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

**FFY 2025 – 2027**

**Version: Initial Plan**

**Plan Status: Updates in Progress as of 2024-08-28 00:04:12 GMT**

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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## Overview

### *Introduction*

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

### *Organization of Plan*

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

### *Completing the Plan*

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

#### *Review and Amendment Process*

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

#### *Appendix 1: Implementation Plan*

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

#### *CCDF Plan Submission*

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

## 1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

## 1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

### 1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
  - i. Name of Lead Agency: **Guam Department of Public Health & Social Services (DPHSS)**
  - ii. Street Address: **155 Hesler Place**
  - iii. City: **Hagåtña**
  - iv. State: **Guam**
  - v. ZIP Code: **96910**
  - vi. Web Address for Lead Agency: **<https://dphss.guam.gov>**
- b. Lead Agency or Joint Interagency Official contact information:
  - i. Lead Agency Official First Name: **Victoria**
  - ii. Lead Agency Official Last Name: **Pangelinan**
  - iii. Title: **Program Coordinator III**
  - iv. Phone Number: **(671) 922-2550**
  - v. Email Address: **[victoria.pangelinan@dphss.guam.gov](mailto:victoria.pangelinan@dphss.guam.gov)**

### 1.1.2 CCDF Administrator

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

- a. CCDF Administrator contact information:

- i. CCDF Administrator First Name: **Heidi**
  - ii. CCDF Administrator Last Name: **Lujan**
  - iii. Title of the CCDF Administrator: **Chief Children's Services Administrator**
  - iv. Phone Number: **(671) 735-7344**
  - v. Email Address: **heidi.quinata@dphss.guam.gov**
- b. CCDF Co-Administrator contact information (if applicable):
- i. CCDF Co-Administrator First Name:
  - ii. CCDF Co-Administrator Last Name:
  - iii. Title of the CCDF Co-Administrator:
  - iv. Phone Number:
  - v. Email Address:
  - vi. Description of the Role of the Co-Administrator:

## 1.2 CCDF Policy Decision Authority

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

### 1.2.1 Entity establishing CCDF program rules

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the State or Territory level or local level? Identify whether CCDF program rules and policies are established by the State or Territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards.

Check one of the following:

- a.  All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b.  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:
    - State or Territory.
    - Local entity (e.g., counties, workforce boards, early learning coalitions).
    - Other. Identify the entity and describe the policies the entity can set:
  - ii. Sliding-fee scale is set by the:

- State or Territory.
- Local entity (e.g., counties, workforce boards, early learning coalitions).
- Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
  - State or Territory.
  - Local entity (e.g., counties, workforce boards, early learning coalitions).
  - Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
  - State or Territory.
  - Local entity (e.g., counties, workforce boards, early learning coalitions).
  - Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
  - State or Territory.
  - Local entity (e.g., counties, workforce boards, early learning coalitions).
  - Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
  - State or Territory.
  - Local entity (e.g., counties, workforce boards, early learning coalitions).
  - Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:



CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who issues payments?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors licensed providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors license-exempt providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who operates the quality improvement activities?	[x]	[ ]	[ ]	[ ]	[ ] Describe:

### 1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

**[x] Yes. If yes, describe: The Research, Planning, and Development (RPD) section of the Bureau of Child Care Services (BCCS) is responsible for researching, preparing, and managing contracts, agreements, and sub-awards. This section oversees Memorandum of Agreements (MOAs) in accordance with Guam statutes, with child care providers and intermediaries involving non-governmental organizations and relevant Government of Guam agencies, including but not limited to: the Department of Youth Affairs, Guam Behavioral Health and Wellness Center, University of Guam, Guam Economic Development Authority, all of whom would also be subject to the aforementioned compliance reviews.**

**The RPD section communicates with its partner agencies to identify the tasks needed to be performed in the MOAs. This section organizes meetings with the partnering agency to discuss the scope of work, determine accountability for each task, and review through the MOA before its execution. The tasks must align with the objectives established in the agreement.**

[ ] No. If no, describe:

b. Schedule for completing tasks.

**[x] Yes. If yes, describe: The schedule for completing tasks is created through discussion between the RPD section and the partnering agency. The timeline of each project within an agreement are outlined, which consists of start and end dates associated with each task. The schedule for the**

disbursement of funds, as a condition for completing a task or project, is also stipulated in the agreement. A point of contact within the bureau and the partnering agencies are identified in order to facilitate communication on the progress of the MOA. Regular check-in meetings will be conducted to monitor the progress of each task from the partnering agency.

No. If no, describe:

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

Yes. If yes, describe: **The RPD section collaborates closely with its partnering agency on budgetary matters. Input is solicited from the partnering agency to determine the amount of funds needed to accomplish each project of the MOA. The budget breakdown encompasses various categorical expenses, such as but not limited to: personnel costs, supplies and equipment. Once the budget is formulated, the RPD section reviews the amounts to ensure appropriateness of federal funds and adherence with the CCDF requirements. The administrative section of the Bureau of Child Care Services (BCCS) is also consulted to determine if funds are available to execute the MOA.**

No. If no, describe:

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

Yes. If yes, describe: **The RPD section collaborates with its partnering agency to identify indicators or measures aimed at assessing the performance of the project within the MOA. The indicators and measures serve as benchmarks to track progress, evaluate effectiveness, and ensure alignment with the goals and objectives. Regular check-in meetings are scheduled to review the progress of each indicator or measure.**

No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **The Lead Agency's Program Integrity Team was created to ensure that proper measures are taking place for the CCDF Program's proper fiscal management and to ensure the proper protocols and oversight for the CCDF Program's internal controls as well as any inter-agency contracts or initiatives are in line with the mission of the CCDF Program. The Lead Agency utilizes the Program Integrity Section to assess sub-recipients of the CCDF Program to ensure that sub-recipients are in compliance with the rules and regulations of the CCDF Program. Within the Lead Agency, authority over the activities of the Program Integrity Team lies with the Program Administrator of the Lead Agency. Within the Lead Agency, the Program Integrity Section assesses the terms and conditions of any MOUs or contracts between the Lead Agency and inter-government partners. The Lead Agency reviews and edits any MOU involving the Lead Agency, to ensure that the Lead Agency's program objectives are being met and that the MOU or contract funding and budget are in compliance with CCDF fiscal guidelines. The Lead Agency's responsibility of CCDF program integrity is also reliant on the Lead Agency's responsible fiscal management and internal controls.**

Fiscal oversight of the Lead Agency's grants and contracts includes levels of review and approval from encumbrance to execution. As services are rendered, Lead Agency program staff review submitted invoices for accuracy and allowability prior to approval and submission to the Financial Management Services (FMS) office for further review before being sent to the accounting department. The accounting department then reviews and enters invoices for proper recording of expenditures in the state's accounting system. Lead Agency program staff track payments against

maximum liability of the grants or contracts for monitoring purposes to ensure grantees and contractors are paid timely and within contract terms.

A general ledger was established internally to monitor and track all expenditures of CCDF. A request form is developed and requires staff to fill and provide the purpose of the request which is then approved & reviewed by the Program Administrator who also conducts a financial projection to ensure that there is sufficient funding. CCDF budget and fiscal reports are prepared and reviewed with Lead Agency management to ensure compliance and accuracy of federal grant requirements. This is concurred by the Administrator. Additionally, the Office of Grants Management (OGM), formerly known as the Grants Management Office (GMO) by January 2024, provides oversight and support to the CCDF Program Office for critical grant matters including budget compliance measures such as ensuring reasonable and allowable costs.

The Office of Public Accountability (OPA) serves as an instrumentality of the Government of Guam, independent of the executive, legislative, and judicial branches. The OPA is responsible for conducting performance audits and analyses, adjudicates all appeals of procurement protest decisions between vendors and agencies, and has oversight over financial audits for the Government of Guam, including the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS). The single audit reports are conducted yearly and disseminated to all news media on Guam and published on the OPA website.

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

Yes.

No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

Yes.

No. If no, describe:

### 1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at [https://www2.census.gov/govs/cog/g12\\_org.pdf](https://www2.census.gov/govs/cog/g12_org.pdf).
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

### 1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The Lead Agency has not consulted with the appropriate representatives of general-purpose local government. However, there are plans to extend invitations to community members, including representatives from general-purpose and special-purpose local governments, community partners, and related organizations. These consultations will involve meetings, orientations, outreaches, and discussions to gather essential information for completing and refining the CCDF State Plan.**
- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The Lead Agency has not consulted with the State Advisory Council or similar coordinating body. However, there are plans for the Lead Agency Program Administrator to request consultation and technical support in reviewing Guam's CCDF State Plan from the DPHSS PDG Birth to Five: Early Learning Council (ELC) Leadership Team.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **Not Applicable.**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The Lead Agency has not consulted with other entities, agencies, or organizations for the development of the CCDF State Plan. However, the Lead Agency Program Administrator plans to work closely with members of the Early Learning Council (ELC) Leadership Team to review and provide input to the CCDF State Plan. The ELC Leadership Team includes administrators from the following agencies: Department of Education (DOE): Head Start, Part C: Guam Early Intervention Services (GEIS), Early Childhood Special Education (Part B Section 619), Pilot Pre-Kindergarten and Pre-Kindergarten Gifted and Talented Programs; DPHSS: Project Bisita I Familia, Guam's Maternal, Infant, and Early Childhood Home Visiting Program, PDG Birth to Five, Maternal Child Health Program, Family Health Information Resource Center (FHIRC), and the**

**University of Guam Center for Excellence on Developmental Disabilities Education,  
Research and Services (Guam CEDDERS).**

1.3.2 Public hearing process

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

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

- i. Date of the public hearing: **7/1/2024**

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

- ii. Date of notice of public hearing: **7/1/2024**

- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

Yes.

No. If no, describe: **The Lead Agency has not published the notice of public hearing. However, the notice will be published at least 20 calendar days prior to the hearing date, which will be held soon after publishing but before October 1, 2024.**

- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **The Lead Agency has not published the notice of public hearing. However, the notice will be published at least 20 calendar days prior to the hearing date, which will be held soon after publishing but before October 1, 2024.**

**The Lead Agency plans to make a public announcement through local media and publish the notice on the Lead Agency's CCDF website:  
<https://guamchildcare.com/>**

- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The Lead Agency has not published the notice of public hearing. However, the notice will be published at least 20 calendar days prior to the hearing date, which will be held soon after publishing but before October 1, 2024.**

**The Lead Agency plans to schedule an in-person public hearing at a centrally located venue on Guam to ensure accessibility for attendees from all geographic areas of the island. To ensure inclusivity, the public hearing will also be accessible via the Zoom Video Connections platform, providing an option for individuals who cannot attend in person due to geographic or other constraints. Additionally, the CCDF Public Hearing will be livestreamed on the DPHSS Facebook page.**

- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The Lead Agency has not published the notice of public hearing. However, the notice will be published at least 20 calendar days prior to the hearing date, which will be held soon after publishing but before October 1, 2024.**

**The Lead Agency plans to make a copy of Guam’s draft Fiscal Year 2025 through Fiscal Year 2027 CCDF State Plan available by emailing [childcare@dphss.guam.gov](mailto:childcare@dphss.guam.gov), calling (671) 735-7256, or visiting our website at [guamchildcare.com](http://guamchildcare.com) after the notice of public hearing is published.**

- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **The Lead Agency has not published the notice of public hearing. However, the notice will be published at least 20 calendar days prior to the hearing date, which will be held soon after publishing but before October 1, 2024.**

**The Lead Agency and the representatives plan to review all feedback and information received from the public after the public hearing is conducted. All public comments submitted in writing and/or received during the public hearing will be reviewed, considered, and included in the finalization of the state plan.**

### 1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **<https://guamchildcare.com/>**
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
  - i.  Working with advisory committees. Describe: **A copy of the State Plan will be emailed to the advisory committee chairperson. The chairperson will disseminate the State Plan to the committee members.**
  - ii.  Working with child care resource and referral agencies. Describe:
  - iii.  Providing translation in other languages. Describe:
  - iv.  Sharing through social media (e.g., Facebook, Instagram, email). Describe: **A copy of the State Plan may be requested via email at [childcare@dphss.guam.gov](mailto:childcare@dphss.guam.gov)**
  - v.  Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe:
  - vi.  Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:
  - vii.  Direct communication with the child care workforce. Describe:

- viii.  Other. Describe: **A hardcopy of the CCDF Plan and Plan amendments will be made available at the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) located in Room 15 at the Castle Mall in Mangilao and at [guamchildcare.com](http://guamchildcare.com)**

## 2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

### 2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

#### 2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
  - i.  Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:
  - ii.  Leveraging eligibility from other public assistance programs. Describe:
  - iii.  Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:
  - iv.  Self-assessment screening tools for families. Describe:

- v.  Extended office hours (evenings and/or weekends).
  - vi.  Consultation available via phone.
  - vii.  Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **Applications are processed within 10 business days and are determined if they are eligible if the applicant is working, seeking employment or attending school or training program.**
  - viii.  None.
- b. Does the Lead Agency use an online subsidy application?
- Yes.
- No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
- Yes. If yes, describe the policies: **Families under TANF and are applying for Child Care Services are processed by TANF staff directly. The families do have access to the online application and other activities, however, TANF utilizes their own forms and their own processing criteria.**
- No.

#### 2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency’s procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State’s/Territory’s or designated local entity’s requirements for the redetermination of eligibility. Check all that apply.
- i.  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.  Leveraging eligibility from other public assistance programs.
  - ix.  Other. Describe:
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
- Yes. If yes, describe the policies:
- No.

## 2.2 Eligible Children and Families



At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

Yes.

No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

*Note:* Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

No.

Yes.

