CCDBG REQUIREMENTS
CONSIDERATIONS WITHIN COMMUNITIES / AT LOCAL LEVEL

CCDBG REQUIREMENT (from "Snapshot" document)	IMPLEMENTATION TIMEFRAME	CONSIDERATIONS for COMMUNITIES / COUNTIES
Community/County demographics	NA	• # of Providers by type, including non-registered paid under subsidy program (NR-Pd-CCA); • Parents with children birth-age-13; • % of households with children under age 6 where all parents in the household work outside the home; • # of children on IEPs/IFSP's • births by county; • # of QRS facilities by level • # of accredited programs (NAEYC, NFACC) • # of purely Non-registered providers in your communities
Payment Rates – Market Rate Survey (MRS)– post results; assure access	Post within 30 days of completing MRS analysis; 9/30/16	• How do providers' rates in your communities/counties compare to current reimbursement rate? • To the most recent market price study? • If CCA rates were based on a tiered reimbursement system where providers received a higher rate based on their achievement of a QRS rating, how would your providers be impacted?

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Publish annually deaths, injuries and abuse in child care.	9/30/2016	• How many deaths and abuse occurred in child care? • Are sufficient efforts/training done to reduce morbidity/mortality?
Health and safety standards – Specifies 10 topics that must be addressed in regulations AND Procedures in place to assure providers receiving CCA comply with all state/local health and safety (H&S) requirements. 10 topic areas: 1. Prevention and control of infectious diseases (including immunization) 2. Prevention of sudden infant death syndrome and use of safe sleeping practices 3. Administration of medication, consistent with standards for parental consent 4. Prevention of and response to emergencies due to food and allergic reactions 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic 6. Prevention of shaken baby syndrome and abusive head trauma 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants 9. Precautions in transporting children (if applicable) 10. First aid and cardiopulmonary resuscitation	9/30/2016	• Do providers need resources to support or meet the health and safety requirements? • Are there enough consultants to support providers, including NR-Pd-CCA?
Providers comply with federal CAPTA child abuse reporting (i.e., Mandatory reporting of child abuse and training-MCART)	9/30/2016	• Is there enough MCART training (beyond that available under PrepareIowa) available to assure providers receiving training?
Provide comprehensive consumer education (through CCR&R if appropriate). Provider resources/referrals regarding developmental screening	9/30/2016	• Have you identified the resources to assist parents in accessing developmental screening? • Have you identified barriers to children obtaining screening?

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Annual training requirements- Specifies structure (e.g., address ELG's) but states can set hours.	9/30/2016	• Are you working with training entities to assure that enough diverse training (beginning, intermediate and advanced) and access to credit bearing/post-secondary opportunities exists for all providers types are -- to support annual training needs, hours needed beyond regulatory for QRS, etc.?
Pre-service or orientation training – Must be delivered and addresses the 10 H&S standards.	9/30/2016	• How many providers do you anticipate will need the pre-service or orientation training? • Are there incentives that can be used to promote or support regulation?
Coordinate with other state/federal early childhood programs to support full-day services/continuity of care.	9/30/2016	• How many part-day programs exist that might benefit from child care wrapped around the program to make it full day/year round?
Priority for low-income populations – Describe how investments made to increase access to high quality child care give priority to high concentrations of poverty/unemployment.	9/30/2016	• Where are the areas with higher concentrations of poverty? Of unemployment? • Where are the higher quality providers located in relation to these areas?
Disaster Preparedness – state must have State Child Care Disaster Plan.	9/30/2016	• Based on recommendations for disaster preparation (as identified in the Emergency Planning training and QRS tools), are there resources providers may need assistance with? • Can you play a role in assuring emergency response professionals are aware of where children are cared for?

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Develop strategies to strengthen business practices of child care providers.	9/30/2016	• Have you assessed the turnover rates in providers, by type? • How many programs have closed because they are not able to financially sustain the business? • Are you familiar with the resources of Tom Copeland and First Children's Finance (FCF)? • How many providers in your area are involved in or have benefited from the FCF Growth Fund effort? How many would be interested in the opportunity? • How many home providers still haven't benefitted from the Copeland trainings/resources?
Use of funds – CCR&R. Allows funds to be used to support CCR&R and specifies their activities: • Provide families with information on a full range of child care options (including faith-based, community-based, nontraditional hours and emergency child care centers) in their local area or region • To the extent practicable, work directly with families who receive CCA to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the state • Collect data and provide information on the coordination of services and supports, including services provided through the IDEA for children with disabilities • Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State and submit such 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 • As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.	9/30/2016	• For the role they play with providers, parents and community partners, is the CCR&R adequately staffed/resourced?

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Develop strategies to address specific child populations: underserved areas, I&T, disabilities, non-traditional hours	9/30/2016	• Do you know where the concentrations of higher risk, lower income children reside? Are outreach efforts being done to ensure access to CCA? • Is your birth rate rising or declining & is there a proportionate capacity of providers to meet demand? • Do you have business/industry that demands non-traditional hours of child care be available (e.g. 2nd and 3rd shift, weekend, etc)?
Use of funds – Homeless. Allows access to care while CCA application in process, provider training and outreach.	9/30/2016	• How many shelters exist that serve families experiencing homeless or domestic violence? • What outreach efforts are being done to bridge those families to CCA and child care?
Pre-license inspections for health and safety (H&S) and fire standards. States can exempt relative care AND Annual unannounced inspections for H&S and fire standards. States can exempt relative care. AND Annual inspection of each license exempt (Non-registered and school-based, school-operated). State can set timeframe (before receiving CCA, within X days, etc.)	11/19/2016	• Are you anticipating the resources, materials, training, that may be needed in response to increased monitoring? • Are there enough CCR&R consultants to assist providers with the needs that are often identified in monitoring visits? • Are you anticipating strategies to assure access for care (e.g., to increase the # of regulated providers in your area to meet demand, to offset potential losses if registered and non-registered providers cease care due to new requirements)? • Will you have the child care capacity in your community if a child care facility does not meet requirements and must close? • Are there programs in your area running at capacity? Are there towns, neighborhoods, etc., with no openings or substantial wait lists?