fire Service, must be posted. Staff members shall be instructed in emergency procedures by Fire Services personnel. Emergency drills shall be held monthly at unexpected times. Centers shall document all emergency drills and all such documentation

shall be submitted with license renewal application.

1. The facility shall have a written procedure for reporting and responding to fire, flood, tornado, earthquake, hurricane, power failure, or other disaster that could create structural damages to the facility or pose health hazards. The facility shall also include procedures for staff training on this emergency plan.

2. The director or designee shall use a daily roster to check the evacuation and return to a safe indoor space, all children in attendance during an evacuation drill.

D. The facility shall have a written emergency plan outlining procedures for reporting and managing incidents or unusual occurrences that are threatening to the health, safety, or welfare of the children and/or staff. The facility shall also include procedures for ongoing staff training on this emergency plan. The following incidents, at a minimum, shall be addressed in the emergency plan.

1. Lost or missing child.

2. Sexual or verbal or physical abuse or neglect of a child (as mandated by the V. I. Code).

3. Injuries requiring medical, psychological or dental care.

4. Serious illness requiring hospitalization, death of a child enrolled in the facility, or death of a caregiver, including deaths that occur outside of child care hours.

(a) Procedure for a caregiver to accompany a child to emergency care services and remain with the child until the parent or legal guardian assumes responsibility for the child; and provision for a backup caregiver or substitute to make this feasible. Child/staff ratios must be maintained at the facility during the emergency.

(b) How to access emergency medical care - a hospital emergency room, clinic, or other constantly staffed facility known to caregivers and acceptable to parents.

(c) Procedure for re-supply of first aid kits following each first aid incident, and maintenance of required contents in a serviceable condition, by a periodic review of the contents.

(d) A plan for rapid response to choking, including posting of a chart near feeding areas showing choking response procedures for infants and young children.

E. Facilities providing services to children with special needs shall have a written



plan for emergency, medical backup, medical procedures and training of staff. This plan shall describe situations that may arise due to the child's condition and the appropriate procedures to be used with the child while he/she is in the care of the caregiver.

F. Smoke detectors shall be required and installed as specified by the V. I. Fire Code.

1. Smoke detectors installed shall be tested monthly and the batteries shall be replaced annually.

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.

Standard timeline 2022

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.

N/A

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. exempt) timeline April 2002. The lead agency is presently working on the pre service training, timeline for pre service 2022.

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?

N/A

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.

N/A

### **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.

A. The Child care Facility shall have an approved annual sanitation inspection by the Division of Environmental Health of the Department of Health. The health permit from the Department of Health shall be prominently displayed in the facility at all times.

AA. Spills of body fluids (i.e., urine, feces, saliva, nasal discharge, eye discharge, and injury or tissue discharges) shall be immediately cleaned and disinfected. Gloves shall be used in these situations unless the amount of body fluid is so small that the material used for cleaning can easily contain it. If disposable gloves are used, they must be discarded immediately and hands washed. Gloves shall be used at all

times in the presence of blood and shall be sanitized, washed, and dried after every use.

1. Mops shall be cleaned, rinsed in sanitizing solution, and then wrung as dry as possible and hung to dry.

2. Blood-contaminated material and diapers shall be disposed of in a special biohazard labeled plastic bag with a secure tie, and moved to the outside garbage receptable.

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.

Standards timeline 2022

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.

N/A

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. exempt) timeline April 2002. The lead agency is presently working on the pre service training, timeline for pre service 2022.

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?

N/A

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.

N/A

### 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.

If a facility arranges for or provides transportation to or from the facility, or on field trips

or excursions, the following rules shall apply:

A. Any driver shall operate the vehicle consistent with V.I. law and with the rules and regulations prescribed by the Department of Public Safety, including, but not limited

to, a current V.I. driver's license that authorizes the driver to operate the vehicle driven.

B. Children shall be loaded and unloaded at the curbside of the vehicle or in a protected parking area or driveway.

- C. A first aid kit shall be in all vehicles transporting children.
- D. Children shall not be transported in the open back of a truck regardless of age.
- E. Children over the age of ten (10) are permitted to ride in a safari with adult supervision. Children ages 0-10 shall not be transported in a safari.
- F. When children are driven in a motor vehicle other than a bus or school bus operated by a common carrier, the following shall apply:
  - 1. A child may be transported only if the child is fastened in an approved safety seat, seat belt, or child safety seat appropriate to the child's weight and height and the restraint is installed and used in accordance with the manufacturer's instructions. Each child must have an individual seat belt.
  - 2. A child under the age of 4 shall be transported only if the child is securely fastened in a child passenger restraint system that meets the federal motor vehicle safety standards and the V. I. Code.
- G. The drivers, vehicles, and passengers shall be adequately insured at all times.
- H. Child/staff ratios established for out-of-home child care shall be maintained during all transportation provided for or arranged by the facility. No child of any age shall be left unattended in a vehicle.
- I. Vehicles shall accommodate the placement of wheelchairs, if necessary, with four (4) tie-downs affixed according to manufacturer's instructions. Wheelchair occupants shall be secured by the wheelchair-restraining belt during transport .
- J. Drivers shall not have used alcohol or illegal drugs within twelve (12) hours prior to transporting children . Drivers shall ensure that prescription drugs will not impair their ability to drive. The center director shall require alcohol and drug testing when noncompliance is suspected.

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.

Standards timeline 2022

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.

N/A

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. exempt) timeline April 2002. The lead agency is presently working on the pre service training, timeline for pre service 2022.

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?

N/A

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.

N/A

### 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 staff working with children shall receive training in Pediatric First Aid and certified in Child CPR, including management of a blocked airway and rescue breathing.

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.

Standards timeline 2022

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.

N/A

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. exempt) timeline April 2002. The lead agency is presently working on the pre service training, timeline for pre service 2022.

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?

N/A

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.

N/A

**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.

All the operators, directors, owners, and employees and staff of Child Care Facilities must comply with the reporting requirements of the Virgin Islands Child Abuse and Neglect Law, 5 V.I.C. Sections 2532 to 2554 which mandates that; A. When any operator, director, owner or employee of a day care center has reasonable cause to suspect that a child has been subjected to physical abuse, sexual abuse, or neglect,



or observes the child being subjected to conditions or circumstances that would reasonably result in abuse or neglect, he or she shall immediately report it to the Department of Human Services, Office of Intake & Emergency Referral. B. In the case where an employee is required to make a report under subsection (a), the employee shall notify the operator of the known or suspected abuse/neglect and the operator shall also be responsible to make a report to the Department of Human Services, Office of Intake & Emergency Referral. 1. Name and address of child, his/her parents or person responsible for his/her care; 2. Child's age and sex; 3. Nature and extent of the child's injuries, abuse or neglect; 4. Name and address, if known, of person responsible for the injuries, abuse or neglect; 5. Family composition, if known; 6. Source of the report, including the name, occupation, and address of the person(s) making the report; and 7. Dates of observation; 8. Any other pertinent information that the person making the report believes may further the purpose of the Virgin Islands Child Abuse and Neglect Law. D. In accordance with the law, any person required to report a case of known or suspected child abuse, sexual abuse or neglect, who knowingly fails to do so, shall be guilty of a misdemeanor and shall be fined no more than five hundred dollars (\$500.00) or imprisoned for not more than one year or both.

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.

Standard timeline 2022

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.

N/A

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6.

environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. exempt) timeline April 2002. The lead agency is presently working on the pre service training, timeline for pre service 2022.

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?

N/A

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.

N/A

**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

N/A

ii. Please enter 'NA' below

N/A

iii. Please enter 'NA' below

N/A

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

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. exempt) timeline April 2002. The lead agency is presently working on the pre service training, timeline for pre service 2022.

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?

Training timeline 2022

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.

N/A

**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:**

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. exempt) timeline April 2002. The lead agency is presently working on the pre service training, timeline for pre service 2022.

**b. License-exempt child care centers:**

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. exempt) timeline April 2002. The lead agency is presently working on the pre service training, timeline for pre service 2022.

c. Licensed family child care homes:

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility

d. License-exempt family child care homes:

Timeline 2022

e.Regulated or registered In-home child care:

N/A

f. Non-regulated or registered in-home child care:

Timeline 2022

**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:

A. The food preparation area of the kitchen shall be separate from the eating, play, toilet, and bathroom areas and from areas where animals are kept, and shall not be used as a passageway while food is being prepared. Food preparation areas shall be separated from areas used by the children for activities unrelated to food by a door, gate, counter, or room divider.

All kitchen equipment shall be cleaned, in good operable condition, and shall be properly maintained.

C. No worker who has signs or symptoms of illness shall be responsible for food handling.

Food preparation by workers with open or infected injuries shall not be allowed.

D. Food from dented, rusted, bulging, or leaking cans, and food from cans without labels shall not be used.

E. Raw and un-pasteurized milk and its products shall not be given to children or used in the preparation of meals.

F. Meat, fish, poultry, milk, and egg products shall be refrigerated according to standards.

G. Staff members who are responsible for changing diapers shall prepare or serve food only after thoroughly washing their hands. Caregivers who prepare food shall practice careful hand washing before handling food, including infant bottles of formula or breast milk.

H. Written policies about infant feeding shall be developed with the input and approval of a child's parent or guardian and shall include the following:

1. Storage and handling of expressed breast milk;

2. Determination of the kind and amount of commercially prepared formula to be prepared for infant consistent with direction on can or bottle;

3. Preparation, storage, and handling of formula;

4. Use and proper disinfecting of feeding chairs and of mechanical food preparation and feeding devices, including blenders, feeding bottles, and food warmers;

5. Whether formula or baby food shall be provided from home, and if so, how such food will be transported, stored, and handled;

6. A prohibition against bottle propping or forced feeding;

7. A prohibition against allowing children to have their bottles at times other than when they are held or while seated for feeding;

8. No more than two (2) children shall be fed by an adult at one time. Eating utensils or food from one plate shall not be shared between children;

9. Handling of food intolerance or allergies;

10. Responding to infants' need for food in a flexible fashion to approximate

11. Only cleaned and disinfected bottles and nipples shall be used. All filled bottles of breast milk or formula shall be refrigerated until ready to use.

Any contents remaining after a feeding shall be discarded. Prepared bottles of formula shall be refrigerated, and shall be discarded after 24 hours if not used. An open container of formula shall be covered, refrigerated, and discarded after forty-eight (48) hours if not used. Unused

expressed breast milk shall be discarded after twenty-four (24) hours if refrigerated or after two (2) weeks if frozen. Bottles of breast milk and formula shall be dated. When there is more than one bottle-fed infant, all bottles shall be labeled with the child's name. All formula and breast milk shall be used only for that intended child.

12. If breast milk or formula is to be warmed, bottles shall be placed in a pan of hot (not boiling) water for five (5) minutes, after which the bottle shall be shaken well and the milk temperature tested before feeding. Bottles of formula or breast milk shall never be warmed in a microwave oven.

13. For infants, all foods should be pureed or mashed softly.

I. All facilities providing meals shall follow the meal pattern and nutrition guidelines according to the Department of Agriculture's New Food Pyramid.

J. Children who are at the facility for four (4) to six (6) hours shall have at least one (1) meal and one (1) snack that meets one-third of the Recommended Dietary Allowance appropriate to their age.

K. Children who spend eight (8) or more hours at the facility shall have at least two (2), meals and one snack that meet two-thirds of the Recommended Dietary Allowance appropriate for their age.

L. Breakfast shall be served at least two and one half hours before lunch, and snacks shall be served at least one and one half hours before the following meal. Servings should be small in accordance with the recommended meal patterns, and second servings shall be allowed if desired.

M. Nutritious meals and snacks should be prepared that are high in nutrients, low in sugar, salt, and fat.

N. All children just learning to feed themselves shall be supervised by an adult who is seated at the same table or adjacent to the child's feeding chair.

O. Foods that are round, hard, small, thick and sticky, smooth, or slippery shall not be offered to children less than four (4) years of age. To avoid choking or other injuries, the following food should be avoided. Examples of such foods include, but are not limited to: hot dogs (sliced into rounds), whole grapes, hard candy, nuts, seeds, raw peas, dried fruit, pretzels, chips, peanuts, popcorn, marshmallows, spoonfuls of peanut butter, and large pieces of meat (non bite sizes).

P. Fruit drinks and beverages made from fruit-flavored powders and high fructose corn syrups shall not be substituted for juices. Foods shall be prepared so that they are easy to chew. Bones shall be removed from fish, chicken, and meat.

Q. For toddlers, foods shall be cut up in small pieces no larger than ¼ inch cubes.

### **1002 Meals Provided by Parents**

A. Meals may be provided by the parent(s) upon agreement between the parent(s) and the facility director or staff. However, in the event of such an agreement, for children who are no longer on formulas or special diets, the care provider shall encourage parent(s) to provide nutritious snacks and meals.

B. Parents shall not be permitted to bring uncooked meat (chicken, beef, fish, pork or goat) or eggs to the facility to be served to a child. All foods in the lunch container shall be properly stored prepared items.

C. All lunch containers shall be labeled with the child's name.

D. The facility must have a means for providing a nutritious meal to a child whose parent(s) fail to send a nutritionally adequate lunch.