- i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

- ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **The child would need a doctor's certification to show that he/she is disabled. A child with a physical and/or mental condition incapable of self-care as determined by a licensed physician or psychologist and/or children who are physically or mentally incapable of self-care, under court supervision, or in need of protective services.**

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

No.

Yes. If yes, and the upper age is (may not equal or exceed age 19):

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

- i. "residing with": **Child(ren) physically living with natural or adoptive parents or other adult relative/primary caretaker, exercising parental control over the care and welfare of the minor(s).**

- ii. "in loco parentis": **An adult appointed as legal guardian of otherwise recognized as exercising parental control over the care and welfare of the minor(s).**

## 2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

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

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
  - i.  An activity for which a wage or salary is paid.
  - ii.  Being self-employed.
  - iii.  During a time of emergency or disaster, partnering in essential services.
  - iv.  Participating in unpaid activities like student teaching, internships, or practicums.
  - v.  Time for meals or breaks.
  - vi.  Time for travel.
  - vii.  Seeking employment or job search.
  - viii.  Other. Describe: **Attending educational classes or training.**
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
  - i.  Vocational/technical job skills training.
  - ii.  Apprenticeship or internship program or other on-the-job training.
  - iii.  English as a Second Language training.
  - iv.  Adult Basic Education preparation.
  - v.  Participation in employment service activities.
  - vi.  Time for meals and breaks.
  - vii.  Time for travel.
  - viii.  Hours required for associated activities such as study groups, lab experiences.
  - ix.  Time for outside class study or completion of homework.
  - x.  Other. Describe:
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
  - i.  Adult High School Diploma or GED.
  - ii.  Certificate programs (12-18 credit hours).

- iii.  One-year diploma (36 credit hours).
  - iv.  Two-year degree.
  - v.  Four-year degree.
  - vi.  Travel to and from classrooms, labs, or study groups.
  - vii.  Study time.
  - viii.  Hours required for associated activities such as study groups, lab experiences.
  - ix.  Time for outside class study or completion of homework.
  - x.  Applicable meal and break times.
  - xi.  Other. Describe:
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

No.

Yes.

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

Work. Describe: **An individual receiving wages, salary, commission and/or profit from activities in which he/she is engaged in as a self-employed individual or an employee.**

Any individual working or engaged in an employment training program for a minimum of 30 hours a week is eligible for full time child care.

Any individual working or engaged in an employment training program for less than 30 hours a week is eligible for part time child care.

During a state of emergency or disaster, working also means gainful employment or volunteering in essential services or participation in an emergency or disaster effort as an employee or volunteer.

Job training. Describe: **Job training vocational or employment training is an organized training program (including community college and university education) established by the institution, agency or business for the purpose of the development of occupation. The minimum number of hours is determined by the institution, agency, or business that is providing the job or educational program.**

Education. Describe: **Education means a curriculum that is established by an institution, agency, or business for the purpose of development of skills or academic study necessary for an identified occupation. An applicant qualifies for child care assistance based on the education institution's definition of part time or full time.**

Combination of allowable activities. Describe: **If parents are working and are in school part-time, children are eligible for full-time care.**

Other. Describe:

- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

Yes.

No. If no, describe the additional work requirements:

- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

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

No. If no, skip to question 2.2.3.

Yes. If yes, answer the questions below:

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

Children in foster care.

Children in kinship care.

Children who are in families under court supervision.

Children who are in families receiving supports or otherwise engaged with a child welfare agency.

Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.

Children whose family members are deemed essential workers under a governor-declared state of emergency.

Children experiencing homelessness.

Children whose family has been affected by a natural disaster.

Other. Describe:

- g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No.

Yes.

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

No.

Yes.

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

No.

Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

There is a statewide limit with no local variation.

There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

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

Other. Describe:

2.2.4 Initial eligibility: income limits

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

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

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	4701.58	85.00	3996.34
2	6148.22	85.00	5225.99
3	7594.86	85.00	6455.63
4	9041.50	85.00	7685.28
5	10488.14	85.00	8914.92

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe: **During a state of emergency, families with income that exceed the 85% SMI are waived.**

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

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

ii. Region/locality with the lowest eligibility limit:

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

iii. Region/locality that is most populous:

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

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for

families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

- i.  Gross wages or salary.
- ii.  Disability or unemployment compensation.
- iii.  Workers’ compensation.
- iv.  Spousal support, child support.
- v.  Survivor and retirement benefits.
- vi.  Rent for room within the family’s residence.
- vii.  Pensions or annuities.
- viii.  Inheritance.
- ix.  Public assistance.
- x.  Other. Describe:

d. What is the effective date for these income eligibility limits? **The effective date for income eligibility limit is as of April 04, 2022.**

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

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

Other. Describe: **The Lead Agency determines its income limits based on Hawaii's SMI.**

f. Provide the direct URL/website link, if available, for the income eligibility limits.  
**<https://guamchildcare.com/parents-families/apply-child-care-assistance>**

#### 2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

- i.  Average the family’s earnings over a period of time (e.g., 12 months).

Identify the period of time

- ii.  Request earning statements that are most representative of the family’s monthly income.
- iii.  Deduct temporary or irregular increases in wages from the family’s standard income level.
- iv.  Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?  
 Yes.  
 No. If no, describe:
- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?  
 No.  
 Yes. If yes, describe the policy or procedure:

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a.  Eligibility determination? If checked, describe:
- b.  Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant identity. Describe how you verify: <b>Guam requires identity verification of each applicant. Acceptable documentary evidence may include, but is not limited to: driver’s license, Guam ID, Birth Certificate, Passport, Social Security Card and Permanent Resident Card.</b>



Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant's relationship to the child. Describe how you verify: <b>Guam requires verification of the applicant's relationship to the child. Acceptable documentary evidence of relationship may include, but is not limited to: a birth certificate or legal document establishing power of attorney, guardianship or loco parentis.</b>
[x]	[ ]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: <b>Guam requires a child to be a U.S. Citizen regardless of the citizenship and/or immigration status of the parent. Acceptable documentary evidence may include but is not limited to a birth certificate, a US Passport, US Naturalization papers, or Permanent Residency Card.</b>
[x]	[x]	Work. Describe how you verify: <b>Guam will verify work as the qualifying activity by checking documentary evidence which may include, but is not limited to, employment check stubs from the previous two months and Verification of Employment.</b>
[x]	[x]	Job training or educational program. Describe how you verify: <b>Guam verifies job training or educational program by checking documentary evidence which may include but is not limited to: training or education verification, class schedule, job or educational training enrollment forms.</b>
[x]	[x]	Family income. Describe how you verify: <b>Guam verifies family income by checking documentary evidence of income of parent(s) of the household unit which may include but is not limited to: employment check stubs from the previous two months.</b>
[x]	[x]	Household composition. Describe how you verify: <b>Guam verifies household composition by checking documentary evidence which may include but is not limited to: a Mayors Verification and GHURA Summary Worksheet.</b>
[x]	[x]	Applicant residence. Describe how you verify: <b>Guam requires the applicant family to live in Guam with the intention of making Guam their home for a permanent or indefinite period (i.e., military). Acceptable documentary evidence which should include a Mayor's Verification.</b>
[ ]	[ ]	Other. Describe how you verify: <b>Not Applicable.</b>

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: **Department of Public Health & Social Services; Bureau of Economic Security ☑ Works Program Section**
- b. Provide the following definitions established by the TANF agency:
  - i. **“Appropriate child care”: An individual, a family setting, a family group home, or a licensed facility which provides a safe environment for children to learn, relax, thrive and have fun: a healthy child care setting. Both provider and the place where care is provided meet the agency’s safety and provider requirements Care accommodates the parents’ work schedule Care meets the specific needs of the child, such as age, developmental needs and special needs requirements.**
  - ii. **“Reasonable distance”: located within one hour of travel from the participant’s home to the child care provider to the participant’s place of employment or work activity.**
  - iii. **“Unsuitability of informal child care”: child care providers that do not meet the CCDF criteria (rules and regulations).**
  - iv. **“Affordable child care arrangements”: arrangements that do not cost more than the co-payment established under CCDF.**
- 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:

## 2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

### 2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. **“Children with special needs.” A child or youth who may require a special level of care due to disability, emotional or behavioral disorder, or special health need; children with mental illness, children with severe mental illness, homeless children, teenage parents/pregnant teens, children involved in the child welfare system and the juvenile**

justice system (dually involved) or under court supervision.

- e. “Families with very low incomes.” Families with income at or below the 100% of the poverty level for the 48 Contiguous States and the District of Columbia.

2.3.2 Prioritization of child care services

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

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

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

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

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Families of essential workers where co-payments are waived during a declared state of emergency. This policy will be reflected in our updated disaster plan.**

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable

time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **The Lead Agency allows a 30-day grace period for the parents to be in to compliance with immunization requirements for children experiencing homelessness. From consultation with the Lead Agency's Deputy Director, whom oversee the Guam Immunization Office and the Guam Public Community Health Centers, it was determined that the 30-day grace period was an adequate timeframe to meet these needs. The BCCS staff will be the one to review the cases.**
- b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.
  - i. Provide the policy for a grace period for:
    - Children experiencing homelessness: **The Lead Agency allows a 30-day grace period for the parents to come in to compliance with immunization requirements for children experiencing homelessness.**
    - Children who are in foster care: **The Lead Agency allows a 30-day grace period for the parents to come in to compliance with immunization requirements for children in foster care.**
  - ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?  
 Yes.  
 No. If no, describe:
- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **The Immunization Program works closely with the Social Services Licensing Officer reviewing child care records to ensure immunizations are up to date or obtained. The Immunization Program has an automated system called WEBIZ that maintains immunization data. The Immunization Program Staff and the Social Services Licensing Officer work closely with the child care providers to assist them with gaining access through enrollment and navigating the system. Annual or as-needed training in the WEBIZ system is offered to child care providers through collaboration with the child care licensing section.**

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

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

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

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
- i.  Application in languages other than English (application and related documents, brochures, provider notices).
  - ii.  Informational materials in languages other than English.
  - iii.  Website in languages other than English.
  - iv.  Lead Agency accepts applications at local community-based locations.
  - v.  Bilingual caseworkers or translators available.
  - vi.  Bilingual outreach workers.
  - vii.  Partnerships with community-based organizations.
  - viii.  Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
  - ix.  Home visiting programs.
  - x.  Other. Describe:
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i.  Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
  - ii.  Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
  - iii.  Caseworkers with specialized training/experience in working with individuals with disabilities.
  - iv.  Ensuring accessibility of environments and activities for all children.
  - v.  Partnerships with State and local programs and associations focused on disability- related topics and issues.
  - vi.  Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
  - vii.  Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
  - viii.  Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
  - ix.  Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

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

- i.  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. Describe:
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
- i. Describe the Lead Agency’s training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The providers can receive training and TA efforts related to homelessness, if requested, through the Guam Homeless Coalition during their outreach events.**
  - ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **There is currently no training and TA efforts for Lead Agency staff in identifying and serving children and their families experiencing homelessness.**

## 2.5 Promoting Continuity of Care

Lead Agencies must consider children’s development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

### 2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **Coordinating with Head Start, pre-kindergarten and other early learning programs or school age programs to create a package of arrangements that accommodate parents work schedules. Using cross enrollment or referrals to public benefits.**

### 2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.
  - a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?  
 Yes.

No. If no, describe:

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

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

Yes.

No. If no, describe:

c. Are the policies different for redetermination?

No.

Yes. If yes, provide the additional/varying policies for redetermination: **Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.**

### 2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

- i.  Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **An unemployed applicant performing job search activities for 90 calendar days (3 months) in order to obtain employment is eligible for full time childcare assistance. The applicant MUST indicate that the need or purpose for child care is to search for employment. Unemployed applicants must show proof of seeking employment or attending school/training program on or before the last work day of the certification end month. An applicant/client actively performing job search activities beyond 3 months shall be eligible for full-time child care assistance through the duration of the 12-month eligibility period.**
- ii.  Yes. The Lead Agency does consider seeking employment (engaging in a job

search) as an eligible activity at redetermination. If yes, describe: **An unemployed applicant performing job search activities for 90 calendar days (3 months) in order to obtain employment is eligible for full time childcare assistance. The applicant MUST indicate that the need or purpose for child care is to search for employment. Unemployed applicants must show proof of seeking employment or attending school/training program on or before the last work day of the certification end month. An applicant/client actively performing job search activities beyond 3 months shall be eligible for full-time child care assistance through the duration of the 12-month eligibility period.**

- iii.  No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.
- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?  
 Yes. The Lead Agency continues assistance.  
 No, the Lead Agency discontinues assistance.
  - i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change:
  - ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:
  - iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)?
- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:
  - i.  Not applicable.
  - ii.  Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.  

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:
  - iii.  A change in residency outside of the State or Territory.  

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **Within 10 calendar days from the date the change occurred, the applicant/client shall report changes in the household to include but not limited to change in mailing address and leaving the island. The Lead Agency may discontinue assistance should the client fail to report such changes then after resulting in unexcused absences in excess of 10 consecutive days.**
  - iv.  Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.



Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **Program fraud and abuse is defined as willful misrepresentation or withholding of facts or information to qualify for CCDF assistance. CCDF Manual 5000.11. An Intentional Program Violation is an action by an individual for the purpose of establishing or maintaining individual or entity's eligibility for assistance or for increasing or preventing a reduction in the amount of grant, which is intentionally a) a false or misleading statement or misrepresentation, concealment, or withholding of facts; or b) any act intended to mislead, misrepresent, conceal or withhold facts or propounds a falsity.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

Yes.