### **1003 Storage of Foods**

A. Storage areas shall be kept clean and dry. The "First-In, First-Out" rotation method shall be utilized .

B. Food in dry storage shall be protected from insects, rodents, and the elements. No food shall be stored or placed on the ground. All food shall be stored in an appropriate container and shall be tightly covered. Non-food items, especially cleaning supplies, must not be stored in the same space or in the vicinity of food.

C. Refrigerated food must be properly labeled and stored. Refrigerators must be maintained at 40 degrees Fahrenheit and freezers at 0 degrees Fahrenheit.

### **1004 Source of Food**

Food must be procured from food sources that maintain a valid Virgin Islands Health Permit and business license.

### **1005 Menus**

Menus shall be developed according to the recommendations and guidelines from the U.S. Department of Agriculture New Food Pyramid, and shall be posted in a conspicuous place in the facility.

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3.health, 4. safety, 5. **nutrition**, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility



☐ b. Access to physical activity:

Describe:

C. There must be daily indoor and outdoor periods, weather permitting, which provide for:

1. Alternating active and quiet activities; and
2. Opportunities for individual, small, and large group activities.

AND:

B. Indoor and outdoor equipment and materials shall be provided that are appropriate to developmental needs, individual interests, and ages of the children. Equipment for infants shall include mobiles, soft toys, and other appropriate toys to stimulate infant development.

☐ c. Caring for children with special needs:

Describe:

Early childhood program in facilities are considered public accommodations and must comply with the Americans with Disabilities Act (ADA) rules effective January 26, 1992. A. All child care facilities are prohibited from discriminating against any child because of a disability or type of disability. B. A child's enrollment may be terminated if the child's participation poses a significant risk to the health and safety of the other children in care. C. Program fees cannot discriminate against children with disabilities. D. When a child with special needs is admitted, the staff is encouraged to consult with the child's parents, the child's source of professional health care, or where appropriate, other health and professional consultants. If a child has an IFSP (Individual Family Service Plan) or IEP (Individualized Educational Program) and the family has shared it with staff, staff should use that information to plan to meet the individual needs of the child while he/she is at the facility. E. Staff of the facility shall seek training in the appropriate plan of care according to the child's needs, potential for growth and development. F. Where the nature of the special need, or the number of children with special needs warrants added care, the facility shall add sufficient staff and equipment as necessary to meet the child's needs and comply with the staff/child ratio. G. When child care facilities enroll children with special needs, the director shall ensure that staff members have been oriented in understanding children with special

needs and in ways of working with children with special needs in group settings. H. Medical information provided by the child's health care provider must be available to caregivers so that they can plan appropriately for children with special needs. Protocols for handling medical emergencies must be created, with input from the child's health care provider and parents, and all staff that interact with children on a regular basis must be trained, so that, in case of emergencies, staff are equipped to respond appropriately. This includes children with seizure disorders, asthma, diabetes, feeding tubes, and other chronic conditions or procedures. I. Staff shall denote the type and frequency of observed seizures and other emergency treatments in the child's record. Parents shall be notified of any changes in behavior or treatments given related to the child's medical condition. J. If the director or staff has a concern about a child's development, after consultation with and with prior consent from the parent/guardian, a referral for evaluation shall be made to the appropriate agency, i.e., the Department of Health Infants and Toddlers Program or the Department of Education Early Childhood Special Education Program. K. Children with disabilities shall be included in all activities with appropriate accommodations, modifications and support. L. The operator shall permit professionals who provide specialized services to a child with special needs to provide those services on the facility premises as specified in the child's IEP, IFSP, or written behavioral plan. Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility.

- ☐ **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 program of the facility shall meet the basic developmental needs of the children enrolled. There shall be a written plan of daily activities which reflects the ages, interests, and abilities of the children. Caregivers shall provide: 1. Opportunities for each child to develop a personal and affectionate relationship with a small number of caregivers. Caregivers' responsiveness to each child should ensure relief from distress, offering experiences of comfort and social interaction. Caregivers shall: a. Hold and comfort the child who is upset; b. Engage in social interchanges such as

smiling, talking, and touching; and c. Be play partners as well as protectors. d. Limit exposure to television and videos which shall not exceed five (5) hours per week and shall be: (1) in the presence of staff; (2) educational; and (3) appropriately rated for viewing by children. Age appropriate alternatives shall be available. 2. Space, engaging materials, and indoor and outdoor equipment arranged to support learning and optimize: a. Opportunities for the child to act upon the environment; to confront new opportunities; to learn to manage inner feelings; to develop inner resources; and to manage occurrences and demands of the outer world. b. Opportunities for play that serve to reduce anxiety and to help each child adapt to reality, resolve conflicts, and construct knowledge and systems of symbols. c. Opportunities for children to observe, explore, make mistakes and find solutions, and move from the concrete to the abstract in learning. 3. Opportunities for children to develop and practice language skills and build vocabulary, thereby setting the foundation for literacy. 4. A cooperative rather than a competitive atmosphere. There shall be encouragement of verbal skills and attentiveness to the needs of individuals and the group as a whole. 5. Developmentally appropriate practices based on an understanding of the developmental characteristics of birth to six (6) years, individual developmental needs, and the cultural contexts in which each child is developing. Caregivers shall support children's developing independence, social competence, and increasing ability to adapt to their environment and cope with stress. B. Children shall be supervised at all times. C. There must be daily indoor and outdoor periods, weather permitting, which provide for: 1. Alternating active and quiet activities; and 2. Opportunities for individual, small, and large group activities. D. A quiet time to encourage a relaxed and friendly atmosphere shall be provided before mealtimes during which quiet conversation is encouraged. E. Physical care routines appropriate to the developmental needs of the child shall include a supervised nap for children less than five (5) years who remain at the facility for more than four (4) hours. Children who are at the facility for less than four (4) hours shall be granted a rest period if desired. F. Infants and toddlers should have opportunities to explore their environment and develop their physical and loco motor skills. Children should only be in cribs or playpens when sleeping. G. The children's safety shall be ensured on field trips or excursions. Children shall be accounted for before, during, and after field trips or excursions. H. Adequate adult supervision that is consistent with child/staff ratios defined in 901. Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues

related to children with 1. disabilities, 2. child abuse, 3.health, 4. safety, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility. [\[Lewis, Kr1\]](#)

**[\[Lewis, Kr1\]](#) Program and Activities**

A. The program of the facility shall meet the basic developmental needs of the children enrolled. There shall be a written plan of daily activities which reflects the ages, interests, and abilities of the children. Caregivers shall provide:

1. Opportunities for each child to develop a personal and affectionate relationship with a small number of caregivers. Caregivers' responsiveness to each child should ensure relief from distress, offering experiences of comfort and social interaction . Caregivers shall :
    - a. Hold and comfort the child who is upset;
    - b. Engage in social interchanges such as smiling, talking, and touching; and
    - c. Be play partners as well as protectors.
    - d. Limit exposure to television and videos which shall not exceed five (5) hours per week and shall be: (1) in the presence of staff; (2) educational; and (3) appropriately rated for viewing by children. Age appropriate alternatives shall be available.
  2. Space, engaging materials, and indoor and outdoor equipment arranged to support learning and optimize:
    - a. Opportunities for the child to act upon the environment; to confront new opportunities; to learn to manage inner feelings; to develop inner resources; and to manage occurrences and demands of the outer world.
    - b. Opportunities for play that serve to reduce anxiety and to help each child adapt to reality, resolve conflicts, and construct knowledge and systems of symbols.
    - c. Opportunities for children to observe, explore, make mistakes and find solutions, and move from the concrete to the abstract in learning.
  3. Opportunities for children to develop and practice language skills and build vocabulary, thereby setting the foundation for literacy.
  4. A cooperative rather than a competitive atmosphere. There shall be encouragement of verbal skills and attentiveness to the needs of individuals and the group as a whole.
  5. Developmentally appropriate practices based on an understanding of the developmental characteristics of birth to six (6) years, individual developmental needs, and the cultural contexts in which each child is developing. Caregivers shall support children's developing independence, social competence, and increasing ability to adapt to their environment and cope with stress.
- B. Children shall be supervised at all times.
- C. There must be daily indoor and outdoor periods, weather permitting, which provide for:
1. Alternating active and quiet activities; and
  2. Opportunities for individual, small, and large group activities.

- D. A quiet time to encourage a relaxed and friendly atmosphere shall be provided before mealtimes during which quiet conversation is encouraged.
- E. Physical care routines appropriate to the developmental needs of the child shall include a supervised nap for children less than five (5) years who remain at the facility for more than four (4) hours. Children who are at the facility for less than four (4) hours shall be granted a rest period if desired.
- F. Infants and toddlers should have opportunities to explore their environment and develop their physical and loco motor skills. Children should only be in cribs or playpens when sleeping .
- G. The children's safety shall be ensured on field trips or excursions. Children shall be accounted for before, during, and after field trips or excursions.
- H. Adequate adult supervision that is consistent with child/staff ratios defined in 901.

Annually a minimum of fifteen (15) clock hours of classroom training in the field of child development, developmentally appropriate practices, and issues related to children with 1. disabilities, 2. child abuse, 3. **health**, 4. **safety**, 5. nutrition, 6. environmental issues and/or related areas shall be provided for staff each year. A written description of such training shall be kept on file at the facility.

## **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.

The Virgin Islands Rules and Regulations provide the following guidelines and procedures to

ensure CCDF providers comply with all applicable State and local health and safety requirements.

Section 308 Denial or Revocation

- A. If the Department finds that a facility does not comply with the provisions of the Act, the Department's rules and regulations, or the specific terms of a license or Certificate of Approval, it must deny or revoke the license or certification of approval.
- B. The Department shall provide written notice of the reasons for the denial or revocation and the rights of appeal within twenty (20) days and must state in the notification the reasons for denial or revocation.
- C. The Department's Hearings & Appeals Office shall hear the appeal within four (4) weeks of the notice of appeal and shall render its decision within thirty (30) days after the hearing. The Hearing Officer shall notify the person of the decision by certified mail.
- D. Within twenty (20) days after receipt of the decision from the Hearings & Appeals Office, the person whose license has been denied or revoked may challenge the decision by filing a suit in the Superior Court of the Virgin Islands.
- E. On request by a person challenging a Department decision in a court suit, the Department shall provide a copy of the transcript of the hearing, at the expense. Records of the hearing shall be kept for one (1) year after a final decision is rendered.
- F. A facility may remain open during an appeal of the denial or revocation of its license unless the Department uses the procedures to close the facility set forth in the Act.

#### Section 309 Penalties

##### Civil Penalties

1.

Any person who violates any provision of the Act, the Department rules and regulations, or any standard of the Department that threatens serious harm to the children in the facility is subject to a civil penalty.

2.

Any person who violates any provision of this Chapter or rule, regulation, or standard of the Department three or more times within a period of a year is subject to a civil penalty.

#### Section 501 Responsibility for Compliance with Rules and Regulations

Every facility shall have an operator or director who shall be liable for operating the facility in compliance with these Rules and Regulations and all applicable laws of the Virgin Islands. Should the owner or owners of a facility be different from the operator or director, the owner or owners shall be jointly and generally liable for operating the facility.

#### Section 503 Availability of Rules

At least one complete copy of the Rules and Regulations shall be available at the facility for review by parents, staff, and other persons.

#### Section 506 (D) Child Abuse or Neglect Mandatory Reporting Requirements

In accordance with the law, any person required to report a case of known or suspected child abuse, sexual abuse or neglect, who knowingly fails to do so, shall be guilty of a misdemeanor and shall be fined no more than five hundred dollars (\$500.00) or imprisoned for not more than one year or both.

#### Section 507 Discrimination Prohibited

In accordance with the Federal law, Child Care Facilities shall not discriminate against any child, employee, or other person on the basis of race, creed, color, national origin, citizenship, or disability.

#### **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.**

1.

An authorized representative of the Department may visit a child day care facility during the hours of operation for purpose of investigation, inspection, and evaluation.

2.

The Department shall inspect all facilities licensed or certified by the Department at least twice a year and may inspect other facilities as necessary. At least one of the yearly visits must be unannounced, and all may be unannounced.

3.

The Department may call on government agencies for appropriate assistance within their authorized fields.

#### **c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.**

1.

An authorized representative of the Department may visit a child day care facility during the hours of operation for purpose of investigation, inspection, and evaluation.

2.

The Department shall inspect all facilities licensed or certified by the Department at least twice a year and may inspect other facilities as necessary. At least one of the yearly visits must be unannounced, and all may be unannounced.

3.

The Department may call on government agencies for appropriate assistance within their

authorized fields.

#### 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.

Prior to determining licensure, all prospective child care facilities are subjected to pre-licensure investigation/inspections by the agency. The Department shall complete its investigation and render a decision on the application within ninety (90) days to determine if the facility has reasonably satisfied all of its requirements. The facility also receives inspections from partner agencies to include, the Department of Planning and Natural Resources (DPNR), which verifies the condition of the building, Division of Environmental Health, which verifies the facility meets regulatory standards, and the Virgin Islands Fire Services, who verifies fire safety codes and regulations are in compliance.



ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

An authorized representative of the Department may visit a child day care facility during the hours of operation for purpose of investigation, inspection, and evaluation.

2.