No. If no, describe:

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

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

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

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

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

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

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

- a.  Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b.  The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:
  - i.  Lead Agency adjusts the family’s co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family’s income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
  - ii.  Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c.  The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency’s initial eligibility threshold. If checked, provide the following information:
  - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
  - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
  - iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
  - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
  - v.  Lead Agency adjusts the family’s co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family’s

income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

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

### 3 Child Care Affordability

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

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

#### 3.1 Family Co-payments

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

##### 3.1.1 Family co-payment

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

- a. What is the maximum percent of a family’s gross income any family could be charged as a co-payment? **1.7%**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

Yes.

No. If no, describe:

3.1.2 Sliding fee scale

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

a. Is the sliding fee scale set statewide?

Yes.

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

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

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	0.00	0.00	0.00	0.00	0.00	0.00
2	3511.00	25.00	1.70	5226.00	25.00	0.90
3	4416.00	75.00	1.40	7685.00	75.00	0.70
4	5321.00	75.00	1.10	8915.00	75.00	0.60
5	6226.00	75.00	1.00	8915.00	75.00	0.50

c. What is the effective date of the sliding-fee scale(s)? **April 4, 2022**

d. Provide the link(s) to the sliding-fee scale(s): **<https://guamchildcare.com/prugraman-pinilan-child-care-application>**

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider’s price exceeds the subsidy payment?

No.

Yes.

If yes:

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

ii. Provide data (including data on the size and frequency of such amounts) on the

extent to which CCDF providers charge additional amounts to families:

## 3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

### 3.2.1 Family co-payment calculation

a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

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

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

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

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

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

The fee is per family.

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

Other. Describe:

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

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

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

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

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

The fee is per family.

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

Other. Describe:

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

No.

Yes.

If yes, check and describe those additional factors below:

i.  Number of hours the child is in care. Describe:

ii.  Quality of care (as defined by the Lead Agency). Describe:

- iii.  Other. Describe:
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
  - i.  Base co-payments on only a portion of the family’s income. For instance, only consider the family income over the federal poverty level.
  - ii.  Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
  - iii.  Other. Describe: **Base co-payments on the number of children in the family and have a maximum amount per family.**

### 3.3 Waiving Family Co-payment

#### 3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

Yes. If yes, identify and describe which family contributions/co-payments waived.

- i.  Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii.  Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii.  Families experiencing homelessness.
- iv.  Families with children with disabilities.
- v.  Families enrolled in Head Start or Early Head Start.
- vi.  Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy:
- vii.  Families meeting other criteria established by the Lead Agency. Describe the policy: **Family contribution is waived for those experiencing homelessness, in foster care, eligible for TANF services, minor parents and families with income below 100% of federal poverty level.**

## 4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their

family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

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

## 4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

### 4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Method of data collection: Provider Feedback heard during provider workgroup sessions (QIS development with ETPDO and RPD), pre-service orientations (ETPDO), training (ETPDO and RPD), surveys (previous monthly provider reports, etc.), provider walk-ins/meetings (Licensing and CCDF Certification), and during inspections (Regulatory).** ETPDO stands for Education, Training, Professional Development, and Outreach Section and RPD stands for Research, Planning, and Development Section.

#### Licensed Facilities (centers, daycares, child care homes)

Cost to start-up, the arduous process (multiple inspections and multiple agency requirements) to become a licensed child care provider, the cost to maintain and remain in compliance with local laws and CCDF regs, finding, funding, and keeping teaching staff, meeting ratio for each age group.

#### School-Age Programs

Not enough CCDF families participating, not aware of the process to become CCDF-certified, long process to get and maintain a CCDF-certification, are not interested in being CCDF-certified, an excessive number of requirements (both CCDF and local regs, ex. background checks).

#### Relative and In-Home

Difficult to meet an annual minimum of 15 hours of CCDF Health and Safety related

**courses and inspections done in private homes.**

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?  
 Yes.  
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?  
 Yes.  
 No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **Verbal communication at the time of the application, community outreach, workshops, and/or other in person activities. A directory of child care providers is made available online on the Lead Agency's website at "<https://directory.guamchildcare.com/directory>" to view and is also provided to parents when applying for childcare or upon request.**
- e. Describe what information is included on the child care certificate: **The certificate states the parents' name, case number, mailing address, co-share percentage (if applicable), child's name and date of birth, the CCDF subsidy amount, the renewal date and certification period and the parents' and daycare center's rights and responsibilities.**

## 4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative



methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

#### 4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a.  Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)?
- b.  ACF pre-approved alternative methodology.
- i.  The alternative methodology was completed.
- ii.  The alternative methodology is in process.

*If the alternative methodology was completed:*

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

*If the alternative methodology is in progress:*

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology). **The Alternative Methodology is currently in progress for Guam. The proposal and timeline were submitted to the Office of Child Care on December 29, 2023. Subsequently, the proposal and timeline were approved by the Office of Child Care on April 6, 2024. The timeline outlines the activities to be conducted, any completed steps to date, anticipated date of completion, and expected date for new rates to be in effect. The timeline may be subject to change due to potential changes in start date for data collection and seasonality of childcare enrollment in afterschool programs. The six phases of**

the timeline for the Alternative Methodology are described below:

☒ **Planning and Consultation Phase:** The phase starts in March 2024 and ends on July 2024. During this phase, the Child Care Provider Committee and the Advisory Committee will be established, the cost estimation model will be created, and the initial cost factor assumptions for each provider type will be formulated. The initial assumptions will be presented to the Child Care Provider Committee and the Advisory Committee for their review. The outcome of the committee’s review is the finalized cost factor assumptions used in designing the survey for the next phase.

☒ **Design and Consultation Phase:** The phase starts in August 2024 and ends on October 2024. During this phase, the finalized cost factor assumptions will be used to design the survey. The intent of the survey is to validate each assumption. The draft survey will be presented to the Child Care Provider Committee and the Advisory Committee for their review. The outcome of the committees’ reviews will be a finalized survey for dissemination to the child care providers.

☒ **Data Gathering Phase:** The phase starts in November 2024 and ends in January 2025. During this phase, the child care rates will be set in accordance to the submitted CCDF Plan and disseminated to the child care providers. The goal is to hold three (3) workshops or technical assistance sessions to obtain feedback from the providers. Follow-ups will be conducted in order to reach a high overall response rate.

☒ **Analysis and Conclusions Phase:** The phase starts in February 2025 and ends in March 2025. During this phase, data will be organized, graphs and models will be designed, and data will be presented. Trends and other notable results will be determined based on the data.

☒ **Report Building Phase:** The phase starts in April 2025 and ends in May 2025. During this phase, the draft report will be created and finalized for internal review.

☒ **Debrief and Review Phase:** The phase starts in June 2025 and ends when the report is submitted. During this phase, the results of the Alternative Methodology will be presented to the Child Care Provider Committee and the Advisory Committee. The anticipated submission of this report to the Office of Child Care will be by the end of June 2025. The results will determine how the child care rates on Guam will be set.

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

iii. State Advisory Council or similar coordinating body: **The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) will engage with the**

Guam Early Learning Council (GELC), which is a governmental body dedicated to advancing early childhood education and development initiatives on Guam. The GELC will be engaged during the Planning and Consultation Phase, Design and Consultation Phase, and Debrief and Review Phase. The initial assumptions, draft survey, and the results of the Alternative Methodology will be presented to GELC.

- iv. Local child care program administrators: **A sample of licensed child care facilities, family day cares, school-age programs, relative child care, and in-home child care providers will be contacted and invited to be part of the Child Care Provider Committee which we will engage during the Planning and Consultation Phase, Design and Consultation Phase, and Debrief and Review Phase. The initial assumptions, draft survey, and the results of the Alternative Methodology will be presented to this committee as well as our State Advisory Council.**
  - v. Local child care resource and referral agencies: **Guam has a Child Care Resource Referral and Outreach (CCRR&O) Section within the Bureau of Child Care Services.**
  - vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **A sample of licensed child care facilities, family day cares, school-age programs, relative child care, and in-home child care providers will be contacted and invited to be part of the Child Care Provider Committee which we will engage during the Planning and Consultation Phase, Design and Consultation Phase, and Debrief and Review Phase. The initial assumptions, draft survey, and the results of the Alternative Methodology will be presented to this committee as well as our State Advisory Council. All licensed child care facilities are part of one or both child care associations in Guam.**
  - vii. Other. Describe: **Not Applicable**
- d. An MRS must be statistically valid and reliable.
- An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:
- i. When was the market rate survey completed?
  - ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)?
  - iii. Describe how it represented the child care market, including what types of providers were included in the survey:
  - iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program?
  - v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)?
  - vi. What is the percent of licensed or regulated child care centers responding to the survey?
  - vii. What is the percent of licensed or regulated family child care homes responding to the survey?

- viii. Describe if the survey conducted in any languages other than English:
  - ix. Describe if data were analyzed in a manner to determine price of care per child:
  - x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted:
- e. Price variations reflected.

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

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The Lead Agency is not doing a Market Rate Survey, as the Agency was approved to conduct a Cost-Based Alternative Methodology by the Office of Child Care on April 6, 2024. The Cost-Based Alternative Methodology is currently being conducted by the Bureau of Child Care Services and is anticipated to be completed in 2025.**
- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The Lead Agency is not doing a Market Rate Survey, as the Agency was approved to conduct a Cost-Based Alternative Methodology by the Office of Child Care on April 6, 2024. The Cost-Based Alternative Methodology is currently being conducted by the Bureau of Child Care Services and is anticipated to be completed in 2025.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The Lead Agency is not doing a Market Rate Survey, as the Agency was approved to conduct a Cost-Based Alternative Methodology by the Office of Child Care on April 6, 2024. The Cost-Based Alternative Methodology is currently being conducted by the Bureau of Child Care Services and is anticipated to be completed in 2025.**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The Lead Agency is not doing a Market Rate Survey, as the Agency was approved to conduct a Cost-Based Alternative Methodology by the Office of Child Care on April 6, 2024. The Cost-Based Alternative Methodology is currently being conducted by the Bureau of Child Care Services and is anticipated to be completed in 2025.**

#### 4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or

location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) plans to do a Cost-Based Alternative Methodology. The proposal and timeline were submitted to the Office of Child Care on December 29, 2023. Subsequently, the proposal and timeline were approved by the Office of Child Care on April 6, 2024. The Lead Agency is currently working to collect data in order to formulate the initial assumptions and survey the child care providers. The Cost-Based Alternative Methodology is anticipated to be completed in 2025.**
- b. In the Lead Agency’s analysis, were there any relevant variations by geographic location, category of provider, or age of child? **The Lead Agency is not doing a Market Rate Survey, as the Agency was approved to conduct a Cost-Based Alternative Methodology by the Office of Child Care on April 6, 2024. The Cost-Based Alternative Methodology is currently being conducted by the Bureau of Child Care Services and is anticipated to be completed in 2025.**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **The Lead Agency is not doing a Market Rate Survey, as the Agency was approved to conduct a Cost-Based Alternative Methodology by the Office of Child Care on April 6, 2024. The Cost-Based Alternative Methodology is currently being conducted by the Bureau of Child Care Services and is anticipated to be completed in 2025.**
- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **The Lead Agency is not doing a Market Rate Survey, as the Agency was approved to conduct a Cost-Based Alternative Methodology by the Office of Child Care on April 6, 2024. The Cost-Based Alternative Methodology is currently being conducted by the Bureau of Child Care Services and is anticipated to be completed in 2025.**

**The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) is currently establishing its Quality Improvement System (QIS) and is continuing to obtain feedback from licensed child care providers.**

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **The Lead Agency is not doing a Market Rate Survey, as the Agency was approved to conduct a Cost-Based Alternative Methodology by the Office of Child Care on April 6,**

**2024. The Cost-Based Alternative Methodology is currently being conducted by the Bureau of Child Care Services and is anticipated to be completed in 2025.**

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

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

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

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

- i. Provide the date the report was completed: **7/1/2025**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **8/1/2025**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **The Lead Agency is not doing a Market Rate Survey, as the Agency was approved to conduct a Cost-Based Alternative Methodology by the Office of Child Care on April 6, 2024. The Cost-Based Alternative Methodology is currently being conducted by the Bureau of Child Care Services and is anticipated to be completed in 2025.**
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The Lead Agency is not doing a Market Rate Survey, as the Agency was approved to conduct a Cost-Based Alternative Methodology by the Office of Child Care on April 6, 2024. The Cost-Based Alternative Methodology is currently being conducted by the Bureau of Child Care Services and is anticipated to be completed in 2025.**

### 4.3 Adequate Payment Rates

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

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might

exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

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

#### 4.3.1 Payment rates

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

Yes.

i. If yes, check if the Lead Agency:

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

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

No.

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

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **10/1/2022**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **The rates reported were based on enrollment per month. The monthly rate was divided by 4.3.**

#### 4.3.2 Base payment rates

a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1a ii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75<sup>th</sup> percentile of the most recent MRS. The 75<sup>th</sup> percentile benchmark applies to the base rates. The 75<sup>th</sup> percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75<sup>th</sup> percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75<sup>th</sup> percentile in the tables below, the Lead Agency must also report the 50<sup>th</sup> percentile and 60<sup>th</sup> percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets

different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	<b>700.00 Per Month</b>	100.00	161.00	0.00	0.00	0.00	0.00	0.00 Per Month	0.00
Family Child Care for Infants (6 months)	<b>700.00 Per Month</b>	100.00	161.00	0.00	0.00	0.00	0.00	0.00 Per Month	0.00
Center Care for Toddlers (18 months)	<b>630.00 Per Month</b>	100.00	145.00	0.00	0.00	0.00	0.00	0.00 Per Month	0.00



Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Toddlers (18 months)	630.00 Per Month	100.00	145.00	0.00	0.00	0.00	0.00	0.00 Per Month	0.00
Center Care for Preschoolers (4 years)	575.00 Per Month	100.00	133.00	0.00	0.00	0.00	0.00	0.00 Per Month	0.00
Family Child Care for Preschoolers (4 years)	575.00 Per Month	100.00	133.00	0.00	0.00	0.00	0.00	0.00 Per Month	0.00
Center Care for School-Age (6 years)	525.00 Per Month	100.00	121.00	0.00	0.00	0.00	0.00	0.00 Per Month	0.00
Family Child Care for School-Age (6 years)	575.00 Per Month	100.00	121.00	0.00	0.00	0.00	0.00	0.00 Per Month	0.00

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									
Family Child Care for Preschoolers (4 years)									
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

Yes.