The Department shall inspect all facilities licensed or certified by the Department at least twice a year and may inspect other facilities as necessary. At least one of the yearly visits must be unannounced, and all may be unannounced.

3.

The Department may call on government agencies for appropriate assistance within their authorized fields

iii. Identify the frequency of unannounced inspections:



A. Once a year



B. More than once a year

Describe:

The Department shall inspect all facilities licensed or certified by the Department at least twice a year and may inspect other facilities as necessary. At least one of the yearly visits must be unannounced, and all may be unannounced. Additionally, child care facilities are inspected annually by partner agencies to include, the Virgin Islands Fire Service and the Division of Environmental Health.

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.

C urrently, the agency has no established policies on differential monitoring.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

Virgin Islands Code, TITLE THIRTY-FOUR, Welfare, Chapter 13, Child Day Care Facility Licensure, Subchapters 381-399, Statute Governing Child Care Facilities in the Virgin Islands.

### 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

Prior to determining licensure, all prospective child care facilities are subjected to pre-licensure investigation/inspections by the agency. The Department shall complete its investigation and render a decision on the application within ninety (90) days to determine if the facility has reasonably satisfied all of its requirements. The facility also receives inspections from partner agencies to include, the Department of Planning and Natural Resources (DPNR), which verifies the condition of the building, Division of Environmental Health, which verifies the facility meets regulatory standards, and the Virgin Islands Fire Services, who verifies fire safety codes and regulations are in compliance.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

An authorized representative of the Department may visit a child day care facility

during the hours of operation for purpose of investigation, inspection, and evaluation.

2.

The Department shall inspect all facilities licensed or certified by the Department at least twice a year and may inspect other facilities as necessary. At least one of the yearly visits must be unannounced, and all may be unannounced.

3.

The Department may call on government agencies for appropriate assistance within their authorized fields

iii. Identify the frequency of unannounced inspections:



A. Once a year



B. More than once a year

Describe:

Currently, the agency has no established policies on differential monitoring.

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.

Differential monitoring - Currently, the agency has no established policies on differential monitoring.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Currently, the agency has no established policies on differential monitoring.

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time

(658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

☒ No (Skip to 5.4.3 (a)).

☐ Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

N/A

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

N/A

C. Identify the frequency of unannounced inspections:

☐ 1. Once a year

☐ 2. More than once a year

Describe:

N/A

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

N/A

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

N/A

#### **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.

Not applicable for the VI

i. Provide the citation(s) for this policy or procedure

N/A

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.

Not applicable for the VI

i. Provide the citation(s) for this policy or procedure

N/A

#### **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.

Providers receive an initial announced inspection as well as one additional inspection

annually

b. Provide the citation(s) for this policy or procedure.

A Informal care home and inspection & interview checklist is used for the initial inspection. A citation will be design for the Rules and regulation by 2022.

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

The Office of Child Care and Regulatory Services-Licensing Unit is responsible for the annual inspections of Family, Friends and Neighbors (FFNs).

#### **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 Office of Child Care and Regulatory Services (OCCRS) recruits and hires qualified individuals to assume the position of Licensing Specialists in collaboration with the Department of Human Services (DHS) Human Resources, Labour Relations, and Payroll. The Government of the Virgin Islands Licensing Specialist position job description requirement includes a B.A. Degree in Early childhood Education, Social Services, or related field with two years of experience. Applicants who do not meet the educational requirements may substitute experience on a year by year ratio, or a minimum of three(3) years of experience as a licensing assistant, with a recommendation for promotion, or a minimum of five (5) years of experience in Child Development, Early Childhood Education, with a professional credential, or a related social service field

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)).

Professional development training is sponsored by OCCRS for on and off island training to include the annual National Association of Regulatory Agencies (NARA), the STAM Conference, and other Regional Office of Child Care training opportunities or meetings. Additionally, licensing specialists can obtain additional college credits in the field of early childhood at the University of the Virgin Islands (UVI). An early childhood certificate training course is also provided at UVI and licensing specialists can participate in this learning opportunity as well. Partner agencies that providing in-service training to our licensing specialists in their areas of expertise are: Department of Health, Fire Department, and the Department of Planning and Natural Resources.

c. Provide the citation(s) for this policy or procedure.

Tmeline 2022

**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.

VI is currently working on revising ratio of inspectors to providers. Inspectors who are unionized might be subject to different ratios. One inspector to 40 centers

b. Provide the policy citation and state/territory ratio of licensing inspectors.

Citation timeline 2022



## 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:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

☒ All other providers eligible to deliver CCDF Services

Citation:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

ii. Sex offender registry or repository check in the current state of residency

☒ Licensed, regulated, or registered child care providers

Citation:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

☒ All other providers eligible to deliver CCDF Services

Citation:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

iii. Child abuse and neglect registry and database check in the current state of residency

☒ Licensed, regulated, or registered child care providers

Citation:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

☒ All other providers eligible to deliver CCDF Services

Citation:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

**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:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

☒ All other providers eligible to deliver CCDF Services

Citation:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

**ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search**

☒ Licensed, regulated, or registered child care providers

Citation:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

☒ All other providers eligible to deliver CCDF Services

Citation:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

**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:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

☒ All other providers eligible to deliver CCDF Services

Citation:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

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:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

☒ All other providers eligible to deliver CCDF Services

Citation:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

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:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

☒ All other providers eligible to deliver CCDF Services

Citation:

Policy No. 001-15HR Office of Human Resources -Department of Human Services-

### **5.5.2 Procedures for a Provider to Request a Background Check.**

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other

state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

The DHS has mandated criminal background checks for new(Prospective) child care staff of all licensed and certified Child Care Providers and license-exempt CCDF Providers. The Criminal Background Check includes a fingerprint NCIC background check conducted by the Virgin Islands Police Department in conjunction with the FBI, a check of the local criminal background conducted by the Virgin Islands Police Department, a Local Sex Offender Registry Check conducted by the VI Department of Justice, a National Sex Offender Registry (NSOR) check conducted by VIPD in conjunction with the FBI and a Child Abuse Registry Check conducted by the Department of Human Services Office of Intake and Emergency Services. Upon seeking licensure or re-licensure all Child Care Providers are informed of their responsibilities to complete Criminal Background checks on all employees and prospective employees through the OCCRS. Child Care providers submit the names of all existing and prospective employees to OCCRS staff who then forwards the information to DHS Human Resources Office. The DHS Human Resources office provides the subject of the background check with a document to take with them to VIPD informing that they have been authorized by VI DHS to have the fingerprint NCIC criminal background check, local criminal background check and National Sex Offender Registry Check conducted, paid for by DHS.. The OCCRS staff submits a request for a Child Abuse Registry Check locally at vicanregistrycheck@dhs.vi.gov as well as requests the same from any other jurisdiction that the subject of the search has lived during the past five (5) years. The OCCRS also requests local criminal background checks and local sex offender registry checks from any other jurisdiction that the subject of the search has lived during the past five (5) years. The V.I. Police Department completes the fingerprinting of the prospective employee and the background check commences. Upon receipt of the results by VIPD, they are forward to the DHS Office of Human Resources via the designated chain of custody. The OCCRS receives a clear or not clear results document for each employee and prospective new hire. Once all background check results are received with no barrier findings, the individual is cleared to become an employee or to continue to be an

employee of the Child Care Facility

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)).

The Virgin Islands Department of Human Services entered into a Memorandum of Agreement (MOA) with the Virgin Islands Police Department, for the purpose of conducting fingerprint NCIC background checks and local background checks of designated persons, including current and prospective child care providers. The fees were established in the Memorandum of Agreement - MOA GC068DHSS14. all fees were paid by the Department of Human Services. However, the MOA is in the process of renewal. No fees are being paid but there has been no suspension of the background check services. The MOA is also being upgraded to include NSOR as a background check category.

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:

The VI Lead Agency allows the prospective staff member to begin working on a provisional basis (if supervised at all times) after completing and receiving satisfactory results on the territory's V.I. Police Department's criminal background check in line with Section 511:H, pending the FBI fingerprint NCIC criminal background check. However, it should be noted that the Lead Agency has a MOU with the V.I. Police Department to conduct the comprehensive the FBI fingerprint NCIC criminal background check as required by the CCDBG Reauthorization requirements 2014.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

The provider provides the staff members' residency information for the past 5 years. The OCCRS staff submits a request for a Child Abuse Registry Check locally at [vicanregistrycheck@dhs.vi.gov](mailto:vicanregistrycheck@dhs.vi.gov) as well as from any other jurisdiction that the subject of the search has lived during the past five (5) years. The OCCRS also requests local criminal background checks and local sex offender registry checks from any other jurisdiction that the subject of the search has lived during the past five (5) years as per the requirement of the CCDBG Re-Authorization and in line with our and the Lead Agency V.I. Department of Human Services Human Resource Policy 001-15HR.

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.

Timeline 2022

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Providers who are separated from employment for more than 180 consecutive days are required to submit to the full criminal background check requirements.

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)).

Website link will become available in 2022. Currently the OCCRS provides relevant information to the providers.

### **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.

A fingerprint NCIC background check is conducted by the Virgin Islands Police Department in conjunction with the FBI, a check of the local criminal background conducted by the Virgin Islands Police Department, a Local Sex Offender Registry Check conducted by the VI Department of Justice, a National Sex Offender Registry (NSOR) check conducted by VIPD in conjunction with the FBI and a Child Abuse Registry Check conducted by the Department of Human Services Office of Intake and Emergency Services. The OCCRS staff submits a request for a Child Abuse Registry Check locally at [vicanregistrycheck@dhs.vi.gov](mailto:vicanregistrycheck@dhs.vi.gov) as well as from any other jurisdiction that the subject of the search has lived during the past five (5) years. The OCCRS also requests local criminal background checks and local sex offender registry checks from any other jurisdiction that the subject of the search has lived during the past five (5) years. The V.I. Police Department completes the fingerprinting of the prospective employee and the background check commences. Upon receipt of the results, they are forwarded to the DHS Office of Human Resources via the designated chain of custody. The OCCRS receives a clear or not clear results document for each employee and prospective new hire. Once all background check results are received with no barrier findings, the individual is cleared to become an employee or to continue to be an employee of the Child Care Facility. The VI Lead Agency (DHS), and the VI Police Department, shall carry out the comprehensive criminal background check of all child care providers

seeking the check as expeditiously as possible, but not to exceed 30 work days after the date on which such request was submitted and the provider submitted themselves to the VIPD for the appropriate finger printing and all personal information has been submitted (DHS Criminal Background Check Policy 001-2015 Section 5.4). The DHS Lead Agency shall provide the results (in general) of the comprehensive criminal background check to the Office of Child Care and Regulatory Services and OCCRS will give to the Provider, following the requisite Privacy Rules as referenced in the DHS Criminal Background Check Policy 001-2015, Section 5.5.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

There is no difference in process

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).

For providers who currently in our territory but have lived in another state within the previous five years, OCCRS staff does the due diligence to identify the appropriate agencies in each state that the provider has lived in the previous five years and requests a local background check and child abuse and neglect registry check for the provider in question from each jurisdiction. Eligibility is based upon the results of the background and registry check from each state. All results must be clear to allow for eligibility.

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.

The Lead Agency awaits receipt of all required background check results to make an eligibility determination. If not all components are received with the required 45-day timeframe, the determination is made upon receipt of all components.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

N/A

#### 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).

Criminal history checks are conducted by law enforcement not the Lead Agency. Other states requesting interstate criminal history checks will be directed to the Virgin Islands Police Department's Records Bureau..

#### 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).

Sex Offender Registry checks are conducted by the Virgin Islands Department of Justice not the Lead Agency. Other states requesting sex offender registry checks will be directed to the Virgin Islands Department of Justice's Sex Offender Registry office.

#### 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).

The requesting state must submit the subject's name(s), date of birth, social security number and identified addresses on official letterhead accompanied by a Consent for the Release of Information signed by the subject of the search to [vicanregistrycheck@dhs.vi.gov](mailto:vicanregistrycheck@dhs.vi.gov). The VIDHS Office of Intake and Emergency Services conducts a search of the Territory's child abuse and neglect records and provides a finding, in writing, to the requesting state, of whether the subject is known to our system as an abuser or neglecter or not. No details are provided. Child abuse and neglect registry checks are conducted for civil purposes.

### 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:

Website not yet online; timeline 2022 at which time all required elements for interstate criminal background check will be included.

URL to access interstate criminal background checks is

[www.vipd.gov.vi/Departments/Office\\_of\\_the\\_Police\\_Commissioner/Records\\_Bureau.aspx](http://www.vipd.gov.vi/Departments/Office_of_the_Police_Commissioner/Records_Bureau.aspx)

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:

Consumer education website not on line; timeline 2022

URL for interstate sex offender registry checks is <https://usvidoj.com/service/sexual-offender-registry/>

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:

Consumer education website estimate Timeline 2022.

**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:

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)).

The agency does not directly notify the applicant about their eligibility to work in a child care program unless the position resides at the Department of Human Services. The agency notifies the entity that requested the background check and then the only information disclosed is whether the individual is clear or not clear.



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).

The territory does not have a review process for individuals disqualified due to a felony offense.