No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe: **The MRS or ACF has not been conducted in prior years, but is being conducted this year.**

#### 4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

- a. Does the Lead Agency provide any rate add-ons above the base rate?
- Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **During a State of Emergency, the Lead Agency covers 100% co-pay for vulnerable populations, which includes children with special needs, children under the court, essential workers, etc.**
- No.

- b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?
- Yes.
- No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

- i.  Differential rate for non-traditional hours. Describe:
- ii.  Differential rate for children with special needs, as defined by the Lead Agency. Describe: **The Lead Agency provides higher payment/reimbursement rates for childcare providers who have a behavior interventionist/someone trained by a behavioral interventionist on staff.**
- iii.  Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:
- iv.  Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:
- v.  Differential rate for higher quality, as defined by the Lead Agency. Describe: **The Lead Agency has not implemented this but plans to provide higher payment/reimbursement rates for childcare providers who provide bilingual services to dual-language learners.**
- vi.  Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:
- vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

Yes. If yes, describe:

No.

#### 4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency’s methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **Guam’s rates are set at the 75th percentile which is adequate to enable providers to meet health, safety and staffing requirements.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Guam does not have a State Median Index (SMI). Hawaii’s payment rates were used, as it closely resembles Guam’s cost of living.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **Guam did not do a market rate study. We are currently in the process of conducting a market rate study.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Guam does not have a quality rating system. Participation in a professional development system is required for all child care providers and is subsidized by CCDF grant funds.**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **Not Applicable**

#### 4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child’s authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family’s eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

##### 4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child’s authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child’s authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based

payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

Yes. If yes, describe:

No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **For all provider types, after review of the certificate, child care calendar and any other supporting documents (e.g. doctor's excuse note, etc.), payment is processed within 21 calendar days due to challenges associated with being a line agency. The Guam Department of Public Health and Social Services must adhere to the Guam Procurement Law and work with other government agencies.**

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?

Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

#### 4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

Yes.

No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

Yes. If yes, identify the fees the Lead Agency pays for: **CCDF will pay a maximum amount for a one-time registration fee of \$100 per child during a 12-month period as part**

**of the child care services.**

No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **The Public Health Professional (PHPro) System stores the rates and fees charged by providers which ensures all providers are paid by the rate they are qualified in. Lead Agency staff reviews and verifies attendance documents (child care certificate, child care calendar, and any other supporting documents) and processes payment for each CCDF applicant.**
- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family’s eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **Providers are notified of changes to the family's eligibility status that may impact payments via the Child Care Certificate (voucher) at least thirty (30) days prior to the date of service.**
- e. Describe the Lead Agency’s timely appeal and resolution process for payment inaccuracies and disputes: **The Lead Agency offers a ninety (90) day appeal and resolution from the date the child care services were provided.**
- f. Other. Describe any other payment practices established by the Lead Agency:

#### 4.4.3 Payment practices and parent choice

How do the Lead Agency’s payment practices facilitate provider participation in all categories of care? **Guam’s rates are set at the 75th percentile, and timely payments within 21 working days provide parents with access to all eligible providers in the territory.**

### 4.5 Supply Building

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

#### 4.5.1 Child care services available through grants or contracts

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

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

Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

No. If no, describe any Lead Agency plans to provide direct child care services through

grants and contracts for child care slots: **The Bureau of Child Care Services does not currently provide direct child care services through grants and contracts for child care slots. The BCCS plans to further provide services while operating with the challenges associated with being a line agency under the Government of Guam.**

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

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

Infants and toddlers. Number of slots allocated through grants or contracts:

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

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

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

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

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

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

Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

#### 4.5.2 Care in the child's home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

Yes.

No.

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

i.  Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:

- ii.  Restricted based on the in-home provider meeting a minimum age requirement. Describe:
- iii.  Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv.  Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:
- v.  Restricted to care for children with special needs or a medical condition. Describe:
- vi.  Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii.  Other. Describe:

#### 4.5.3 Shortages in the supply of child care

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

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

- a. In infant and toddler programs:
  - i. Data sources used to identify shortages: **The Guam Child Care Directory identifies licensed child care providers in the territory. The directory indicates the ages accepted, child care tuition rates, and the centers' licensing information, including monitoring and compliance. The PHPro is a system developed by Data Management Resources (DMR) that contains records of licensed child care centers and licensed-exempt child care providers. The licensing registry within the Bureau of Child Care Services also contains records of licensed child care centers on Guam. The 2021 Preschool Development Grant (PDG) Needs Assessment examines the Early Childhood Care and Education Availability for Guam, which entails the options that parents have for enrolling their child(ren) birth to five years in child care that is accessible, affordable, and supports children's development and meets the needs of both the parents and the children.**
  - ii. Method of tracking progress: **Examining the number of each type of provider that is on the Guam Child Care Directory and PHPro and comparing year by year.**
  - iii. What is the plan to address the child care shortages using family child care homes **The data indicates that the number of family child care homes increased from 1 in 2021 to 2 as of 2024. The DPHSS Division of Children's Wellness, Bureau of Child Care Services (BCCS) has two MOAs with the Guam's Small Business Development Center and the Department of Youth Affair in addressing the child care shortages in the licensed family child care homes, i.e. Family Daycares.**

**The MOA between the DPHSS Division of Children's Wellness, Bureau of Child Care Services (BCCS) and the Guam's Small Business Development Center (SBDC) will offer various workshops, training, and other educational opportunities related to business management and CCDF requirements for prospective and existing**



childcare providers. The guidance received by providers on the process of establishing and operating a child care center or family daycare aims to encourage entrepreneurial ventures in the child care industry. The potential outcome of this partnership is the creation of new child care facilities, which will increase the overall supply of child care on Guam.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Department of Youth Affair (DYA) will offer the Summer Youth Employment Program. This program offers high school juniors and seniors, who are 15 – 17 years of age, the opportunity to work in the field of child care or any social service-related field. This program can provide participants with hands-on experience, training, and exposure to the responsibilities of working in the child care industry. This program may also function as a pathway for recruiting future child care professionals, which can alleviate the shortage of qualified workers in the child care industry.

- iv. What is the plan to address the child care shortages using child care centers? The data indicates that the number of licensed child care centers increased from 45 in 2021 to 66 as of 2024. The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) has two MOAs with the Guam’s Small Business Development Center and the Department of Youth Affair in addressing the child care shortages in the child care centers.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Guam’s Small Business Development Center (SBDC) will offer various workshops, training, and other educational opportunities related to business management and CCDF requirements for prospective and existing childcare providers. The guidance received by providers on the process of establishing and operating a child care center aims to encourage entrepreneurial ventures in the child care industry. The potential outcome of this partnership is the creation of new child care facilities, which will increase the overall supply of child care on Guam.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Department of Youth Affair (DYA) will offer the Summer Youth Employment Program. This program offers high school juniors and seniors, who are 15 – 17 years of age, the opportunity to work in the field of child care or any social service-related field. This program can provide participants with hands-on experience, training, and exposure to the responsibilities of working in the child care industry. This program may also function as a pathway for recruiting future child care professionals, which can alleviate the shortage of qualified workers in the child care industry.

- b. In different regions of the State or Territory:
  - i. Data sources used to identify shortages: The Guam Child Care Directory identifies licensed child care providers in the territory. The directory indicates the ages accepted, child care tuition rates, and the centers’ licensing information, including monitoring and compliance. The PHPro is a system developed by Data

Management Resources (DMR) that contains records of licensed child care centers and licensed-exempt child care providers. The licensing registry within the Bureau of Child Care Services also contains records of licensed child care centers on Guam. The 2021 Preschool Development Grant (PDG) Needs Assessment examines the Early Childhood Care and Education Availability for Guam, which entails the options that parents have for enrolling their child(ren) birth to five years in child care that is accessible, affordable, and supports children’s development and meets the needs of both the parents and the children.

- ii. Method of tracking progress: Examining the number of each type of provider that is on the Guam Child Care Directory and PHPro and comparing year by year.
- iii. What is the plan to address the child care shortages using family child care homes? The data indicates that the number of family child care homes increased from 1 in 2021 to 2 as of 2024. The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) has two MOAs with the Guam’s Small Business Development Center and the Department of Youth Affairs in addressing the child care shortages in the licensed family child care homes, i.e. Family Daycares.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Guam’s Small Business Development Center (SBDC) will offer various workshops, training, and other educational opportunities related to business management and CCDF requirements for prospective and existing childcare providers. The guidance received by providers on the process of establishing and operating a child care center or family daycare aims to encourage entrepreneurial ventures in the child care industry. The potential outcome of this partnership is the creation of new child care facilities, which will increase the overall supply of child care on Guam.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Department of Youth Affairs (DYA) will offer the Summer Youth Employment Program. This program offers high school juniors and seniors, who are 15 – 17 years of age, the opportunity to work in the field of child care or any social service-related field. This program can provide participants with hands-on experience, training, and exposure to the responsibilities of working in the child care industry. This program may also function as a pathway for recruiting future child care professionals, which can alleviate the shortage of qualified workers in the child care industry.

- iv. What is the plan to address the child care shortages using child care centers? The data indicates that the number of licensed child care centers increased from 45 in 2021 to 66 as of 2024. The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) has two MOAs with the Guam’s Small Business Development Center and the Department of Youth Affairs in addressing the child care shortages in the child care centers.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Guam’s Small Business Development Center (SBDC) will offer various workshops, training, and other educational opportunities related

to business management and CCDF requirements for prospective and existing childcare providers. The guidance received by providers on the process of establishing and operating a child care center aims to encourage entrepreneurial ventures in the child care industry. The potential outcome of this partnership is the creation of new child care facilities, which will increase the overall supply of child care on Guam.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Department of Youth Affair (DYA) will offer the Summer Youth Employment Program. This program offers high school juniors and seniors, who are 15 – 17 years of age, the opportunity to work in the field of child care or any social service-related field. This program can provide participants with hands-on experience, training, and exposure to the responsibilities of working in the child care industry. This program may also function as a pathway for recruiting future child care professionals, which can alleviate the shortage of qualified workers in the child care industry.

c. In care for special populations:

- i. Data sources used to identify shortages: **The Guam Child Care Directory identifies licensed child care providers in the territory. The directory indicates the ages accepted, child care tuition rates, and the centers’ licensing information, including monitoring and compliance. The PHPro is a system developed by Data Management Resources (DMR) that contains records of licensed child care centers and licensed-exempt child care providers. The licensing registry within the Bureau of Child Care Services also contains records of licensed child care centers on Guam. The 2021 Preschool Development Grant (PDG) Needs Assessment examines the Early Childhood Care and Education Availability for Guam, which entails the options that parents have for enrolling their child(ren) birth to five years in child care that is accessible, affordable, and supports children’s development and meets the needs of both the parents and the children.**
- ii. Method of tracking progress: **Examining the number of each type of provider that is on the Guam Child Care Directory and PHPro and comparing year by year.**
- iii. What is the plan to address the child care shortages using family child care homes? **The data indicates that the number of family child care homes increased from 1 in 2021 to 2 as of 2024. The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) has two MOAs with the Guam’s Small Business Development Center and the Department of Youth Affair in the licensed family child care homes, i.e. Family Daycares.**

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Guam’s Small Business Development Center (SBDC) will offer various workshops, training, and other educational opportunities related to business management and CCDF requirements for prospective and existing childcare providers. The guidance received by providers on the process of establishing and operating a child care center or family daycare aims to encourage entrepreneurial ventures in the child care industry. The potential outcome of this partnership is the creation of new child care facilities, which will increase the

overall supply of child care on Guam.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Department of Youth Affair (DYA) will offer the Summer Youth Employment Program. This program offers high school juniors and seniors, who are 15 – 17 years of age, the opportunity to work in the field of child care or any social service-related field. This program can provide participants with hands-on experience, training, and exposure to the responsibilities of working in the child care industry. This program may also function as a pathway for recruiting future child care professionals, which can alleviate the shortage of qualified workers in the child care industry.

- iv. What is the plan to address the child care shortages using child care centers? **The data indicates that the number of licensed child care centers increased from 45 in 2021 to 66 as of 2024. The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) has two MOAs with the Guam’s Small Business Development Center and the Department of Youth Affair in addressing the child care shortages in the child care centers.**

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Guam’s Small Business Development Center (SBDC) will offer various workshops, training, and other educational opportunities related to business management and CCDF requirements for prospective and existing childcare providers. The guidance received by providers on the process of establishing and operating a child care center aims to encourage entrepreneurial ventures in the child care industry. The potential outcome of this partnership is the creation of new child care facilities, which will increase the overall supply of child care on Guam.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Department of Youth Affair (DYA) will offer the Summer Youth Employment Program. This program offers high school juniors and seniors, who are 15 – 17 years of age, the opportunity to work in the field of child care or any social service-related field. This program can provide participants with hands-on experience, training, and exposure to the responsibilities of working in the child care industry. This program may also function as a pathway for recruiting future child care professionals, which can alleviate the shortage of qualified workers in the child care industry.

#### 4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: **The DPHSS Division of Children’s Wellness,**

Bureau of Child Care Services (BCCS) uses the Guam Child Care Directory and the 2021 Preschool Development Grant (PDG) Needs Assessment to identify any gaps in the supply and quality of child care services. The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) has two MOAs with the Guam’s Small Business Development Center and the Department of Youth Affair in addressing the child care shortages in the child care centers.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Guam’s Small Business Development Center (SBDC) will offer various workshops, training, and other educational opportunities related to business management and CCDF requirements for prospective and existing childcare providers. The guidance received by providers on the process of establishing and operating a child care center aims to encourage entrepreneurial ventures in the child care industry. The potential outcome of this partnership is the creation of new child care facilities, which will increase the overall supply of child care on Guam.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Department of Youth Affair (DYA) will offer the Summer Youth Employment Program. This program offers high school juniors and seniors, who are 15 to 17 years of age, the opportunity to work in the field of child care or any social service-related field. This program can provide participants with hands-on experience, training, and exposure to the responsibilities of working in the child care industry. This program may also function as a pathway for recruiting future child care professionals, which can alleviate the shortage of qualified workers in the child care industry.

Guam is currently establishing its Quality Improvement System (QIS), which is anticipated to be launched by the end of 2024. This system establishes a set of quality standards for licensed child care centers to assist in increasing their level of quality and assist CCDF families in making more informed choices for the type of care for their child to attend. The QIS will be intended to address the gaps in the quality of child care services.

- b. Infants and toddlers. Describe: The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) uses the Guam Child Care Directory and the 2021 Preschool Development Grant (PDG) Needs Assessment to identify any gaps in the supply and quality of child care services. The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) has two MOAs with the Guam’s Small Business Development Center and the Department of Youth Affair in addressing the child care shortages in the child care centers.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Guam’s Small Business Development Center (SBDC) will offer various workshops, training, and other educational opportunities related to business management and CCDF requirements for prospective and existing childcare providers. The guidance received by providers on the process of establishing and operating a child care center aims to encourage entrepreneurial ventures in the child care industry. The potential outcome of this partnership is the creation of new child care facilities, which will increase the overall supply of child care on Guam.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Department of Youth Affair (DYA) will offer the Summer Youth Employment Program. This program offers high school juniors and seniors, who are 15 to 17 years of age, the opportunity to work in the field of child care or any social service-related field. This program can provide participants with hands-on experience, training, and exposure to the responsibilities of working in the child care industry. This program may also function as a pathway for recruiting future child care professionals, which can alleviate the shortage of qualified workers in the child care industry.

Guam is currently establishing its Quality Improvement System (QIS), which is anticipated to be launched by the end of 2024. This system establishes a set of quality standards for licensed child care centers to assist in increasing their level of quality and assist CCDF families in making more informed choices for the type of care for their child to attend. The QIS will be intended to address the gaps in the quality of child care services.

- c. Children with disabilities. Describe: The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) uses the Guam Child Care Directory and the 2021 Preschool Development Grant (PDG) Needs Assessment to identify any gaps in the supply and quality of child care services. The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) has two MOAs with the Guam’s Small Business Development Center and the Department of Youth Affair in addressing the child care shortages in the child care centers.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Guam’s Small Business Development Center (SBDC) will offer various workshops, training, and other educational opportunities related to business management and CCDF requirements for prospective and existing childcare providers. The guidance received by providers on the process of establishing and operating a child care center aims to encourage entrepreneurial ventures in the child care industry. The potential outcome of this partnership is the creation of new child care facilities, which will increase the overall supply of child care on Guam.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Department of Youth Affair (DYA) will offer the Summer Youth Employment Program. This program offers high school juniors and seniors, who are 15 to 17 years of age, the opportunity to work in the field of child care or any social service-related field. This program can provide participants with hands-on experience, training, and exposure to the responsibilities of working in the child care industry. This program may also function as a pathway for recruiting future child care professionals, which can alleviate the shortage of qualified workers in the child care industry.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the University of Guam Center for Excellence in Developmental Disabilities Education, Research and Service (CEDDERS) through the Guam System for Assistive Technology (GSAT) will offer disability awareness training and technical assistance, assistive technology awareness, and assistive technology utilization for children with disabilities in the childcare setting. This partnership can contribute to improving both the supply and quality of childcare services for children with disabilities,

fostering a more inclusive and supportive environment for their development and well-being.

Guam is currently establishing its Quality Improvement System (QIS), which is anticipated to be launched by the end of 2024. This system establishes a set of quality standards for licensed child care centers to assist in increasing their level of quality and assist CCDF families in making more informed choices for the type of care for their child to attend. The QIS will be intended to address the gaps in the quality of child care services.

- d. Children who receive care during non-traditional hours. Describe: The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) uses the Guam Child Care Directory and the 2021 Preschool Development Grant (PDG) Needs Assessment to identify any gaps in the supply and quality of child care services. The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) has two MOAs with the Guam’s Small Business Development Center and the Department of Youth Affair in addressing the child care shortages in the child care centers.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Guam’s Small Business Development Center (SBDC) will offer various workshops, training, and other educational opportunities related to business management and CCDF requirements for prospective and existing childcare providers. The guidance received by providers on the process of establishing and operating a child care center aims to encourage entrepreneurial ventures in the child care industry. The potential outcome of this partnership is the creation of new child care facilities, which will increase the overall supply of child care on Guam.

The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Department of Youth Affair (DYA) will offer the Summer Youth Employment Program. This program offers high school juniors and seniors, who are 15 to 17 years of age, the opportunity to work in the field of child care or any social service-related field. This program can provide participants with hands-on experience, training, and exposure to the responsibilities of working in the child care industry. This program may also function as a pathway for recruiting future child care professionals, which can alleviate the shortage of qualified workers in the child care industry.

Guam is currently establishing its Quality Improvement System (QIS), which is anticipated to be launched by the end of 2024. This system establishes a set of quality standards for licensed child care centers to assist in increasing their level of quality and assist CCDF families in making more informed choices for the type of care for their child to attend. The QIS will be intended to address the gaps in the quality of child care services.

- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **Not Applicable**

#### 4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) uses the Guam Child Care Directory and the 2021 Preschool Development Grant (PDG) Needs Assessment to identify any gaps in the supply and quality of child care services. The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) has two MOAs with the Guam’s Small Business Development Center and the Department of Youth Affairs in addressing the child care shortages in the child care centers, inclusive of areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.**

**The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Guam’s Small Business Development Center (SBDC) will offer various workshops, training, and other educational opportunities related to business management and CCDF requirements for prospective and existing childcare providers. The guidance received by providers on the process of establishing and operating a child care center aims to encourage entrepreneurial ventures in the child care industry. The potential outcome of this partnership is the creation of new child care facilities, which will increase the overall supply of child care on Guam.**

**The MOA between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) and the Department of Youth Affairs (DYA) will offer the Summer Youth Employment Program. This program offers high school juniors and seniors, who are 15 – 17 years of age, the opportunity to work in the field of child care or any social service-related field. This program can provide participants with hands-on experience, training, and exposure to the responsibilities of working in the child care industry. This program may also function as a pathway for recruiting future child care professionals, which can alleviate the shortage of qualified workers in the child care industry.**

**The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) works with the Guam Homeless Coalition, which is a coalition that responds to the needs of homeless youth, families, and single adults. The BCCS engages in outreach efforts to inform homeless families about the availability and benefits of high-quality child care services. This involves engaging with homeless families on an individual basis to assess their specified needs and provide information and resources related to child care options, enrollment procedures, eligibility requirements, and available support services.**

**Guam is currently establishing its Quality Improvement System (QIS), which is anticipated to be launched by the end of 2024. This system establishes a set of quality standards for licensed child care centers to assist in increasing their level of quality and assist CCDF families in making more informed choices for the type of care for their child to attend. The QIS will be intended to address the gaps in the quality of child care services.**

## 5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents’ care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to **Lead Agencies** to design standards that appropriately protect children’s safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for



ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children’s development.

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

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

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

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

## 5.1 Licensing Requirements

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

### 5.1.1 Providers subject to licensing

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

- a. Identify the center-based provider types subject to child care licensing: **Childcare Facilities (center-based childcare providers); Any person, association, corporation, or partnership providing or with the intent to provide, in a facility or home, education, and supervision for twelve (12) or more children for all or part of a twenty-four (24) hour day, whether or not the facility is operated for profit or charges for the services it offers.**

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

Yes. If yes, describe:

No.

- b. Identify the family child care providers subject to licensing: **Group Child Care Homes (family child care providers); Any person, association, corporation, or partnership**

providing or with intent to provide, in a facility or home, child care for at least seven (7), and not more than twelve (12), during all or part of a twenty-four (24) hour day, whether or not the facility is operated for profit or charges for the services it offers.

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

- c. Identify the in-home providers subject to licensing: **Not Applicable**

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

Yes. If yes, describe:

No.

#### 5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

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

- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Categories of CCDF-eligible center-based child care providers exempt from licensing requirements include wrap-around programs and campus child care provided by accredited public or private educational institutions, preschool classrooms regulated by the Guam Department of Education or the Administration for Children and Families, after-school care programs operated by another entity under contract with an educational facility, seasonal camps, skill programs and performing arts classes that teach talents, abilities, or expertise not part of a school curriculum, and child care facilities regulated by the U.S. Department of Defense.**
- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **These providers are licensed and regulated by the Guam Department of Revenue and Taxation and adhere to federal guidelines. They are subject to obtaining a sanitary permit form from the Guam Division of Environmental Health, who enforces local health, safety, and sanitation requirements for institutional facilities. These facilities shall provide the DPHSS with the most current monitoring report assuring that their facility has passed inspection and/or requirements by their respective accrediting institution or regulatory agency, as applicable.**
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Although exempt from obtaining a childcare license, these child care providers must obtain a business license from**

the Guam Department of Revenue and Taxation, obtain a sanitary permit/maintain compliance with quarterly inspections conducted by the Division of Environmental Health, and secure fifteen (15) annual hours of health and safety training. In the interim of the revision of Guam's child care law, Guam has established and implemented an application process which requires interested applicants who wish to become a CCDF Provider, to comply with the child care law, the health and safety standards and CCDBG Act.

- b. License-exempt family child care. Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Relative Care**
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **License-exempt relative care providers are registered by the DPHSS. These providers must be 18 years of age, can provide care for no more than six (6) children related by blood or marriage (i.e. grandparents, aunts, uncles, and/or siblings that does not live in the same home) during a portion of a twenty-four (24) hour day.**
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Although exempt from obtaining a childcare license, the relative care provider must secure fifteen (15) annual hours of health and safety training. In the interim of the revision of Guam's childcare law, Guam has established and implemented an application process which requires interested applicants who wish to become a CCDF Provider, to comply with the child care law, the health and safety standards and CCDBG Act.**
- c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **A family home in which one (1), but no more than six (6) children, up to the age of 13, and/or up to the age of 18 with a disability, are cared for in their own home setting during a portion of a twenty-four (24) hour day.**
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **A family home in which one (1) but no more than six (6) children, are cared for in their own home setting during a portion of a twenty-four (24) hour day.**
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Although exempt from obtaining a childcare license, the in-home care provider must secure fifteen (15) annual hours of health and safety training. In the interim of the revision of Guam's child care law, Guam has established and implemented an application process which requires interested applicants who wish to become a CCDF Provider, to comply with the child care law, the health and safety standards and CCDBG Act.**

## 5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

### 5.2.1 Age classifications

Describe how the **Lead Agency** defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: **Birth to 12 months**
- b. Toddler. Describe: **13 months to 36 months**
- c. Preschool. Describe: **37 months to 48 months**
- d. School-Age. Describe: **48 months and up**

### 5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

- a. Licensed CCDF center-based care:

- i. Infant.

Ratio: **4:1**

Group size: **The Lead Agency is working with the Guam Early Learning Council related to guidance to establishing group size requirements. These requirements will also be reflected in the Child Care Law (PL31-73) update. Currently, group size is generally established by the capacity of the room, whereas the number of children exceeds the age ratio, an additional staff shall be in place to maintain required staff to child ratio. However, although not in policy yet, in the event there are mixed-age groups, the current practice is to follow the child to staff ratio of that of the youngest child in the group. Although Guam does not enforce a group size, the Lead Agency is seeking technical assistance to establish an adequate group size to be identified in CCDF provider agreements.**

- ii. Toddler.

Ratio: **6:1**

Group size: **The Lead Agency is working with the Guam Early Learning Council related to guidance to establishing group size requirements. These requirements will also be reflected in the Child Care Law (PL31-73) update. Currently, group size is generally established by the capacity of the room, whereas the number of children exceeds the age ratio, an additional staff shall be in place to maintain required staff to child ratio. However, although not in policy yet, in the event there are mixed-age**

groups, the current practice is to follow the child to staff ratio of that of the youngest child in the group. Although Guam does not enforce a group size, the Lead Agency is seeking technical assistance to establish an adequate group size to be identified in CCDF provider agreements.

iii. Preschool.

Ratio: 15:1

Group size: The Lead Agency is working with the Guam Early Learning Council related to guidance to establishing group size requirements. These requirements will also be reflected in the Child Care Law (PL31-73) update. Currently, group size is generally established by the capacity of the room, whereas the number of children exceeds the age ratio, an additional staff shall be in place to maintain required staff to child ratio. However, although not in policy yet, in the event there are mixed-age groups, the current practice is to follow the child to staff ratio of that of the youngest child in the group. Although Guam does not enforce a group size, the Lead Agency is seeking technical assistance to establish an adequate group size to be identified in CCDF provider agreements.

iv. School-Age.