### **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.

When an applicant's result is "not clear." The OCCRS Administrator has the authority to inquire about the nature of the information that resulted in the "not clear" determination. The OCCRS also has the authority to determine, in conjunction with Legal Counsel and the CO-Administrator if the identified infraction is in fact a disqualifying crime. If a "not clear" is rendered to the applicant, they have the option to appeal the Lead Agency's decision. The applicant does not, however, have the option to object to the Lead Agency, any content in background checks not conducted by the Lead Agency. Applicants that dispute the content of background checks are referred to the agency that conducted the background check for redress.

Applicants that wish to appeal a child abuse neglect registry finding must notify the Office of Intake and Emergency Services in writing.

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?

When an applicant's result is "not clear." The OCCRS Administrator has the authority to inquire about the nature of the information that resulted in the "not clear" determination. The OCCRS also has the authority to determine, in conjunction with Legal Counsel and the CO-Administrator if the identified infraction is in fact a disqualifying crime. If a "not clear" is rendered to the applicant, they have the option to appeal the Lead Agency's decision. The applicant does not, however, have the option to object to the Lead Agency, any content in background checks not conducted by the Lead Agency. Applicants that dispute the content of background checks are referred to the agency that conducted the background check for redress.

Applicants that wish to appeal a child abuse neglect registry finding must notify the Office of Intake and Emergency Services in writing.

**c. Interstate Child Abuse and Neglect (CAN) Registry Check:**

Applicants that wish to appeal a child abuse neglect registry finding must notify the Office of Intake and Emergency Services in writing.

## 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 undergo criminal and sex offender registry checks and the OCCRS must conduct an initial inspection of the environment in which the child or children will be cared for, to determine eligibility.

- ☐ 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:

- ☐ 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:

Relative providers are subject to an Initial inspection by OCCRS staff, to determine eligibility.

- ☐ c. Relative providers must fully comply with all monitoring and enforcement requirements.

### 5.6.5 Background Checks (as described in Section 5.5)

- ☐ a. Relative providers are exempt from all background check requirements.
- ☐ b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
  - ☐ i. Criminal registry or repository using fingerprints in the current state of residency
  - ☐ ii. Sex offender registry or repository in the current state of residency
  - ☐ iii. Child abuse and neglect registry and database check in the current state of residency
  - ☐ iv. FBI fingerprint check
  - ☐ v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
  - ☐ vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
  - ☐ vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
  - ☐ viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- ☒ c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of

progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

## 6.1 Professional Development Framework

**6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.**

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

The Pathway to Excellence: The U.S. Virgin Islands' Early Childhood Professional Development System Plan (July 2013), professional standards are Core Knowledge and Competencies (CKCs) which are designed to provide information about what early childhood professionals working with young children need to know, understand, and

demonstrate to best facilitate children's learning and development. The CKCs is the foundation for training required to meet staff professional development requirements, to correspond with the VI Early Learning Guidelines and to be the unifying framework in curriculum and degree requirements in the VI. The CKCs is organized into the following topic areas: 1. Child Development and Learning 2. Family and Community Relationships 3. Assessment 4. Developmentally Effective Approaches and Instructional Strategies 5. Curriculum 6. Professionalism

**ii. Career pathways. Describe:**

The Pathway to Excellence: The U.S. Virgin Islands' Early Childhood Professional Development System Plan (July 2013), is a guide that assist Early Childhood Professionals plan and sequence achievements of increased qualifications, understand the professional possibilities resulting from such acquisitions, and receive appropriate compensation. The Pathways to Excellence reflects a continual progression of educational requirements for early childhood care and education professionals working in all settings supporting families and children from birth to school age. The Career Pathways Model for the USVI Pathways to Excellence recognizes that individuals may take multiple paths in their professional journey and highlights a wide range of positions and minimum qualifications that may be required for employment in their fields. Additionally, the Career Pathways Model consist of fourteen (14) Pathways Levels ranging from Level 1: High school Diploma or GED to Level 14: Doctorate in Early Childhood Education (ECE), Child Development, Inclusive Early Childhood Education (IECE), Early Childhood Special Education, or in a related or unrelated field with thirty-six (36) credits aligned with the USVI Core Knowledge and Competencies (CKCs)

**iii. Advisory structure. Describe:**

The Early Childhood Advisory Council (ECAC) is currently inactive. ECAC's structure included workgroups collaborating from various government agencies, community agencies, and early childhood professional organizations. The VI State Advisory Council (SAC) was formed to provide a coordinated group to advise the Governor and the territory's early care and education community. Consequently, the SAC serves as the Advisory Group for the CCDF State Plan and other major activities of the Lead Agency.

**iv. Articulation. Describe:**

The Pathway to Excellence: The U.S. Virgin Islands' Early Childhood Professional

Development System Plan (July 2013) proposed Articulation Policies include strengthening the current credential evaluation and transfer models at the University of the Virgin Islands (UVI) and VI Board of Education to include use of the CKCs as a vehicle for assessing equivalency. Next steps include developing formal articulation agreements between UVI and other higher institutions in states and territories. The University of the Virgin Islands (UVI) School of Education reaffirms accreditation with the National Council for Accreditation of Teacher Education (NCATE) for its undergraduate and graduate programs. UVI offers the Certificate, Associate of Arts (AA) and the Bachelor of Arts (BA) in Inclusive Early Childhood Education (IECE) Programs. Upon completion of the IECE Certificate Program, students will earn eighteen (18) college credits toward the entry requirements for the IECE AA and IECE BA Degree Programs. In addition, the UVI Community Engagement and Lifelong Learning (UVICELL) is an authorized provider of the International Association for Continuing Education and Training (IACET) with the ability to grant IACET Continuing Education Units (CEUs). The St. Croix Educational Complex, Career and Technical Education Center (CTEC) utilizes the National Occupational Career Testing Institute (NOCTI) as one of its pre and post assessment tools for high school students in its Child Care Management Certification Program. Upon graduation, students can gain up to three (3) college credits in Early Childhood Education with passing scores on the NOCTI exams' assessment of their end of program knowledge and skills in an online proctored proficiency exam format. Additionally, students earn the Child Development Associate (CDA) required competency standards trainings in the eight (8) subject areas for their CDA Credential through the Child Care Management Certification Program at CTEC.

**v. Workforce information. Describe:**

USVI Child Care Workforce Study (Jaeger) was completed in 2011 which relied primarily upon directors and teacher data surveys. Lead Agency's will execute a Workforce and Professional Development Needs Assessment during fiscal year 2023.

**vi. Financing. Describe:**

The financing of the territory's professional development system includes funding for operations and support, which ensures that individuals, programs, and institutions have access to the system. All Lead Agency's trainings and professional development activities are funded through the quality set-aside funds.



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:

Continuing education is a requirement of all Early Education and Care professionals to maintain compliance with the Virgin Islands Rules and Regulations. A minimum of 15 clock hours of professional development is required annually. The VI Early Childhood Professional Development System - VI Pathways to Excellence provides high-quality and accessible professional development opportunities to support acquisition of skills, knowledge, and dispositions identified in the Core Knowledge and Competencies (CKCs). The connection between licensing, QRIS and professional development activities are highlighted.

- ☐ 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 Lead Agency engages training and professional development providers such as the University of the Virgin Islands, the Virgin Islands Department of Education, and the Department of Labor to provide opportunities that align with the VI Early Childhood Professional Development System - VI Pathways to Excellence. Early Childhood Professionals are encouraged to pursue higher education and training in their fields to advance their standing as it relates to continuous quality improvement.

- ☐ iii. Other

Describe:

N/A

**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 Pathway to Excellence: The U.S. Virgin Islands' Early Childhood Professional Development System Plan (July 2013), was developed in consultation with the Virgin Islands Early Childhood Advisory Council (ECAC) established as a standing committee of the Governor's Children and Families Council of the USVI. The ECAC's Professional Development Leadership Team created Professional Development Work Groups consisting of members from various government agencies, community organizations, and Child Care professionals whose responsibilities were to oversee the development and maintenance of a professional development system, monitor its effectiveness, and ensure sustainability. ECAC ensured that the Pathways to Excellence reflects a cross-sector early childhood professional development system that aligned and integrated the USVI early childhood initiatives: USVI Early Learning Guidelines, Infant & Toddler Developmental Guidelines, Quality Rating Improvement System (QRIS), Core Knowledge and Competencies, and Career Pathways

### **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 Pathways to Excellence: The VI Early Childhood Professional Development System improves the early childhood workforce by providing a robust, effective, and systematic approach to the training and education of early childhood professionals in the USVI. The framework addresses various pathways and opportunities in the Early Childhood Development field for child care owners and operators, directors, lead teachers, teachers, assistant teachers, and other caregivers by ensuring that there is an infrastructure to support individually appropriate professional development that is ongoing, accessible, supportive and built on VI Core Knowledge and Competencies (CKCs), Teacher Effectiveness Standards, and Credentialing as required by the Virgin Islands Rules and Regulations. Pathways to Excellence provides professionals with the opportunity to evaluate and chart progress from one level to the next through a combination of education, training, best practice, self-reflection, and assessment that support and respects one's cultural, ethnic, and linguistic diversity. In addition, the Lead Agency's Professional Development Initiatives and Activities have been put in place to provide stability and support for the early childhood education and care workforce in the USVI. These resources include OCCRS sponsored activities, scholarships, and partnerships with other agencies. Similarly, ongoing professional

development activities and provisions such as consultations, coaching, and on-site technical assistance offered through the Lead Agency's staff and contracted training vendors provide opportunities for childcare providers to engage in reflective teaching practices, responsive relationships, and the overall growth and development of the workforce.

## 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

### **6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:**

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The knowledge and application of Early Learning Guidelines is incorporated into the training and professional development frameworks as it recognizes the responsibility for school readiness which lies not with children, but with the adults who care for them and the systems that support them. The Guidelines provide suggestions for Child Care Providers and Teachers on how to assist children in achieving these standards. To coordinate service

systems, the Guidelines is aligned with the national Common Core Standards and the Head Start Framework. The knowledge and application of Health and Safety Standards are incorporated in the training and professional development framework as they serve as a guiding principle for the framework as they are part of the Core Knowledge and Competencies (CKCs) Standards – Curriculum and Child Development and Learning. The knowledge and application of Social Emotional/Behavioral and Early Childhood Mental Health Intervention Models are incorporated in the training and professional development framework as they are part of the Core Knowledge and Competencies (CKCs) Standards Developmentally Effective Approaches and Instructional Strategies. The Lead Agency provides training opportunities and offers technical assistance to Early Childhood Professionals and other community stakeholders in specified content areas that cover the domains outlined in the United States Virgin Islands Early Learning Guidelines (ELG) and our Health and Safety Standards. Since the Virgin Islands Early Learning Guidelines incorporates the territory's Health and Safety standards, as well as the domains of Physical Health and Development, Social Emotional and Values Development, Approaches to Learning, Language and Literary, and Creativity and the Arts, it serves as a good basic for selecting a variety of topics whereby we can offer training through workshops through lecture and even opportunities for modelling and hands on training. A training calendar is developed annually with a variety of topics.

**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)).**

This component is not applicable to the Virgin Islands as there are no recognized tribal organizations within our population

**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**

. All persons interested in providing childcare services are given relevant information in consultation on available services. In addition to providers who speak fluent English, the population of the Virgin Islands consists of individuals who are only proficient in Spanish or French. In light of this, the Lead Agency provides translation services on a case-by-case basis to facilitate and recruit these childcare providers. Information is provided through literature (brochures), community outreach fairs, Early Childhood workshops, and various media ads. Participation of providers with limited English proficiency is also facilitated through referrals. Internal bilingual and multilingual staffs are also utilized to translate information on requirements for program participation

### **b) who have disabilities**

All persons interested in providing childcare services are given relevant information in consultation on available services. To better serve individuals with disabilities, the lead agency engaged the Virgin Islands University Center for Excellence in Developmental Disabilities (VIUCEDD) to provide training for various in-house staff members such as American Sign Language (ASL) to facilitate communication with individuals who may have speech impediments. Two staff members have received ASL training to date. Furthermore, the Department of Human Services Division of Disabilities, Vocational and Rehabilitation Services (DDVRS) is another territory-wide resource for people with disabilities. DDVRS assist individuals with disabilities develop individualized plans for employment. DDVRS collaborates with the community and businesses to provide individuals with disabilities meaningful careers through vocational evaluation and planning, career counselling and guidance, and support that is essential for successful employment. The VIUCEDD and DDVRS are invaluable community resource partners to the Lead Agency and continuous collaboration with them and other community partners on disability issues on a case-by-case basis is indispensable

## **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)).

1.1.1 The territory's training and professional development requirements for Early Childhood Professionals are based on children's age groups and program types and are outlined in the Virgin Islands Rules and Regulations for Child Care Facilities. For example, the minimum requirement for lead teachers working with Infants and Toddlers is a Child Development Associate (CDA) Certificate. The Lead Agency collaborated with the Virgin Islands Center for Excellence in Developmental Disabilities to provide training and resources on positive behavior intervention and supports to early care and education providers. The Lead Agency also collaborated with the University of the Virgin Islands – College of Teacher Education, to provide certificates and degrees in Inclusive Early Childhood Education to address the needs of children with developmental delays and disabilities as part of the Career Pathways. Additionally, the Lead Agency utilizes the Supplement to the Virgin Islands Early Learning Guidelines to address the needs of diverse learners, both children with disabilities and/or developmental delays and dual language learners. Meeting training and professional development requirements ensures Child Care providers are equipped to operate successful quality-driven child care programs.