Ratio: 20:1

Group size: The Lead Agency is working with the Guam Early Learning Council related to guidance to establishing group size requirements. These requirements will also be reflected in the Child Care Law (PL31-73) update. Currently, group size is generally established by the capacity of the room, whereas the number of children exceeds the age ratio, an additional staff shall be in place to maintain required staff to child ratio. However, although not in policy yet, in the event there are mixed-age groups, the current practice is to follow the child to staff ratio of that of the youngest child in the group. Although Guam does not enforce a group size, the Lead Agency is seeking technical assistance to establish an adequate group size to be identified in CCDF provider agreements.

v. Mixed-Age Groups (if applicable).

Ratio: **Not Applicable**

Group size: **Not Applicable**

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i.  Not applicable. There are no differences in ratios and group size requirements.

ii. Infant:

iii. Toddler:

iv. Preschool:

v. School-Age:

- vi. Mixed-Age Groups:
- c. Licensed CCDF family child care home providers:
  - i. Infant (if applicable)
    - Ratio: **4:1**
    - Group size: **12:1**
  - ii. Toddler (if applicable)
    - Ratio: **6:1**
    - Group size: **12:1**
  - iii. Preschool (if applicable)
    - Ratio: **12:1**
    - Group size: **12:1**
  - iv. School-Age (if applicable)
    - Ratio: **20:1**
    - Group size: **12:1**
  - v. Mixed-Age Groups
    - Ratio: **12:1**
    - Group size: **12:1**
- d. Are any of the responses above different for license-exempt family child care homes?
  - No.
  - Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **Ratio and Group size: 6:1. Guam does not enforce a group size, however, the Lead Agency is seeking technical assistance to establish an adequate group size to be identified in CCDF provider agreements.**
  - Not applicable. The Lead Agency does not have license-exempt family child care homes.
- e. Licensed in-home care (care in the child's own home):
  - i. Infant (if applicable)
    - Ratio: **Not Applicable**
    - Group size: **Not Applicable**
  - ii. Toddler (if applicable)
    - Ratio: **Not Applicable**
    - Group size: **Not Applicable**
  - iii. Preschool (if applicable)
    - Ratio: **Not Applicable**

Group size: **Not Applicable**

iv. School-Age (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

v. Mixed-Age Groups (if applicable)

Ratio: **Not Applicable**

Group size: **Not Applicable**

f. Are any of the responses above different for license-exempt in-home care?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **Ratio and Group size: 6:1. Guam does not enforce a group size, however, the Lead Agency is seeking technical assistance to establish an adequate group size to be identified in CCDF provider agreements.**

### 5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Guam law requires early childhood providers to comply with Guam's Plan for Professional Development (GPPD), requiring a PATH A (Alternate Path) certification for all childcare providers. Path A identifies four level of teacher/caregiver qualifications with each level consisting of sublevel requirements, Pre-school to Level 4.**

**Entry Level: Early Childhood Assistant Provider**

**Intermediate Level A: Early Childhood Lead Provider**

**Intermediate Level B: Early Childhood Master Provider**

**Advanced Level A: Early Childhood Assistant Director/Early Childhood Director**

**All levels require a high school diploma unless a degree is obtained/awarded. Each level outlines specific measures for completion.**

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 Early Childhood Director shall be at least twenty-one (21) years of age.**

**The Early Childhood Director shall have education and experience which will provide the knowledge, skills, and attributes and qualities necessary to carry out an effective program of quality child care as set forth in these laws, rules and**

regulations.

The minimum education and training requirement for an Early Childhood Director is Level 3 Early Childhood Master Provider/Early Childhood Director as indicated in Guam’s Plan for Professional Development.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **Licensed Group Child Care Homes (family childcare) requires that all providers be at least twenty-one (21) years of age, or older, complete fifteen (15) hours of annual training, maintain certification in Pediatric First Aid & CPR and be free of serious emotional problems that interfere with their ability to care for children, and must demonstrate evidence of ability to deal effectively with practical problems of daily living, child care, and work positively. All child care providers must pass a criminal history check and maintain a health certification. There are no variations at this time. The Lead Agency provides annual infant/toddler credentialing for infant/toddler teachers.**

c. Licensed, regulated, or registered in-home care (care in the child’s own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child’s own home) including any variations based on the ages of children in care: **License-Exempt In-Home providers are required to be at least eighteen (18) years of age, or older, complete fifteen (15) hours of annual training, maintain certification in Pediatric First Aid & CPR and be free of serious emotional problems that interfere with their ability to care for children, and must demonstrate evidence of ability to deal effectively with practical problems of daily living, child care, and work positively. All child care providers must pass a criminal history check and maintain a health certification. There are no variations at this time. The Lead Agency provides annual infant/toddler credentialing for infant/toddler teachers.**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

a. License-exempt center-based child care. **There are no Lead Agency requirements, but these providers must maintain their accreditation standards and report annual health and safety reports to the Lead Agency.**

b. License-exempt home-based child care. **License-exempt home-based providers are required to be at least eighteen (18) years of age, or older, complete fifteen (15) hours of annual training early childhood health and safety training, maintain certification in Pediatric First Aid & CPR and be free of serious emotional problems that interfere with their ability to care for children, and must demonstrate evidence of ability to deal effectively with practical problems of daily living, child care, and work positively. All child care providers must pass a criminal history check and maintain a health certification. There are no variations at this time. The Lead Agency provides annual infant/toddler credentialing for infant/toddler teachers.**



- c. License-exempt in-home care (care in the child’s own home). **License-exempt in-home care providers are required to be at least eighteen (18) years of age, or older, complete fifteen (15) hours of annual training early childhood health and safety training, maintain certification in Pediatric First Aid & CPR and be free of serious emotional problems that interfere with their ability to care for children, and must demonstrate evidence of ability to deal effectively with practical problems of daily living, child care, and work positively. All child care providers must pass a criminal history check and maintain a health certification. There are no variations at this time. The Lead Agency provides annual infant/toddler credentialing for infant/toddler teachers.**

### 5.3 Health and Safety Standards for CCDF Providers

**Lead Agencies** must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers’ standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

#### 5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Section 1107.2 of Guam Public Law 31-73, rules and regulations governing childcare facilities and group childcare homes outline requirements for illness and communicable disease control. Requirements include a general screening and inspection, which shall be conducted daily on each child as soon as possible after the child enters the child care facility and whenever a change occurs while the child is in care. The health screening and inspection shall address:**
    - (1) observed changes in behavior or appearance from behaviors observed during the previous day’s attendance; and
    - (2) other signs or symptoms of illness such as fever, drainage from eyes, vomiting, diarrhea etc.
    - (b) Isolation area: Each childcare facility shall have a designated isolation area for a child who becomes ill in the facility.
    - (c) Any child showing signs of an infectious illness must be sent to the isolation area to be kept separate and apart from the other children. The parent or guardian must be notified immediately to arrange alternative measures for the child’s care.
    - (d) Children who have been determined to have an infectious illness or

communicable disease shall not return to the child care facility without medical authorization.

(e) A child may be excluded from the child care facility if the child exhibits any condition or illness as listed in the current communicable disease report, or illnesses and as listed in the guidelines developed by the American Academy of Pediatrics for exclusion of children from the child care facility.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Section 2414 of Title 10, Chapter 2, Article 4 Child Welfare Service Act;**
- (a) No employer, owner, manager, or person in charge shall permit any person to enter the premises, knowing such person to have or having reason to believe that he or she has a disease in communicable form as set forth in Chapter 4 of this Title; or is a carrier of such disease; and no person shall work in a child care facility, whether in his or her own or another employer, knowing himself or herself to have or having reason to believe that he or she has any such disease. Persons with cuts or sores shall not be allowed to handle food that may become contaminated by such handling.

(b) Any child showing signs of illness must be isolated promptly from other children until arrangements can be made for his care. In the event a child is found to have a communicable disease, the Director and the parents/guardians of the child and of any other child who has been admitted for care or exposed shall be notified immediately.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **All License-Exempt child care providers must be able to demonstrate compliance with Guam Public Law 31-73, which outlines certain home/facility conditions, as part of the health and safety standards and other requirements prior to the receipt of any CCDF Funds. Section 1107.2**

(a) of Guam Public Law 31-73, rules and regulations governing childcare facilities and group childcare homes outline requirements for illness and communicable disease control. Requirements include a general screening and inspection, which shall be conducted daily as soon as possible after the child enters the child care facility and whenever a change occurs while the child is in care. The health screening and inspection shall address observed changes in behavior from behaviors observed during the previous day's attendance; and other signs or symptoms of illness such as fever, drainage from eyes, vomiting, diarrhea etc.

(b) Isolation area: Each childcare facility shall have a designated isolation area for a child who becomes ill in the facility.

(c) Any child showing signs of an infectious illness must be sent to the isolation area to be kept separate from the other children. The parent or guardian must be notified immediately to arrange alternative measures for the child's care.

(e) Children who have been determined to have an infectious illness or communicable disease shall not return to the child care facility without medical authorization.

(f) A child may be excluded from the childcare facility if the child exhibits any condition or illness as listed in the current communicable disease report, or illnesses as listed in the guidelines developed by the American Academy of Pediatrics for exclusion of children from the childcare facility.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable**
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All License-Exempt child care providers must be able to demonstrate compliance with Guam Public Law 31-73, which outlines certain home/facility conditions, as part of the health and safety standards and other requirements prior to the receipt of any CCDF Funds.**
  - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All License-Exempt child care providers must be able to demonstrate compliance with Guam Public Law 31-73, which outlines certain home/facility conditions, as part of the health and safety standards and other requirements prior to the receipt of any CCDF Funds. Section 1170.2, 1170.4 of Guam Public Law 31-73, rules and regulations governing childcare facilities and group childcare homes outline requirements for illness and communicable disease control. Requirements include child screenings, isolation procedures, and practices for receiving children returning to the facility following an ill occurrence. Section 1170.3 outlines immunization requirements in conformity with the Advisory Committee on Immunization Practices (ASCIP), U.S Centers for Disease Control and Prevention (CDC), Department of Health and Human Services, and the American Academy of Pediatrics (APP).**
- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **The Lead Agency Section 1170.3 of Guam Public Law 31-73, rules and regulations governing childcare facilities and group childcare homes outline requirements for immunizations. Requirements include that:**  
  
**All children attending a childcare facility shall receive immunization according to the Department’s requirements in conformity with the Advisory Committee on Immunization Practices (ACIP), U.S Center for Disease Control and Prevention (CDC), Department of Health and Human Services, and the American Academy of Pediatrics (AAP) unless excluded for the immunization requirements due to religious exemptions (as approved by the Department) or medical contraindications (as certified by a Guam licensed medical physician).**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The Lead Agency Section 1107.3 of Guam Public Law 31.73, rules and regulations governing childcare facilities and group childcare homes outline requirements for immunizations. Requirements include that:**

All children attending a childcare facility shall receive immunization according to the Department’s requirements in conformity with the Advisory Committee on Immunization Practices (ACIP), U.S Center for Disease Control and Prevention (CDC), Department of Health and Human Services, and the American Academy of Pediatrics (AAP) unless excluded for the immunization requirements due to religious exemptions (as approved by the Department) or medical contraindications (as certified by a Guam licensed medical physician).

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Lead Agency adopts Section 1170.3 of Guam Public Law 31-73, rules and regulations governing childcare facilities and group childcare homes outline requirements for immunizations. Requirements include that:**

All children attending a childcare facility shall receive immunization according to the Department’s requirements in conformity with the Advisory Committee on Immunization Practices (ACIP), U.S Center for Disease Control and Prevention (CDC), Department of Health and Human Services, and the American Academy of Pediatrics (AAP) unless excluded for the immunization requirements due to religious exemptions (as approved by the Department) or medical contraindications (as certified by a Guam licensed medical physician).

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The Lead Agency adopts Section 1170.3 of Guam Public Law 31-73, rules and regulations governing childcare facilities and group childcare homes outline requirements for immunizations. Requirements include that:**

All children attending a childcare facility shall receive immunization according to the Department’s requirements in conformity with the Advisory Committee on Immunization Practices (ACIP), U.S Center for Disease Control and Prevention (CDC), Department of Health and Human Services, and the American Academy of Pediatrics (AAP) unless excluded for the immunization requirements due to religious exemptions (as approved by the Department) or medical contraindications (as certified by a Guam licensed medical physician).

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Lead Agency adopts Section 1170.3 of Guam Public Law 31-73, rules and regulations governing childcare facilities and group childcare homes outline requirements for immunizations. Requirements include that:**

All children attending a childcare facility shall receive immunization according to the Department’s requirements in conformity with the Advisory Committee on Immunization Practices (ACIP), U.S Center for Disease Control and Prevention (CDC), Department of Health and Human Services, and the American Academy of Pediatrics (AAP) unless excluded for the immunization requirements due to religious exemptions (as approved by the Department) or medical contraindications (as certified by a Guam licensed medical physician).