**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 training to childcare providers on the definition of homelessness in the territory in accordance with the guidelines of the McKinney-Vento Act of 1987. Childcare providers are taught to identify children who may be homeless so that they can be referred to the Lead Agency's Subsidy Resource and Referral Program. The Best Beginnings Early Childhood Conference is also a venue where workshops promoting sensitivity training

to assist in identifying and serving homeless children and their families are offered. The Lead Agency Website also has a new addition of a Homelessness Services Policy Memorandum which is posted at [www.dhs.gov.vi/OCCRS/index.html](http://www.dhs.gov.vi/OCCRS/index.html). The Lead Agency also heightens territorial awareness of available services to include Child Care Subsidies for homeless children. Homeless persons and families and the public are invited to participate on an annual basis in Project Homeless Connect. Project Homeless Connect is a community fair designed to offer community resources and to inform the community on homelessness issues in the territory. It is held in both districts of the Virgin Islands. Providers are encouraged to participate in this fair to learn more on Homelessness issues. Additionally, through on-going professional development, the Lead Agency's staff will deliver targeted technical assistance to child care providers in understanding the definition of homelessness, programs eligibility policy to support families experiencing homelessness, establishing connections with local service providers that work with children experiencing homelessness, and how to engage families experiencing homelessness. Community Partners and Resources include United Way of the Virgin Islands; Lutheran Social Services of the Virgin Islands (LSSVI); Catholic Charities of the Virgin Islands (operates the two Bethlehem House Shelters; The Women's Coalition (operates a domestic violence shelter); Virgin Islands Domestic Violence and Sexual Assault Council (DVSAC); Community Foundation of the Virgin Islands (C.F.V.I); and other Profit and Non-profit Organizations

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).

a. The Lead Agency has provided training to staff by adopting the definition of homelessness in the territory in accordance with the McKinney-Vento Act of 1987. The Lead Agency requires staff to participate in Project Homeless Connect, which is a community fair designed to inform the community on homelessness issues in the territory and to provide resources to individuals who may be at risk of or experiencing homelessness. Additionally, targeted technical assistance and in-service trainings will be provided to Lead Agency's staff on how to develop an outreach plan to establish partnerships that will help identify and refer families experiencing homelessness to the CCDF programs, and mechanisms to ensure homeless children and families are identified and prioritized.

**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.

a. The Lead Agency provides a variety of resources to strengthen business practices. During the initial Licensing process prospective applicants are provided consultation on appropriate business practices including finance, budgeting, recordkeeping, human resources, and marketing. All providers are informed on program guidelines and offered technical assistance on an ongoing basis. The Lead Agency also provides ongoing technical assistance and training to support and strengthen the provider's business practices. To ensure training and technical assistance are available throughout the year and upon Provider's request, Lead Agency staff completed the Training-of-Trainers series on Strengthening Business Practices for Child Care Providers hosted by The National Center on Early Childhood Quality Assurance (ECQA Center) in June 2019. The series included the following: Budgets, Projections, and Planning; Financial Reports and Internal Controls; Marketing Your Program; and Staff Recruitment and Retention. Additional training and technical assistance will be provided by the Lead Agency's partners, University of the Virgin Islands (UVI), Department of Labor, Internal Revenue, and Small Business and Development Associates (SBDA).

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:

N/A

### 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:

Preschool & School Age DOH National Nutrition Month Initiatives: Let's Talk Nutrition, Dental Health Outreach-St. John, Let's Cook- VI Style by DOH MCH and WIC Programs (Free); Colgate Bright Smiles, Bright Futures Virtual Education Workshop

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:

Pre School & School Age Caring for Young Children and Staff During the COVID-19 Pandemic by National Center on Health, Behavioral Health, and Safety (Free)

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:

Preschool, School Age & Infant and Toddler Providers Project LAUNCH Virtual Parent Café: Strengthening Families™ Protective Factors- When Life Gives You Lemon, Make Lemonade by Maternal Child Health & Children (MCHC) Program Virgin Islands Department of Health (Free); Project LAUNCH Virtual Parent Café- Virtual Book Club Event "Reading with a Purpose" held on by Maternal Child Health & Children (MCHC) Program Virgin Islands Department of Health (Free);

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:

Infant & Toddler Providers Zero to Three Critical Competencies for Infant & Toddler Coursework (CCDF Funds); Learn the Signs. Act Early: Developmental Milestones Training by CDC (Free); Preschool & School Age Using Thematic Units Across Math, Science, Language Arts and Social Studies to Facilitate Successful 'At Home' Teaching Experiences by VIUCEDD (Free);

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:

Preschool, School Age & Infant and Toddler Providers VI Daycares and Preschools - VIOHS Request for Engagement Assistance by Denise L. Gomes Occupant Protectant Coordinator, Virgin Islands Office of Highway Safety (VIOHS) (Free)

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:

Preschool, School Age & Infant and Toddler Providers OSHA Recordkeeping Requirements for the Private Sector Information Session by Safety in Paradise, UVICELL (Free);

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:

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)

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:

Preschool, School Age & Infant and Toddler Providers Changing the Way We Think About Disability by VIUCEDD; Physical Therapy and your Children: How Can We Help? with Dr. Shelly Timmons of Virgin Islands University Center for Excellence in Developmental Disabilities (VIUCEDD) (Free); American Sign Language (ASL) on Zoom with VI Dept of Health MCH and VIUCEDD (Free);

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:

School Age Annual Transition Conference Zoom Meetings hosted by DOE, HS, and OCCRS (Free)

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:**

Preschool, School Age & Infant and Toddler Providers Fire Safety and Extinguisher Certification Trainings (CCDF Funds); Emergency Pediatric CPR, First Aid & AED Certification Trainings (CCDF Funds); Learn About the Covid-19 Vaccination Process in the Virgin Islands Information Session by The Disability Rights of the Virgin Islands and Department of Health (DOH) (Free); Best Practices for Keeping Child Care Settings Healthy and Safe During the Pandemic by Administration for Children and Families' (ACF) (Free); COVID-19 and Early Care and Education: Considerations Before Reopening by National Center for Early Childhood Health and Wellness (Free); Electrical Fire Safety for the Workplace by OSHA (Free);

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:

Preschool, School Age & Infant and Toddler Providers Child Development Associate (CDA) Assessment Fee Scholarships; Preschool & School Age Providers NAEYC Standard Memberships; Infant and Toddler Providers Zero to Three Standard Memberships

**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 measurable indicators of progress relevant to Section 6.3 are the academic achievement of early care and education providers, accessibility of services to low-income children, quality of care services, and facilities compliance with Health and Safety Standards.

## 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.

Resources used to develop the VI Early Learning Guidelines (ELGs) consisted of scientific literatures and practice-based evidences on child development, in addition to models of other states guidelines, such as: US Virgin Islands Kindergarten Standards (to ensure alignment and continuity); National Association for the Education of Young Children (NAEYC); National Institute for Early Education Research (NIEER); National Child Care Information Center (NCCIC); Head Start Child Outcomes; High Scope Child Observation Record; Creative Curriculum Developmental Continuum; and, State Guidelines- Delaware, Illinois, Minnesota, Montana, Ohio, Pennsylvania, Washington, and Wisconsin.



## ii. Developmentally appropriate.

VI Early Learning Guidelines (VI ELGs) are written with the concept of Developmentally Appropriate practice as its foundation. They are meant to be used as a tool for early care and education professions, families, or anyone else living and working with children to recognize and support all children at the developmental level they exhibit. VI ELGs are based on research in all domains of children's early learning and development: Domain 1: Physical Health and Development; Domain 2: Social, Emotional, and Values Development; Domain 3: Approaches to Learning; Domain 4: Cognitive: Language and Literacy, Mathematics, Science, Social Studies; and Domain 5: Creativity and the Arts.

## iii. Culturally and linguistically appropriate.

i. The VI ELGs are written with the concept of Developmentally Appropriate Practices resulting from the process of adults making decisions about the well-being and education of children based on: what is known about child development and learning; what is known about the strengths, interests and needs of each individual child; and knowledge of the social and cultural contexts in which children live to ensure that learning experiences are meaningful, relevant, and respectful. The VI Early Learning Guidelines: Supplement to Support Diverse Learners (June 2014), was also established to address the needs of diverse learners, both children with disabilities, and/or developmental delays, and dual language learners. The guidelines are meant to be inclusive of all children and all settings in which they spend time before elementary school, whether they are at home, in child care facilities, in Head Starts, in preschools, or any other setting.

## iv. Aligned with kindergarten entry.

i. The Virgin Islands Early Learning Guidelines (ELG) and the Virgin Islands Guidelines for High-Quality Practice in Kindergarten (December 2014), encompasses guiding principles, developmental expectations and performance of young children as they prepare to enter kindergarten. The Virgin Islands Guidelines for High-Quality Practice in Kindergarten (December 2014) was developed as a tool for kindergarten teachers, administrators, other school personnel, community members, policy makers, and families to implement the Virgin Islands Department of Education's Learning Standards through developmentally appropriate practices to support children's optimal

development.

**v. Appropriate for all children from birth to kindergarten entry.**

VI Infant and Toddler Developmental Guidelines (July 2013) and the VI Early Learning Guidelines (April 2010) recognize that the first years of a child's life set the foundation for a lifetime of brain development and relationships. The VI ELGs reflect what children need to know, understand, and demonstrate by the time they reach kindergarten. Additionally, the VI ELGs address strategies adults can use to support a child's successful transition from home or preschool to kindergarten.

**vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.**

i. The Quality Education Work Group of the Governor's Children and Families Council, Early Childhood Advisory Committee (ECAC) developed the VI Infant and Toddler Developmental Guidelines (July 2013) and ensured alignment and continuity with the VI Early Learning Guidelines (April 2010). The Virgin Islands Early Learning Guidelines Steering Committee (ELGSC) included representatives from: DHS Office of Child Care and Regulatory Services; Head Start Program; Department of Education, Division of Instruction, Technology, and Assessment; Department of Education, Division of Special Education Services; University of the Virgin Islands, Division of Teacher Education; Head Start Training and Technical Assistance, Region II; Community Foundation of the Virgin Islands - The Family Connection; Caribbean Literacy Network; and Directors of Private Child Care Centers. The Virgin Islands Guidelines for High-Quality Practice in Kindergarten (December 2014) was created by the VI Department of Education, and the VI Department of Human Services through interagency collaboration and in partnership with early childhood educators.

**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.**

VI Early Learning Guidelines (VI ELGs) provide teachers, caregivers, and administrators in early care and education programs and settings with a common conceptual framework and guidelines for planning developmentally appropriate curriculum, instruction, and assessment for young children.

ii. Social development.

VI Early Learning Guidelines (VI ELGs) acknowledges that warm, sensitive, and responsive interactions help children develop a secure, positive sense of self and encourage them to respect and cooperate with others. Children who see themselves as highly valued are more likely to feel secure, thrive physically, get along with others, learn well, and feel part of a community

iii. Emotional development.

VI Early Learning Guidelines (VI ELGs) recognizes that positive relationships are essential for the development of personal responsibility, capacity for self-regulation, for constructive interactions with others, and for fostering academic functioning and mastery

iv. Physical development.

VI Early Learning Guidelines (VI ELGs) provide understanding of all areas of children's development and recommend developmentally appropriate strategies that facilitate and enhance children's development

v. Approaches toward learning.

VI Early Learning Guidelines (VI ELGs) expand understanding of the multiple influences on the education and life success of young children by providing developmentally appropriate strategies for supporting optimal development.

vi. Describe how other optional domains are included, if any:

Creativity and Arts: VI Early Learning Guidelines (VI ELGs) promote process-oriented play experiences that encourage children to use their imaginations and to experiment with new ideas and materials through Music and Movement, Dramatic Play, and Visual Arts

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

No changes or updates were made to the VI Early Learning Guidelines (April 2010), VI Infant & Toddler Developmental Guidelines (July 2013), VI Early Learning Guidelines Supplement to Support Diverse Learners (June 2014), or US Virgin Islands Guidelines for High-Quality Practice in Kindergarten (December 2014).

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

This is not applicable. Lead Agency does not have state/territory out-of-school time standards.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

The Virgin Islands Early Learning Guidelines can be referenced at the following web page:

[www.dhs.gov.vi/OCCRS/documents/VirginIslandsEarlyLearningGuidelines\\_000.pdf](http://www.dhs.gov.vi/OCCRS/documents/VirginIslandsEarlyLearningGuidelines_000.pdf)

#### **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.

Lead Agency promotes the VI Early Learning Guidelines (ELGs) as a guide for planning curriculum content and teaching strategies in our early care and education programs.

Additionally, Lead Agency uses the ELGs as a framework when planning initiatives designed to benefit children and families.

**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)).**

1.1.1 Measurable Indicators of progress will be the utilization of the VI Early Learning Guidelines (VI ELGs) by Teachers, Caregivers, and Administrators in early care and education programs and settings as a common conceptual framework and guidelines for planning developmentally appropriate curriculums, instructions, and assessments for young children. Additionally, community members and policymakers referencing the VI ELGs as a source for assessing the impact of current policies and resources on the optimal developmental of young children.

## 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)).**

Reflections and planning are ongoing for the professional development activities and resources provided by the Quality Initiatives. Lead

Agency develops professional development opportunities based on post evaluations and assessments from training and workshops. Additionally, to identify the goals for continuous quality improvements, Lead Agency use data and feedback from Licensing Specialist and Quality Improvement Specialists to ensure that quality activities meet the needs of all providers.

University of the Virgin Islands Caribbean Exploratory Research Center (UVICERC) executed the Workforce and Professional Development Needs Assessment during fiscal year 2021-2022 of the availability and quality of programs in the USVI early care and education (ECE) mixed delivery system (MDS) for children birth through five (B-5) from vulnerable families. The Preschool Development Grant Birth through Five (PDG B-5) Needs Assessment of Early Care and Education in the Virgin Islands Report, 2019-2020 Needs Assessment of the USVI's ECE Mixed-Delivery System, was finalized during August 2020.

UVICERC generated the USVI Early Childhood Care and Education Strategic Plan: 2020- 2023/5 that lays out the Territory's strategic priorities

and pathways in a mix delivery system (MDA), to improve the coordination and access to quality, early childhood education services to children, birth - five. USVI Early Childhood Care and Education Strategic Plan: 2020- 2023/5 has been submitted for approval.

**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.**

1.1.1 Quality Improvement Specialists use referrals by the Licensing Specialists of a facility's non-compliance to health and safety standards and/or professional development needs to provide trainings, technical assistance, and resources. Trainings, technical assistance and resources enable a facility the ability make corrective actions. The USVI ECE Needs Assessment provides both a foundation and framework that can inform the strategic planning process to facilitate optimal collaboration among key stakeholders to embrace opportunities to significantly increase the number of children birth to age five who will thrive and become life-long learners. The USVI ECE Needs Assessment presents opportunities to:  
A) Review, expand and optimize formal and informal agreements among private and public sector stakeholders involved in early childhood care and education. B) Increase and improve the coordination among stakeholders in the ECE MDS, especially with respect to data collection and sharing and governance arrangements. C) Expand and improve the engagement and communications to parents of birth to age five children. D) Increase and improve the quality of early childhood care programs with a focus on continued professional development opportunities for providers. E) Review and increase types of support for children birth to age five and their families, especially regarding transitioning, health care, transportation, access to good nutrition and employment opportunities.

2019-2020 Needs Assessment of the USVI's ECE Mixed-Delivery System

(uvi.edu) USVI-PDG-B-5-Needs-Assessment-Appendices FN.pdf (uvi.edu)



## 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:

N/A

- ☐ 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:

N/A

- ☐ 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:

N/A

- ☐ 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:

N/A

☐ 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:

N/A

☐ f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

☐ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

N/A

☐ 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:

N/A

☐ h. Accreditation Support (Related Section: 7.8). Check all that apply.

☐ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

N/A

☐ 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:

N/A

- ☐ 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:

N/A

### 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.

N/A

☐ 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.

N/A

### 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).

N/A

☐ 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:

N/A

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?

N/A

### **7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.**

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

☐ No

☒ Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

☐ a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .

☐ b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

☐ c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

☐ d. Programs that meet all or part of state/territory school-age quality standards.

☐ e. Other.

Describe:

N/A

**7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?**

☒ No

☐ Yes. If yes, check any links between the state/territory's quality standards and licensing requirements

☐ a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

☐ b. Embeds licensing into the QRIS

☐ c. State/territory license is a "rated" license

☐ d.Other.

Describe:

N/A

**7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.**

☐ No

☒ Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- ☒ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☒ License- exempt family child care home
- ☐ In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☒ License- exempt family child care home
- ☐ In-home (care in the child's own home)

iii. Higher subsidy payments

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home

☒ In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

☒ Licensed center-based

☐ License exempt center-based

☐ Licensed family child care home

☐ License- exempt family child care home

☒ In-home (care in the child's own home)

v. Coaching/mentoring

☒ Licensed center-based

☐ License exempt center-based

☐ Licensed family child care home

☐ License- exempt family child care home

☒ In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

☒ Licensed center-based

☐ License exempt center-based

☐ Licensed family child care home

☐ License- exempt family child care home

☒ In-home (care in the child's own home)

vii. Materials and supplies

☒ Licensed center-based

☐ License exempt center-based

☐ Licensed family child care home

☐ License- exempt family child care home

☒ In-home (care in the child's own home)

viii. Priority access for other grants or programs

☒ Licensed center-based

☐ License exempt center-based

☐ Licensed family child care home

☐ License- exempt family child care home



☒ In-home (care in the child's own home)

ix. Tax credits for providers

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home
- ☐ In-home (care in the child's own home)

x. Tax credits for parents

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home
- ☐ In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home
- ☐ In-home (care in the child's own home)

b. Other:

N/A

**7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

Timeline 2022

## 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:

N/A

- ☐ 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:

N/A

- ☐ 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:

Lead Agency provides professional development opportunities in best practices relative to infant and toddler care. Additionally, VI Infant and Toddler Developmental (ITG) Guidelines incorporates the territory's Health and Safety standards, as well as the domains of Physical Health and Development, Social Emotional and Values Development, Approaches to Learning, Language and Literary, and Creativity and the Arts. ITG Guidelines serve as a resource whereby Lead Agency's staff offer trainings through workshops and opportunities for mentor/coaching on best practice in infant care and education Examples Inclusive Early Childhood (IECE) Certificate Scholarship Program at University of the Virgin Islands; Child Development Associate (CDA) Assessment Fee Scholarships; Zero to Three Standard Memberships; Zero to Three Critical Competencies for Infant & Toddler Coursework;

- ☒ 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:

Quality Improvement Specialists provide both onsite and offsite technical assistance on various topics relative to developmentally appropriate practices such as curriculum development and schedule of activities. Lead agency continues to collaborate with community partners, government agencies, and other stakeholders to provide ongoing professional development and resources to infant and toddler education and care professionals throughout the territory. In addition, Infant and Toddlers Specialist will be hired within the Quality Unit for additional support specifically targeted to our youngest population

- ☒ 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:

The Department of Health, Infants and Toddlers Developmental Specialist provide intervention services to infants and toddlers with disabilities based on the IDEA Act. Information is made available to child care providers on identifying and referring parents of children who may have developmental delays and need services to the Infant and Toddlers care professionals. Lead Agency collaborates with community partners in Parent Fairs and Workshops on infant and toddler resources and services in the territory. Example VI Department of Health Maternal Child Health Division: Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) Workshops to Increase Access to Screening, Assessment and Referral to Appropriate Services for children and Families

- ☒ 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:

N/A

- ☐ 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:

Infant and Toddler Health and Safety Topics such as SIDS Prevention, Prevention of Shaken Baby Syndrome, Food and Allergy Reactions, Emergency and Disaster Preparedness are being drafted into the revision of the VI Rules and Regulations

- ☒ 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:

The Quality Education Work Group of the Governor's Children and Families Council, Early Childhood Advisory Committee (ECAC) developed the VI Infant and Toddler Developmental Guidelines (July 2013) and ensured alignment and continuity with the VI Early Learning Guidelines (April 2010). Additionally, the Infant and Toddler Developmental Guidelines incorporates the territory's Health and Safety standards, as well as the domains of Physical Health and Development, Social Emotional and Values Development, Approaches to Learning, Language and Literary, and Creativity and the Arts

- ☒ 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:

Resources for Infant and Toddler Education and Care will be included in the new Consumer Education website. The Consumer Education Website is expected to be launched by or before Fall 2022. Example Scholastic Read and Rise Facilitators Child Care Training to implement Family Literacy Nights Workshops with Read and Rise Take-Home Book Packages Zero to Three Social Emotional Resources: Biting Before , After Preventing 'Next Time' Wheels; Behavior has Meaning Wheels

- ☒ 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:

Infant and Toddler Care Curriculum Support Resources: Infant and Toddler Books, Manipulatives, and Activity Learning Centers; Early Childhood Education and Care Parent Fairs and Workshops

- ☒ 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:

VI Department of Health Maternal Child Health Division Workshops on Child Development, Prevention and Controls of Infectious Diseases, and Immunization Requirements

- ☒ 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:

University of the Virgin Islands Center for Excellence in Leadership and Learning (UVICELL) Social Emotional Learning Workshops for Parents; Resources on Trauma for Caregivers and Families



- ☒ 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:

N/A

- ☐ 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:

N/A

- ☐ 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.**

Measurable indicators of progress are based on the child care providers compliance with Health and Safety Standards, improvement of quality child care services to infant and toddlers, and staff academic achievement. These are the measurable indicators whereby Lead Agency evaluates progress relevant to the use of CCDF Set Aside Funds and 3% Infant and Toddler Set Aside. The Territory is currently in the process of reviewing and

revising the QRIS: VI Steps to Quality (VIS2Q) for Early Learning Programs and VI Rules and Regulations to ensure quality of child care programs and services for infant and toddlers.

## 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?

Lead Agency does not use a territory-wide system of child care resource and referral services. The Lead Agency conducts its own child care resource and referral services.

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.

Lead Agency does not use a territory-wide system of child care resource and referral services. The Lead Agency conducts its own child care resource and referral services.

## 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:

CCDF quality funds are used to carry out all child care licensing activities in the VI inclusive of Inspection, Monitoring, and Training of providers to comply with state regulatory health and safety requirements. Lead Agency's mandatory annual professional development training hours are an important component of state licensing requirements and is tracked during the Renewal of Licensure for all facilities in a collaborative effort by the Licensing Specialists and the Quality Improvement Specialists. Programs' staff are requested to track their professional development activities onto a Professional Development Record form in each facility's staff folders made available for Licensing Specialists and Quality Improvement Specialists perusal during site-visits. Child care professionals are also encouraged to have a higher number of training hours than the stipulated mandatory minimum in the licensing regulations. Pediatric CPR, First Aid and AED trainings do not count toward the annual training requirement but for compliance with VI licensing regulations. Required federal background check is funded through the Lead Agency's CCDF quality set aside funds to assist child care providers in compliance with VI licensing regulations. CCDF quality funds are also used to expand the professional development of child caregivers through coursework and technical assistance offered by a variety of contractors and venues such as the University of the Virgin Islands, Department of Education, and Council for Professional Recognition for CDA Credentialing. In addition, Lead Agency provides supplies and materials such as First Aid Kits, Books, Universal Personal Care Items, Cribs, Rugs to meet health and safety standards at child care facilities. Lead Agency staff provides training, technical assistance along with mentor/coaching on best practice facilitate providers' compliance with VI licensing regulations

**7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?**

☐ No

☒ Yes. If yes, which types of providers can access this financial assistance?

☒ Licensed CCDF providers

☒ Licensed non-CCDF providers

☒ License-exempt CCDF providers

☐ Other

Describe:

N/A

**7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

Measurable indicators include the compliance rate for employees in all programs and, once the VI has a professional development registry, Lead Agency will have the capability to connect individuals in the registry to employers and the compliance rate for all employees can be measured as well. VI Licensing Regulations stipulate one annual unannounced review visit per child care program to ensure compliance with VI licensing regulations. However, the Licensing Specialist can make a visit to a child care program when the Lead Agency has received a complaint. These review/complaint visits are one of several sources of data on compliance with VI Licensing Regulations. In addition, Lead Agency's Licensing Specialists inspect all elements related to licensing compliance, including but not limited to necessary documentation, teacher child ratios, and health and safety standards. Licensing Specialists also document the visit and issue citations of non-compliance when deficiencies are found. Similarly announced visits are also Virgin Islands Page 285 of 318 conducted at child care facilities during the application and renewal process. A reduction in the deficiencies identified in Monitoring review visits are measurable indicators of compliance to VI licensing regulations.

## 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.

N/A

### **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.**

All quality activities are informed by our commitment to reflective assessment and ongoing continuous quality improvement from within the Lead Agency and are aligned to the state's goals to improve the quality of child care services for all children and to increase parental options for and access to high quality childcare for children birth through age 12. These include academic achievement of child care providers, compliance with VI Health and Safety Standards, accessibility of services for low-income families, and improved quality child care services. One of the Lead Agency's Initiatives funded by the U.S. Department of Education and managed by the ACF Office of Child Care is the PDG B-5 Grant. The USVI's PDG B-5 Project, Road to Success: Developing an Early Childhood Care and Education Mixed Delivery System for the B5 Population in the USVI is intended to strengthen the ECE mixed

delivery system in the USVI; improve the quality of care; foster collaboration and partnerships among ECE providers; maximize available, high quality ECE options for low income and disadvantaged families; and maximize parental choice among ECE programs and providers in the USVI (UVICERC February 2019). The University of the Virgin Islands Caribbean Exploratory Research Center's research team will work with a core team from the VI Department of Human Services, representatives of key partner agencies, and members of the USVI's State Advisory Council (SAC) to: complete a Needs Assessment; develop a Virgin Islands Page 286 of 318 Strategic Plan; provide information to maximize parental choice and knowledge about the USVI's early childhood care and education programs (ECE); and share best practices among ECE. Additionally, the Lead Agency staff will acquire training and certification in the Early Childhood Environment Rating Scale-Revised (ECERS-R), Infant /Toddler Environment Rating Scale-Revised (ITERS-R) and Classroom Assessment Scoring System (CLASS) Trainings, as tools for program assessment and improving environmental conditions in child care facilities in the territory

## 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

N/A

- ☐ 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:

N/A

- ☐ 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:

N/A

- ☐ 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:

N/A

- ☐ ii. Focused on family child care homes

Describe:

N/A

- ☐ e. No, but the state/territory is in the in the development phase of supporting accreditation.