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The Lead Agency adopts Section 1170.3 of Guam Public Law 31-73, rules and regulations governing childcare facilities and group childcare homes outline requirements for immunizations. Requirements include that:**

**All children attending a childcare facility shall receive immunization according to the Department’s requirements in conformity with the Advisory Committee on Immunization Practices (ACIP), U.S Center for Disease Control and Prevention (CDC), Department of Health and Human Services, and the American Academy of Pediatrics (AAP) unless excluded for the immunization requirements due to religious exemptions (as approved by the Department) or medical contraindications (as certified by a Guam licensed medical physician).**

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **The standard is defined in accordance with the universal definition: safe sleep practices that maintain a healthy sleep environment for infants to keep the baby protected. Guam’s child care law for sudden infant death syndrome ensures that sleeping equipment is safe, sturdy, clean, age-appropriate and available. The Guam DPHSS, Environmental Health Rules and Regulations requires that crib bars shall be constructed to prevent infants from being trapped between bars.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The standard is defined in accordance with the universal definition: safe sleep practices that maintain a healthy sleep environment for infants to keep the baby protected. Guam’s child care law for sudden infant death syndrome ensures that sleeping equipment is safe, sturdy, clean, age-appropriate and available. The Guam DPHSS, Environmental Health Rules and Regulations requires that crib bars shall be constructed to prevent infants from being trapped between bars.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  

Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The standard is defined in accordance with the universal definition: safe sleep practices that maintain a healthy sleep environment for infants to keep the baby protected. Guam’s child care law for sudden infant death syndrome ensures that sleeping equipment is safe, sturdy, clean, age-appropriate and available. The Guam DPHSS, Environmental Health Rules and Regulations requires that crib bars shall be constructed to prevent infants from being trapped between bars.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The standard is defined in accordance with the universal definition: safe sleep**

practices that maintain a healthy sleep environment for infants to keep the baby protected. Guam’s child care law for sudden infant death syndrome ensures that sleeping equipment is safe, sturdy, clean, age-appropriate and available. The Guam DPHSS, Environmental Health Rules and Regulations requires that crib bars shall be constructed to prevent infants from being trapped between bars.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The standard is defined in accordance with the universal definition: safe sleep practices that maintain a healthy sleep environment for infants to keep the baby protected. Guam’s child care law for sudden infant death syndrome ensures that sleeping equipment is safe, sturdy, clean, age-appropriate and available. The Guam DPHSS, Environmental Health Rules and Regulations requires that crib bars shall be constructed to prevent infants from being trapped between bars.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not applicable.**

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to medication administration. The standard requires that the Child Care facility admission procedures include sufficient information and instruction from the parents or guardians be furnished to enable the staff members to make decisions or act on behalf of the child, such as obtaining the child’s health report, that includes the child’s immunization record, and other pertinent information regarding the health of the child, and requiring that prescription and non-prescription medication should be in the original container, labeled, dispensed according to written directions on the prescription label or printed manufacturer’s label, and stored separately and locked out of children’s reach; and it also defines that no medication shall be given without the signed consent of a parent, and prescription drugs shall be given only when prescribed for a child by a licensed physician. Any medication administered by any staff of the child care facility shall be documented and recorded in a medication administration log.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to medication administration. The standard requires that the Child Care facility admission procedures include sufficient information and instruction from the parents or guardians be furnished to enable the staff members to make decisions or act on behalf of the child, such as obtaining the child’s health report, that includes the child’s immunization record, and other pertinent information regarding the health of the child, and requiring that prescription and non-prescription medication should be in the original container, labeled, dispensed**

according to written directions on the prescription label or printed manufacturer's label, and stored separately and locked out of children's reach; and it also defines that no medication shall be given without the signed consent of a parent, and prescription drugs shall be given only when prescribed for a child by a licensed physician. Any medication administered by any staff of the child care facility shall be documented and recorded in a medication administration log.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to medication administration. The standard requires that the Child Care facility admission procedures include sufficient information and instruction from the parents or guardians be furnished to enable the staff members to make decisions or act on behalf of the child, such as obtaining the child's health report, that includes the child's immunization record, and other pertinent information regarding the health of the child, and requiring that prescription and non-prescription medication should be in the original container, labeled, dispensed according to written directions on the prescription label or printed manufacturer's label, and stored separately and locked out of children's reach; and it also defines that no medication shall be given without the signed consent of a parent, and prescription drugs shall be given only when prescribed for a child by a licensed physician. Any medication administered by any staff of the child care facility shall be documented and recorded in a medication administration log.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to medication administration. The standard requires that the Child Care facility admission procedures include sufficient information and instruction from the parents or guardians be furnished to enable the staff members to make decisions or act on behalf of the child, such as obtaining the child's health report, that includes the child's immunization record, and other pertinent information regarding the health of the child, and requiring that prescription and non-prescription medication should be in the original container, labeled, dispensed according to written directions on the prescription label or printed manufacturer's label, and stored separately and locked out of children's reach; and it also defines that no medication shall be given without the signed consent of a parent, and prescription drugs shall be given only when prescribed for a child by a licensed physician. Any medication administered by any staff of the child care facility shall be documented and recorded in a medication administration log.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to medication administration. The standard requires that the Child Care facility admission procedures include sufficient information and instruction from the**

parents or guardians be furnished to enable the staff members to make decisions or act on behalf of the child, such as obtaining the child’s health report, that includes the child’s immunization record, and other pertinent information regarding the health of the child, and requiring that prescription and non-prescription medication should be in the original container, labeled, dispensed according to written directions on the prescription label or printed manufacturer’s label, and stored separately and locked out of children’s reach; and it also defines that no medication shall be given without the signed consent of a parent, and prescription drugs shall be given only when prescribed for a child by a licensed physician. Any medication administered by any staff of the child care facility shall be documented and recorded in a medication administration log.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to medication administration. The standard requires that the Child Care facility admission procedures include sufficient information and instruction from the parents or guardians be furnished to enable the staff members to make decisions or act on behalf of the child, such as obtaining the child’s health report, that includes the child’s immunization record, and other pertinent information regarding the health of the child, and requiring that prescription and non-prescription medication should be in the original container, labeled, dispensed according to written directions on the prescription label or printed manufacturer’s label, and stored separately and locked out of children’s reach; and it also defines that no medication shall be given without the signed consent of a parent, and prescription drugs shall be given only when prescribed for a child by a licensed physician. Any medication administered by any staff of the child care facility shall be documented and recorded in a medication administration log.**

- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to medication administration. The standard requires that the Child Care facility admission procedures include sufficient information and instruction from the parents or guardians be furnished to enable the staff members to make decisions or act on behalf of the child, such as obtaining the child’s health report, that includes the child’s immunization record, and other pertinent information regarding the health of the child, and requiring that prescription and non-prescription medication should be in the original container, labeled, dispensed according to written directions on the prescription label or printed manufacturer’s label, and stored separately and locked out of children’s reach; and it also defines that no medication shall be given without the signed consent of a parent, and prescription drugs shall be given only when prescribed for a child by a licensed physician. Any medication administered by any staff of the child care facility shall be documented**



and recorded in a medication administration log.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to medication administration. The standard requires that the Child Care facility admission procedures include sufficient information and instruction from the parents or guardians be furnished to enable the staff members to make decisions or act on behalf of the child, such as obtaining the child’s health report, that includes the child’s immunization record, and other pertinent information regarding the health of the child, and requiring that prescription and non-prescription medication should be in the original container, labeled, dispensed according to written directions on the prescription label or printed manufacturer’s label, and stored separately and locked out of children’s reach; and it also defines that no medication shall be given without the signed consent of a parent, and prescription drugs shall be given only when prescribed for a child by a licensed physician. Any medication administered by any staff of the child care facility shall be documented and recorded in a medication administration log.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  

Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to medication administration. The standard requires that the Child Care facility admission procedures include sufficient information and instruction from the parents or guardians be furnished to enable the staff members to make decisions or act on behalf of the child, such as obtaining the child’s health report, that includes the child’s immunization record, and other pertinent information regarding the health of the child, and requiring that prescription and non-prescription medication should be in the original container, labeled, dispensed according to written directions on the prescription label or printed manufacturer’s label, and stored separately and locked out of children’s reach; and it also defines that no medication shall be given without the signed consent of a parent, and prescription drugs shall be given only when prescribed for a child by a licensed physician. Any medication administered by any staff of the child care facility shall be documented and recorded in a medication administration log.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to medication administration. The standard requires that the Child Care facility admission procedures include sufficient information and instruction from the parents or guardians be furnished to enable the staff members to make decisions or act on behalf of the child, such as obtaining the child’s health report, that includes the child’s immunization record, and other pertinent information regarding the health of the child, and requiring that prescription and non-prescription medication should be in the original container, labeled, dispensed**

according to written directions on the prescription label or printed manufacturer's label, and stored separately and locked out of children's reach; and it also defines that no medication shall be given without the signed consent of a parent, and prescription drugs shall be given only when prescribed for a child by a licensed physician. Any medication administered by any staff of the child care facility shall be documented and recorded in a medication administration log.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to medication administration. The standard requires that the Child Care facility admission procedures include sufficient information and instruction from the parents or guardians be furnished to enable the staff members to make decisions or act on behalf of the child, such as obtaining the child's health report, that includes the child's immunization record, and other pertinent information regarding the health of the child, and requiring that prescription and non-prescription medication should be in the original container, labeled, dispensed according to written directions on the prescription label or printed manufacturer's label, and stored separately and locked out of children's reach; and it also defines that no medication shall be given without the signed consent of a parent, and prescription drugs shall be given only when prescribed for a child by a licensed physician. Any medication administered by any staff of the child care facility shall be documented and recorded in a medication administration log.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to medication administration. The standard requires that the Child Care facility admission procedures include sufficient information and instruction from the parents or guardians be furnished to enable the staff members to make decisions or act on behalf of the child, such as obtaining the child's health report, that includes the child's immunization record, and other pertinent information regarding the health of the child, and requiring that prescription and non-prescription medication should be in the original container, labeled, dispensed according to written directions on the prescription label or printed manufacturer's label, and stored separately and locked out of children's reach; and it also defines that no medication shall be given without the signed consent of a parent, and prescription drugs shall be given only when prescribed for a child by a licensed physician. Any medication administered by any staff of the child care facility shall be documented and recorded in a medication administration log.**

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Section 1107.7 of Guam Public Law 31-73, rules and regulations governing child care facilities and**

group child care homes outline requirements related to food and nutrition policies and plans, meals prepared and/or served on-site, and food service. The standard addresses responsibilities for food handling, preparation and service; staffing and nutrition education as an effort to reduce and prevent food emergencies and food related allergic reactions. Section 1109.5, requires that all child care staff obtain a health certificate from the DPHSS, Environmental Health. This certification requires successful completion of the food safety training course and is renewed annually. Section 1112.1, requires child care providers post conspicuously next to all operating phone lines emergency medical phone numbers and have in place emergency procedures. Written medical reports a child health information inclusive of allergies shall be on file for each child to include emergency health care plans, emergency contact information, and authorization for medical treatment during emergencies as outlines in Section 1102.5. Section 1107.5 requires that at least two staff shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation and have at least one of these staff on the premises at all times.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Section 1107.7 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to food and nutrition policies and plans, meals prepared and/or served on-site, and food service. The standard addresses responsibilities for food handling, preparation and service; staffing and nutrition education as an effort to reduce and prevent food emergencies and food related allergic reactions. Section 1109.5, requires that all child care staff obtain a health certificate from the DPHSS, Environmental Health. This certification requires successful completion of the food safety training course and is renewed annually. Section 1112.1, requires child care providers post conspicuously next to all operating phone lines emergency medical phone numbers and have in place emergency procedures. Written medical reports a child health information inclusive of allergies shall be on file for each child to include emergency health care plans, emergency contact information, and authorization for medical treatment during emergencies as outlines in Section 1102.5. Section 1107.5 requires that at least two staff shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation and have at least one of these staff on the premises at all times.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Section 1107.7 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to food and nutrition policies and plans, meals prepared and/or served on-site, and food service. The standard addresses responsibilities for food handling, preparation and service; staffing and nutrition education as an effort to reduce and prevent food emergencies and food related allergic reactions. Section 1109.5, requires that all child care staff obtain a health certificate from the DPHSS, Environmental Health. This certification**

requires successful completion of the food safety training course and is renewed annually. Section 1112.1, requires child care providers post conspicuously next to all operating phone lines emergency medical phone numbers and have in place emergency procedures. Written medical reports a child health information inclusive of allergies shall be on file for each child to include emergency health care plans, emergency contact information, and authorization for medical treatment during emergencies as outlines in Section 1102.5. Section 1107.5 requires that at least two staff shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation and have at least one of these staff on the premises at all times.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Section 1107.7 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to food and nutrition policies and plans, meals prepared and/or served on-site, and food service. The standard addresses responsibilities for food handling, preparation and service; staffing and nutrition education as an effort to reduce and prevent food emergencies and food related allergic reactions. Section 1109.5, requires that all child care staff obtain a health certificate from the DPHSS, Environmental Health. This certification requires successful completion of the food safety training course and is renewed annually. Section 1112.1, requires child care providers post conspicuously next to all operating phone lines emergency medical phone numbers and have in place emergency procedures. Written medical reports a child health information inclusive of allergies shall be on file for each child to include emergency health care plans, emergency contact information, and authorization for medical treatment during emergencies as outlines in Section 1102.5. Section 1107.5 requires that at least two staff shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation and have at least one of these staff on the premises at all times.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Section 1107.7 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to food and nutrition policies and plans, meals prepared and/or served on-site, and food service. The standard addresses responsibilities for food handling, preparation and service; staffing and nutrition education as an effort to reduce and prevent food emergencies and food related allergic reactions. Section 1109.5, requires that all child care staff obtain a health certificate from the DPHSS, Environmental Health. This certification requires successful completion of the food safety training course and is renewed annually. Section 1112.1, requires child care providers post conspicuously next to all operating phone lines emergency medical phone numbers and have in place emergency procedures. Written medical reports a child health information inclusive of allergies shall be on file for each child to include emergency health care plans, emergency contact information, and authorization for medical treatment during emergencies as outlines in Section 1102.5. Section 1107.5 requires that at least two staff shall complete and maintain certification requirements in pediatric first aid, and safety and management of