- ☐ i. Focused on child care centers

Describe:

N/A

- ☐ ii. Focused on family child care homes

Describe:

N/A

- ☒ 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.**

N/A

## 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**

The Lead Agency collaborates with various division within the Department of Health (DOH) to ensure that early care and education programs meet and exceeds the Virgin Islands standards for health and safety. The Department of Health functions as both the state regulatory agency and the territorial public health agency for the U.S. Virgin Islands. As set forth by the Virgin Islands Code, Titles 3 and 19, the DOH has direct responsibility for conducting programs of preventive medicine, including special programs in Maternal and Child Health, Family Planning, Environmental Sanitation, Behavioral Health, and Drug and Substance Abuse Prevention. DOH also is responsible for health promotion and protection and assumes primary responsibility for the health of the community in the event of a disaster. This partnership enables and supports the building of systems across the VI so that DOH can implement effective, universal, early surveillance and screening for all children and link those at risk for developmental and behavioral problems to appropriate programs and service.

### **b. Preschoolers**

a. The Lead Agency utilizes its Supplemental Nutrition Program staff person to provide training and information to child care facilities. Additionally, Licensing Specialist ensure that menus are based on current USDA Food Pyramid. Parents who provide meals are provided with information regarding healthy meals and food safety. All quality initiatives



are informed by our commitment to reflective assessment and ongoing continuous quality improvement from within the Lead Agency. Lead Agency's quality activities are aligned with the Territory's goals to improve the quality of child care services for all children and to increase parental options for and access to high quality childcare for children birth through age 12.

**c. and/or School-age children.**

a. Lead Agency collaboration with Department of Education ensures that key stakeholders, child care programs and families, are effectively and meaningfully engaged with reliable, ongoing, and established feedback loops to ensure success for all students. Transformative family engagement strives to include parents as essential partners to make their children's potential a reality. Every Student Succeeds Act (ESSA), which reauthorized and updated the Elementary and Secondary Education Act (ESEA), provides states more authority on how to best educate students, test students' achievement levels, provide students with the supports and interventions they need, and how to best track a state's progress to accomplishing these goals.

**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.**

Measurable indicators of progress relevant to high quality program standards require provider academic achievement, accessibility of services to all children, including low-income children, compliance with Health and Safety Standards, and improved quality care for all children.

## 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:**

Lead Agency participates in various community events to provide outreach and consumer education. These events include the territory's annual Agricultural and Food Fair, Homelessness Connect Outreach Project, Parent Fairs, and Transition to Kindergarten Workshops. The Lead Agency also provides a variety of training opportunities by facilitating workshops, early childhood conferences, Week of the Young Child celebrations, a variety of consultations, and the dissemination of public service announcements and print media relative to quality child care services. The territory is currently in the process of revising the QRIS Standards: Virgin Islands Steps to Quality for Early Learning Programs. A metric system has not been developed to measure to date, however a system will be created to measure the activities.

## 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:

The Lead Agency ensures integrity, transparency and accountability in its financial management system by assigning contrasting responsibilities to staff working on subsidies and licenses (i.e. segregation of duties). Initially, the Lead Agency Subsidy, Resource, and Referral Specialists are responsible for evaluating applicants' eligibility for CCDF subsidies and inputting the data into an electronic eligibility determination system that establishes internal controls in accordance with federal and territorial requirements. When eligibility is determined, subsidy vouchers are provided to parents to submit to their chosen child care provider(s). Providers are then required to submit completed vouchers that include the names of the children in care and verification of their attendance along with the provider's invoices to the Office of Child Care and Regulatory Services (OCCRS) for processing on or before the 5th day of the month following the month of service.

The vouchers and invoices are compiled and submitted to Processing Coordinators who certify the vouchers which are then used to validate the invoices. After the Processing Coordinators complete their review and verification, the documents are submitted to the Lead Agency Administrator or Assistant Administrator for further review and Management approval. Once approved, the invoices are transferred to the Fiscal Office where they are stamped and assigned to the Financial Management Officer who confirms that the invoices correspond to the vouchers and the vouchers bears the names of children for whom payment is being requested. After verification, the Financial Management Officer enters the invoice into the Accounts Payable module of the Lead Agency's Enterprise Resource Planning (ERP) - an electronic financial management system. The requests for payments entered are reviewed according to predetermined ERP workflow rules. The Director of the Fiscal Office and Chief of the Fiscal Office reviews and approves the payments, which are then released to the Finance Department of the central Government of the Virgin Islands.

When approved by the Finance Department Document Examiner, payments are electronically released into the check run that occurs twice per week. Child Care providers are set up as vendors in the ERP system. The providers are primarily set up for Electronic Fund Transfers which guarantees their payment within 24 hours of processing. For those who receive manual checks, the checks are mailed the next morning after processing. The target date for payment to all providers is within 21 days of submission of their invoices. The providers usually receive payments by or before the 25th day of the month following the provision of child care services. For other bills and invoices, the Lead Agency Administrator approves requisitions for goods and services entered by the administrative staff in the OCCRS offices in both districts. These requisitions are entered on the ERP Financial Management System. They must be entered according to the Lead Agency Procurement rules and in line with the Budget which is established on the ERP by the Virgin Islands Office of Management and Budget (OMB) in accordance with the federal CCDF grant awards. The Lead Agency submits the Budget Request in alignment with the prescribed percentage breakdown of Subsidies, Administrative, Quality Set Asides, Infant and Toddler and Non-Direct services. The Administrator is in the approval workflow for requisitions followed by the assigned Financial Management Officer who reviews the requisition for services and approves it followed by the Director of Fiscal, CFO, and DHS Senior Staff with oversight of the Office of Child Care. Requisitions are approved as Purchase Orders by the central government Property and Procurement Department. Purchase orders are submitted to the vendors. Vendors provide their contracted services and submit their invoices. The Lead Agency Administrator approves the reviewed and cleared for payment invoices and signs off approval to

pay. Invoices are reviewed by the assigned Financial Management Officer and go through the workflow approval in the ERP system and are subsequently paid to the vendor by the central government Finance Department.t.

☒ **b. Fiscal oversight of grants and contracts**

**Describe:**

When a grant is received, the Fiscal Office is promptly notified. The process commences immediately to log the award into the ERP System. Budgets are prepared in accordance with earmarks and submitted to the Office of Management and Budget. The documents are vetted, and the budgets are set in the ERP System where programs begin programmatic spending, Weekly drawdowns are done in order to maintain compliance with the local cash management rules and regulations. Additionally, a financial report is completed each month for funds spent. Quarterly reports are done in accordance with federal regulations. Reconciliations are done with the payment management system.

☒ **c. Tracking systems to ensure reasonable and allowable costs**

**Describe:**

Prior to the procurement of goods and services, a quote is obtained and approved by divisional managers and directors. The quote is entered into the ERP System where it has to be approved through a rigorous workflow. This includes the administrator, Accountant, Director of Financial Services, the Chief Financial Officer, and in some case, based on cost, the Commissioner of the Department of Human Services. The requisition goes on to the Department of Property and Procurement where it is vetted by one or two additional levels of approval, again, depending on the cost. Once approved, the requisition is converted into a purchase order (PO). Hence, the process is lengthy to ensure the multitude of regulations does not only govern the program regulations, but local laws are followed

☐ **d. Other**

**Describe:**

N/A

**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:

N/A

- ☒ b. Establish checks and balances to ensure program integrity

Describe:

Separation of functions in the processing of childcare payments reflects the Virgin Islands Department of Human Services' policy to ensure program integrity. For example, the eligibility specialist is not allowed to simultaneously perform the role of processing coordinator.

There is a rigorous electronic Enterprise Resource Planning (ERP) financial management electronic workflow for processing providers and vendor payments. The ERP System ensures there is no duplication of invoices which could result in duplication of payments. Additionally, the levels of internal management oversight in the Office of Child Care and Regulatory Services and the larger VI Department of Human Services ensure program integrity. A Grant Administrator is assigned to review the CCDF grant requirements and works with the Lead Agency Administrator to ensure compliance.

- ☒ c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

The Subsidy, Resources, and Referral Unit is under the oversight of the Lead Agency Administrator and Assistant Administrator. The Administrator/Assistant Administrator are responsible for reviewing eligibility determination to ensure accuracy. Annually, Fiscal Office staff requests random samples of eligibility files to verify that recipients of CCDF subsidies were eligible to receive such services, per the federal and local rules and regulations. These files are checked in accordance with the Single Audit rules and regulations.

- ☐ d. Other

Describe:

N/A

**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:

All policy changes are made available for providers on the Lead Agency website, Facebook, radio announcements, and via email. The Quality unit maintains a tracking log of notices sent out to each provider.

☒ ii. Issue policy manual.

Describe:

The Lead Agency provides the policy manual on the Lead Agency website, Facebook, and via email.

☒ iii. Provide orientations.

Describe:

Provider orientation notices are made available for providers on the Lead Agency website, Facebook, radio announcements, and via email. September is the standing month for provider orientation.

☒ iv. Provide training.

Describe:

Provider training notices are made available for providers on the Lead Agency website, Facebook, radio announcements, and via email. The Quality Unit

maintains a tracking log of all providers' training.

- ☐ v. Monitor and assess policy implementation on an ongoing basis.

Describe:

N/A

- ☐ vi. Meet regularly regarding the implementation of policies.

Describe:

N/A

- ☐ vii. Other.

Describe:

N/A

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:

Technical Assistance from federal partners and administrative and programmatic releases from the Central Office help directors and staff stay abreast of any changes in CCDF policy. Manuals are reviewed annually to ensure they reflect changes in CCDF or OCCRS (VI local) policies. When policy changes occur locally and federally, the Lead Agency Administrator shares this information with Staff, Directors, and Fiscal Staff assigned to OCCRS. In-service training opportunities occur on a quarterly basis for all staff.

- ☒ ii. Train on policy change notices.

Describe:

When policy changes occur locally and federally, the Lead Agency Administrator shares this information with Staff, Directors, and Fiscal Staff assigned to OCCRS. In-service training opportunities occur on a quarterly basis for all staff.

- ☒ iii. Issue policy manuals.



**Describe:**

The Lead Agency maintains Policy and Procedure Manual governing Licensing and Subsidy, and the Subsidy, Resource and Referral Policy and CCDF policies that staff is required to read in its entirety prior to employment and to continuously train on, on an ongoing basis. The Lead Agency generates updated versions of the policy manuals as needed.

☒ **iv. Train on policy manual.**

**Describe:**

All staff members working on the CCDF Program in any capacity receive ongoing training in Program Requirements and Integrity training. Subsequent to employment with the Office of Child Care and Regulatory Services (OCCRS) staff is required to read in entirety, the Policy and Procedure Manual governing Licensing and Subsidy, and the Subsidy, Resource and Referral Policy and Procedure Manuals. Meetings are frequently held with staff to reinforce their knowledge of policy and procedures. In addition, Partner Agencies, including but not limited to, the Department of Health and the Department of Education, are invited to attend internal meetings and technical assistance meetings to be advised of policy changes, where applicable. Partner Agencies receive notices of policy changes, as well.

☒ **v. Monitor and assess policy implementation on an ongoing basis.**

**Describe:**

The Lead Agency Administrator has overall responsibility to ensure ongoing monitoring and assessment of proper policy implementation is performed. The Administrator is assisted in this task by the Assistant Administrator, and the Directors of Licensing and Quality Units. In conjunction with the assigned Fiscal Financial Management Officer, the Lead Agency's Management teams regularly meet to monitor and assess the policy implementation of federal and local mandates for subsidy eligibility determination, distribution of subsidy vouchers to parents, and processing of payments to providers. Staff is assigned duties which create checks and balances and the management team provides ongoing monitoring and assessment to ensure the Lead Agency's procedures and practices are in line with the federal policy mandates.

☐ **vi. Meet regularly regarding the implementation of policies.**

**Describe:**

N/A

☐ vii. Other.

Describe:

N/A

**8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:**

Random and planned internal audits will periodically be conducted to ensure appropriate verification, accountability and monitoring to ensure programs integrity (Office of Child Care & Regulatory Services Subsidy, Resource & Referral Program (SR&R) Policies and Procedures Manual Section 18:8 Internal Audits).

**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 Lead Agency shares and matches data from other programs including TANF, Child and Adult Care Food Program (CACFP), and CHIP to assist in identifying and

preventing intentional program violations. Applicants are required to sign a Consent For The Release of Information form which gives consent to the Department of Human Services to disclose the information they provide to another government agency or agencies (both federal and local) when such disclosure is necessary and pertinent to the determination of their eligibility to receive benefits or services from the Department of Human Services - Subsidy and Referral (SR&R) Program. The applicants also agree to have other government agencies disclose to the Department of Human Services - SR&R Program, information pertinent to the determination or confirmation of their receipt of benefits or services from those agencies. The VI Subsidy, Resource & Referral, Policies and Procedures Manual, page 82, states that "Any client receiving funding and later determined ineligible due to providing false information will have to repay the SR&R Program according to the terms of the agreement provided by the department."



ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Department's Management Information System runs quarterly reports that flag errors such as eligibility determination errors in income and household size.



iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

The Office of Child Care and Regulatory Services reviews attendance and billing records as part of the payment process for childcare services. Providers present their attendance record with invoices for the processing of payment. These records are reviewed by staff from the Subsidy and Fiscal offices.



iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The Office of Child Care and Regulatory Services (OCCRS) Administrator and Assistant Administrator conduct random quality assurance reviews. Monitoring and assessment of the Subsidy, Licensing, and Quality Units are the primary responsibility of the Senior Managers of OCCRS. They are assisted by the Directors of Licensing and Quality Units who also ensure compliance with federal and local regulations. All staff submits monthly reports that are reviewed and assessed in coordination with the goals and objectives of the CCDF Rules and Regulations and the Lead Agency's Policy and Procedure Manuals. The monthly VI check-in calls, STAM, and State Administrator's calls are also invaluable tools to ensure program integrity and quality assurances. The Regional Office Program staff also monitors the Lead Agency for compliance with federal rules and regulations.

☒ v. Audit provider records.

Describe the activities and the results of these activities:

The Virgin Islands Department of Human Services is not required to report administrative errors of the program. The Department, however, regularly conducts planned and random internal audits of parents and providers files to ensure appropriate verification, accountability and monitoring are conducted to validate the program's integrity.

☒ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Subsidy, Resources and Referral staff receive onsite training in policy to ensure program integrity. Senior and more seasoned staff members are asked to share their knowledge of the program with other employees; and the unit also benefits from the TA opportunities provided by the Regional Office and other federal partners to ensure program integrity.

☐ vii. Other

Describe the activities and the results of these activities:

N/A

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:**

The Office of Child Care and Regulatory Services share and match data from other programs including TANF, CACFP, SNAP, and CHIP to identify unintentional program violations. Currently, applicants sign a Consent For The Release of Information form which allows the Department of Human Services to share information pertinent to the determination of eligibility with other agencies (both federal and local) or vice versa. The Department of Human Services is also implementing a universal worker system which will make it easier to identify such intentional/unintentional violations. In the event an unintentional violation does occur, the Department of Human Services, Office of Child Care and Regulatory Services will investigate and take all necessary steps to recover any payment or that the client or provider was not eligible to receive.

☒ **ii. Run system reports that flag errors (include types).**

**Describe the activities and the results of these activities:**

The Department of Human Services Management System runs quarterly reports that flag errors based on eligibility factors such as resources and income as well as expenses.

☒ **iii. Review enrollment documents and attendance or billing records**

**Describe the activities and the results of these activities:**

The Subsidy Unit reviews enrollment documents and attendance records which are also reviewed by the Fiscal Office to ensure fiscal accountability. When unintentional errors/ discrepancies of these records are flagged, the provider is notified and asked to make the necessary corrections to the payment. If errors/discrepancies are discovered after a payment occurs, the Department of Human Services enters into an agreement with the provider for repayment.

☒ **iv. Conduct supervisory staff reviews or quality assurance reviews.**

**Describe the activities and the results of these activities:**

The Director of Subsidy has shared responsibility with the Program Administrator for staff reviews to ensure accountability and integrity of the program. Verification of the information obtained from applicants or clients is conducted during the initial eligibility determination; however, periodic reviews are also conducted, and any and

all discrepancies identified are referred to the program's supervisor for further evaluation and/or investigation.

☒ v. Audit provider records.

Describe the activities and the results of these activities:

The Department of Human Services conducts random and periodic audits on parents and provider files. The Child Care Specialist is responsible for maintaining an accurate and current individual case file for each parent determined eligible, which is the permanent record that contains the application and materials supporting the application, the eligibility decision, and all documentation and verification supporting eligibility factors. The Department of Human Services reviews parents and provider files annually.

☒ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The Subsidy, Resources, and Referral (SR&R Unit provides ongoing training for staff on CCDF and Unit policy. Initially, the staff is oriented to the program and given a copy of the State Plan and Federal Guidelines. When training needs are identified through staff self-evaluation or supervisor's observation, training opportunities are made available.

☐ vii. Other

Describe the activities and the results of these activities:

N/A

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:

The Office of Child Care and Regulatory Services with the consent of the client shares data with other programs, including TANF, CACFP, CHIP, and Medicaid to assist in identifying and preventing agency errors which could result in under authorization or over authorization of payments. Over authorization of payment is improper authorization of payment in excess of the amount established or authorized to receive. Under authorization of payment is improper authorization of payment under the amount established or less than the amount that should have been authorized.

The Unit is responsible for reporting all incidences of possible errors to the supervisor in writing or by using a complaint form, accompanied by all supporting documents showing that an improper payment in the case of over-authorization(s) may have occurred. The supervisor is required to conduct further investigations, and if the claim is substantiated, the supervisor will notify the parties involved and arrange to recoup improper payments from the client. If under authorized, there will be an adjustment in the client's favor.

- ☒ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Department of Human Services Management Information Systems runs quarterly reports to identify and prevent program errors primarily related to payment amounts.

- ☒ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Subsidy, Resources and Referral unit reviews enrollment documents and billing records to identify and prevent program error. Providers are required to complete an attendance certification form along with billing records to request payment.

These documents are reviewed by Unit staff and the Fiscal Office to process payment

☒ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The Office of Child Care management and staff, Region II, provide monthly check-ins to ensure monitoring of timely implementation of CCDF requirements and to identify and prevent program errors. The Director of Subsidy responsibilities include, developing policies and procedures for implementing the program, monitoring compliance with federal and local regulations, and supervising staff in both districts (St. Croix and St. Thomas/St. John).

☒ v. Audit provider records.

Describe the activities and the results of these activities:

Internal auditing of parents and provider records takes place periodically to ensure appropriate verification, accountability and monitoring to prevent program errors.

☒ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

OCCRS' staff is trained onsite on policy to identify and prevent program errors. Through self-evaluation and observation by the Director of Subsidy, training needs are identified and addressed on an on-going basis. At the end of each month, the staff completes a monthly report indicating their month's activities. Any training the staff attends is summarized and shared with all staff.

☐ vii. Other

Describe the activities and the results of these activities:

N/A

**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 Department of Human Services is the agency responsible for pursuing 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:

Any client or provider suspected of a program violation will be investigated and all steps would be taken to recover any payments or overpayments for which the client or provider was not eligible to receive.

- ☒ 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:

The Office of Child Care works in conjunction with law enforcement collection agencies to recover overpayment to providers due to unintentional program violations. An inadvertent error also results in a written warning. Additionally, the violators are asked to avail themselves of the opportunity for consultation on the proper use of CCDF funds.

- ☒ iii. Recover through repayment plans.

Describe the activities and the results of these activities:

The Department of Human Services and the violator enter into an agreement for repayment plan to recover overpayment. OCCRS, SR&R Policies and Procedures Manual, page 51, states that if the client is no longer receiving child care assistance, the former client is notified by certified letter of the overpayment and is responsible to repay the child care program by installments or in full, or in the form of a money order, cash, or certified check. Page 51 of the Policies and Procedures Manual states that "If the provider is no longer an active participant in the program, the provider is notified of the overpayment and is responsible for repaying the child care program by

installments or in full, in the form of money order, cash or certified check".

☒ iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

To recover improper payments to clients or providers due to fraud, future payments may be reduced until the total amount of improper payment is recovered. The Department of Human Services, Office of Child Care and Regulatory Service. SR&R Policies and Procedures Manual, page 51 states, "If the client is an active participant in the program, the next issued voucher [is] reduced to reflect the amount of overpayment is fully paid. Page 52 of the Manual notes that if the provider is an active participant, the next check or direct deposit is adjusted to reflect the amount of overpayment until the amount is fully paid. For example, if a provider has a direct deposit for \$1,000, and is overpaid \$500, the direct deposit is reduced to reflect \$500 overpayment.

☒ v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

In collaboration with the Department of Justice and the Virgin Islands Bureau of Internal Revenue, improper payments are recovered through tax intercepts; a collection method where the entity responsible for repayment's tax benefits are confiscated to recoup overpayments resulting from intentional violation or fraud.

☒ vi. Recover through other means.

Describe the activities and the results of these activities:

Substantiated program violations or fraud is referred to the department's legal counsel for legal advice and direction, on a case by case basis.

☐ 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:

N/A

☐ viii. Other

Describe the activities and the results of these activities:

N/A

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:

Any client or provider suspected of a program violation will be investigated and all steps would be taken to recover any payments or overpayments for which the client or provider was not eligible to receive.

- ☒ 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 Office of Child Care works in conjunction with law enforcement collection agencies to recover overpayment to providers due to unintentional program violations. An inadvertent error also results in a written warning. Additionally, the violators are asked to avail themselves of the opportunity for consultation on the proper use of CCDF funds.

- ☒ iv. Recover through repayment plans.

Describe the activities and the results of these activities:

The Department of Human Services enters into an agreement with providers or clients who have received CCDF funds due to unintentional program violations to pay an agreed amount at an agreed time. The Office of Child Care and Regulatory Services tries to ensure that child care services are not interrupted in their effort to remedy unintentional program violations. Repayment of the total amount of overpayment is, however, demanded.

☐ v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

N/A

☒ vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

The Department of Human Services enters into an agreement with providers or clients who have received CCDF funds due to unintentional program violations to pay an agreed amount at an agreed time. The Office of Child Care and Regulatory Services tries to ensure that child care services are not interrupted in their effort to remedy unintentional program violations. Repayment of the total amount of overpayment is, however, demanded.

☒ vii. Recover through other means.

Describe the activities and the results of these activities:

The use of territory's tax intercepts to recover improper payment due to unintentional violation is coordinated with the Department of Justice, Virgin Islands Inland Revenue Department, and Department of Human Services. Substantiated inadvertent errors are referred to the department's legal counsel for advice and direction on a case by case basis. Recouping improper payments through tax intercepts is usually utilized when clients/providers fail to comply with repayment plan.

☐ 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:

N/A

☐ ix. Other

Describe the activities and the results of these activities:

N/A

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:

N/A

☒ 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 agency errors result in over authorization of payment, the client or provider is required to repay any overpayment. Upon suspicion that a provider or client receives a payment in excess of the amount established or is authorized, the unit staff refers the matter in writing with all relevant documents to the supervisor for further investigation. If the claim is substantiated, the supervisor notifies the parties involved that an improper payment has occurred and arranges a repayment of recoupment plan. In an effort to recover improper payment due to agency error, the Department of Human Services sometimes coordinates with the Departments of Justice and other law enforcement agencies. Very frequently, the matter is resolved without the involvement of other agencies.

☒ iv. Recover through repayment plans.

Describe the activities and the results of these activities:

Recovering improper payments due to agency error through repayment plans is an option the agency has at its disposal. Those receiving the funds improperly agree with the agency to pay a certain amount at a given time until the amount is repaid in full.

☒ v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Improper payments made to providers due to administrative errors are recovered by reducing payments to active participants in subsequent months. When the recipient of improper payment is an active participant in the program, the next issue of vouchers is reduced to reflect a percentage of the amount overpaid until the overpayment is paid

in full.

☒ vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

Recovering an improper authorization in excess of the amount established or the client or provider was authorized to receive through state tax intercepts is a tool available to the agency. When the improper payment is caused by administrative error, tax intercepts are employed only if the client or provider who receives the overpayment fails to comply with the repayment plan.

☐ vii. Recover through other means.

Describe the activities and the results of these activities:

N/A

☐ 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:

N/A

☐ ix. Other

Describe the activities and the results of these activities:

N/A

**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:

If following a thorough investigation by the Department of Human Services and law enforcement agencies concludes that client(s) committed fraud they may be disqualified from the program, depending on the nature of the intentional program violation or fraud. Deferment (suspension) from the program will be administered for a specific period time:

A client who commits the 1st offense is disqualified for three (3) months; 2nd offense six(6) months; and 3rd offense permanent disqualification. When an adverse action is taken, the client has 10 days from the action to appeal. Appeals must be submitted in writing and subject to review by the Program Administrator, Legal Counsel, and Commissioner of Human Services.

☒ 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:

If it is concluded following a thorough investigation by the Department of Human Services and Law Enforcement agencies that provider(s) committed fraud or any other serious violations, the Department may disqualify the provider based on the nature and severity of the intentional program violation or fraud. A provider who commits a first offense maybe suspended for three (3) months, second offense six (6) months, and third offense permanent disqualification. The decision to disqualify for any length of time can be appealed. All appeals must be submitted in writing and are reviewed by the Program Administrator, the Department of Human Services Legal Counsel, and the Commissioner of the Department of Human Services.

☒ c. Prosecute criminally.

Describe the activities and the results of these activities:

Depending on the nature and severity of the intentional violation or fraud, the Department of Human Services recommends and cooperates with law enforcement in the prosecution of program violators to recoup money owed to the program. Violations that are prosecuted include forgery to receive money under false pretenses and illegal business practices

☐ d. Other.

Describe the activities and the results of these activities:

N/A

## Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.



### **Appendix A.1:** The Market Rate Survey (MRS) or ACF

pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

N/A

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

N/A



3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

N/A