**blocked airway and rescue breathing, including cardio pulmonary resuscitation and have at least one of these staff on the premises at all times.**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Section 1107.7 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to food and nutrition policies and plans, meals prepared and/or served on-site, and food service. The standard addresses responsibilities for food handling, preparation and service; staffing and nutrition education as an effort to reduce and prevent food emergencies and food related allergic reactions. Section 1109.5, requires that all child care staff obtain a health certificate from the DPHSS, Environmental Health. This certification requires successful completion of the food safety training course and is renewed annually. Section 1112.1, requires child care providers post conspicuously next to all operating phone lines emergency medical phone numbers and have in place emergency procedures. Written medical reports a child health information inclusive of allergies shall be on file for each child to include emergency health care plans, emergency contact information, and authorization for medical treatment during emergencies as outlines in Section 1102.5. Section 1107.5 requires that at least two staff shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation and have at least one of these staff on the premises at all times.**

- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Section 1107.7 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to food and nutrition policies and plans, meals prepared and/or served on-site, and food service. The standard addresses responsibilities for food handling, preparation and service; staffing and nutrition education as an effort to reduce and prevent food emergencies and food related allergic reactions. Section 1109.5, requires that all child care staff obtain a health certificate from the DPHSS, Environmental Health. This certification requires successful completion of the food safety training course and is renewed annually. Section 1112.1, requires child care providers post conspicuously next to all operating phone lines emergency medical phone numbers and have in place emergency procedures. Written medical reports a child health information inclusive of allergies shall be on file for each child to include emergency health care plans, emergency contact information, and authorization for medical treatment during emergencies as outlines in Section 1102.5. Section 1107.5 requires that at least two staff shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation and have at least one of these staff on the premises at all times.**

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Section 1107.7 of Guam Public Law 31-73, rules and regulations governing child care**

facilities and group child care homes outline requirements related to food and nutrition policies and plans, meals prepared and/or served on-site, and food service. The standard addresses responsibilities for food handling, preparation and service; staffing and nutrition education as an effort to reduce and prevent food emergencies and food related allergic reactions. Section 1109.5, requires that all child care staff obtain a health certificate from the DPHSS, Environmental Health. This certification requires successful completion of the food safety training course and is renewed annually. Section 1112.1, requires child care providers post conspicuously next to all operating phone lines emergency medical phone numbers and have in place emergency procedures. Written medical reports a child health information inclusive of allergies shall be on file for each child to include emergency health care plans, emergency contact information, and authorization for medical treatment during emergencies as outlines in Section 1102.5. Section 1107.5 requires that at least two staff shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation and have at least one of these staff on the premises at all times.

iii. All CCDF-eligible licensed in-home care. Provide the standard::

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Section 1107.7 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to food and nutrition policies and plans, meals prepared and/or served on-site, and food service. The standard addresses responsibilities for food handling, preparation and service; staffing and nutrition education as an effort to reduce and prevent food emergencies and food related allergic reactions. Section 1109.5, requires that all child care staff obtain a health certificate from the DPHSS, Environmental Health. This certification requires successful completion of the food safety training course and is renewed annually. Section 1112.1, requires child care providers post conspicuously next to all operating phone lines emergency medical phone numbers and have in place emergency procedures. Written medical reports a child health information inclusive of allergies shall be on file for each child to include emergency health care plans, emergency contact information, and authorization for medical treatment during emergencies as outlines in Section 1102.5. Section 1107.5 requires that at least two staff shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation and have at least one of these staff on the premises at all times.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Section 1107.7 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to food and nutrition policies and plans, meals prepared and/or served on-site, and food service. The standard addresses responsibilities for food handling, preparation and service; staffing and nutrition education as an effort to reduce and prevent food emergencies and food related allergic reactions. Section 1109.5, requires that all child care staff obtain a health certificate from the DPHSS, Environmental**

Health. This certification requires successful completion of the food safety training course and is renewed annually. Section 1112.1, requires child care providers post conspicuously next to all operating phone lines emergency medical phone numbers and have in place emergency procedures. Written medical reports a child health information inclusive of allergies shall be on file for each child to include emergency health care plans, emergency contact information, and authorization for medical treatment during emergencies as outlines in Section 1102.5. Section 1107.5 requires that at least two staff shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation and have at least one of these staff on the premises at all times.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Section 1107.7 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to food and nutrition policies and plans, meals prepared and/or served on-site, and food service. The standard addresses responsibilities for food handling, preparation and service; staffing and nutrition education as an effort to reduce and prevent food emergencies and food related allergic reactions. Section 1109.5, requires that all child care staff obtain a health certificate from the DPHSS, Environmental Health. This certification requires successful completion of the food safety training course and is renewed annually. Section 1112.1, requires child care providers post conspicuously next to all operating phone lines emergency medical phone numbers and have in place emergency procedures. Written medical reports a child health information inclusive of allergies shall be on file for each child to include emergency health care plans, emergency contact information, and authorization for medical treatment during emergencies as outlines in Section 1102.5. Section 1107.5 requires that at least two staff shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation and have at least one of these staff on the premises at all times.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Section 1107.7 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to food and nutrition policies and plans, meals prepared and/or served on-site, and food service. The standard addresses responsibilities for food handling, preparation and service; staffing and nutrition education as an effort to reduce and prevent food emergencies and food related allergic reactions. Section 1109.5, requires that all child care staff obtain a health certificate from the DPHSS, Environmental Health. This certification requires successful completion of the food safety training course and is renewed annually. Section 1112.1, requires child care providers post conspicuously next to all operating phone lines emergency medical phone numbers and have in place emergency procedures. Written medical reports a child health information inclusive of allergies shall be on file for each child to include emergency health care plans, emergency contact information, and authorization for medical treatment during emergencies as outlines in Section 1102.5. Section 1107.5 requires that at least two staff shall complete and maintain certification**

requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation and have at least one of these staff on the premises at all times.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **This standard is defined in Guam’s DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam’s DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam’s DPHSS, Bureau of Child Care Services as part of the licensing process.**

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children’s comfort, health and safety.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **This standard is defined in Guam’s DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam’s DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam’s DPHSS, Bureau of Child Care Services as part of**



the licensing process.

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children's comfort, health and safety.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **This standard is defined in Guam's DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam's DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam's DPHSS, Bureau of Child Care Services as part of the licensing process.**

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children's comfort, health and safety.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **This standard is defined in Guam’s DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam’s DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam’s DPHSS, Bureau of Child Care Services as part of the licensing process.**

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children’s comfort, health and safety.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This standard is defined in Guam’s DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam’s DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam’s DPHSS, Bureau of Child Care Services as part of the licensing process.**

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be

free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children's comfort, health and safety.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **This standard is defined in Guam's DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam's DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam's DPHSS, Bureau of Child Care Services as part of the licensing process.**

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children's comfort, health and safety.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **This standard is defined in Guam's DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam's DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is**

provided to Guam’s DPHSS, Bureau of Child Care Services as part of the licensing process.

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children’s comfort, health and safety.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: This standard is defined in Guam’s DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam’s DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam’s DPHSS, Bureau of Child Care Services as part of the licensing process.

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children’s comfort, health and safety.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **This standard is defined in Guam’s DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam’s DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam’s DPHSS, Bureau of Child Care Services as part of the licensing process.**

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children’s comfort, health and safety.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **This standard is defined in Guam’s DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam’s DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam’s DPHSS, Bureau of Child Care Services as part of the licensing process.**

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and

draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children's comfort, health and safety.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: This standard is defined in Guam's DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam's DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam's DPHSS, Bureau of Child Care Services as part of the licensing process.

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children's comfort, health and safety.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: This standard is defined in Guam's DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam's DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam's DPHSS, Bureau of Child Care Services as part of the licensing process.

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children's comfort, health and safety.

- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **This standard is defined in Guam's DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam's DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam's DPHSS, Bureau of Child Care Services as part of the licensing process.**

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children's comfort, health and safety.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **This**

standard is defined in Guam’s DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam’s DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam’s DPHSS, Bureau of Child Care Services as part of the licensing process.

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children’s comfort, health and safety.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **This standard is defined in Guam’s DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam’s DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam’s DPHSS, Bureau of Child Care Services as part of the licensing process.**

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or



decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children's comfort, health and safety.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: This standard is defined in Guam's DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam's DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam's DPHSS, Bureau of Child Care Services as part of the licensing process.

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children's comfort, health and safety.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: This standard is defined in Guam's DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam's DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam's DPHSS, Bureau of Child Care Services as part of the licensing process.

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children's comfort, health and safety.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **This standard is defined in Guam's DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam's DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam's DPHSS, Bureau of Child Care Services as part of the licensing process.**

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also required that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children's comfort, health and safety.

- 5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The standard is defined in accordance with the universal definition. Guam child care law requires that child care facilities implement developmentally appropriate practices and a program that promotes building positive relationships among children and adults to increase and/or maintain a sense of self-worth and responsibility to a community. The child care program shall promote health, safety, and nutrition where children and adults are protected from illness and harm and employ staff with the knowledge, skills, and abilities to foster children’s learning and development. The program’s policies and procedures shall promote a system of high-quality experiences.**

**Child care programs must ensure that all staff members are free of serious emotional problems which limit their ability to care for children, and that they demonstrate evidence of the ability to deal effectively with practical problems of daily living and of childcare. Staff members must be of reputable and responsible character, and shall not have a criminal history record, employment history records, or background which poses a risk to children in their care.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The standard is defined in accordance with the universal definition. Guam child care law requires that child care facilities implement developmentally appropriate practices and a program that promotes building positive relationships among children and adults to increase and/or maintain a sense of self-worth and responsibility to a community. The child care program shall promote health, safety, and nutrition where children and adults are protected from illness and harm and employ staff with the knowledge, skills, and abilities to foster children’s learning and development. The program’s policies and procedures shall promote a system of high-quality experiences.**

**Child care programs must ensure that all staff members are free of serious emotional problems which limit their ability to care for children, and that they demonstrate evidence of the ability to deal effectively with practical problems of daily living and of childcare. Staff members must be of reputable and responsible character, and shall not have a criminal history record, employment history records, or background which poses a risk to children in their care.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The standard is defined in accordance with the universal definition. Guam child care law requires that child care facilities implement developmentally appropriate practices and a program that promotes building positive relationships among children and adults to increase and/or maintain a sense of self-worth and responsibility to a community. The child care program shall promote health, safety, and nutrition**

where children and adults are protected from illness and harm and employ staff with the knowledge, skills, and abilities to foster children’s learning and development. The program’s policies and procedures shall promote a system of high-quality experiences.

Child care programs must ensure that all staff members are free of serious emotional problems which limit their ability to care for children, and that they demonstrate evidence of the ability to deal effectively with practical problems of daily living and of childcare. Staff members must be of reputable and responsible character, and shall not have a criminal history record, employment history records, or background which poses a risk to children in their care.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The standard is defined in accordance with the universal definition. Guam child care law requires that child care facilities implement developmentally appropriate practices and a program that promotes building positive relationships among children and adults to increase and/or maintain a sense of self-worth and responsibility to a community. The child care program shall promote health, safety, and nutrition where children and adults are protected from illness and harm and employ staff with the knowledge, skills, and abilities to foster children’s learning and development. The program’s policies and procedures shall promote a system of high-quality experiences.**

Child care programs must ensure that all staff members are free of serious emotional problems which limit their ability to care for children, and that they demonstrate evidence of the ability to deal effectively with practical problems of daily living and of childcare. Staff members must be of reputable and responsible character, and shall not have a criminal history record, employment history records, or background which poses a risk to children in their care.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The standard is defined in accordance with the universal definition. Guam child care law requires that child care facilities implement developmentally appropriate practices and a program that promotes building positive relationships among children and adults to increase and/or maintain a sense of self-worth and responsibility to a community. The child care program shall promote health, safety, and nutrition where children and adults are protected from illness and harm and employ staff with the knowledge, skills, and abilities to foster children’s learning and development. The program’s policies and procedures shall promote a system of high-quality experiences.**

Child care programs must ensure that all staff members are free of serious emotional problems which limit their ability to care for children, and that they demonstrate evidence of the ability to deal effectively with practical problems of daily living and of childcare. Staff members must be of reputable and responsible character, and shall not have a criminal history record, employment history records, or background which poses a risk to children in their care.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,

day camps, etc.). Provide the standard: **The standard is defined in accordance with the universal definition. Guam child care law requires that child care facilities implement developmentally appropriate practices and a program that promotes building positive relationships among children and adults to increase and/or maintain a sense of self-worth and responsibility to a community. The child care program shall promote health, safety, and nutrition where children and adults are protected from illness and harm and employ staff with the knowledge, skills, and abilities to foster children’s learning and development. The program’s policies and procedures shall promote a system of high-quality experiences.**

**Child care programs must ensure that all staff members are free of serious emotional problems which limit their ability to care for children, and that they demonstrate evidence of the ability to deal effectively with practical problems of daily living and of childcare. Staff members must be of reputable and responsible character, and shall not have a criminal history record, employment history records, or background which poses a risk to children in their care.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The standard is defined in accordance with the universal definition. Guam child care law requires that child care facilities implement developmentally appropriate practices and a program that promotes building positive relationships among children and adults to increase and/or maintain a sense of self-worth and responsibility to a community. The child care program shall promote health, safety, and nutrition where children and adults are protected from illness and harm and employ staff with the knowledge, skills, and abilities to foster children’s learning and development. The program’s policies and procedures shall promote a system of high-quality experiences.**

**Child care programs must ensure that all staff members are free of serious emotional problems which limit their ability to care for children, and that they demonstrate evidence of the ability to deal effectively with practical problems of daily living and of childcare. Staff members must be of reputable and responsible character, and shall not have a criminal history record, employment history records, or background which poses a risk to children in their care.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The standard is defined in accordance with the universal definition. Guam child care law requires that child care facilities implement developmentally appropriate practices and a program that promotes building positive relationships among children and adults to increase and/or maintain a sense of self-worth and responsibility to a community. The child care program shall promote health, safety, and nutrition where children and adults are protected from illness and harm and employ staff with the knowledge, skills, and abilities to foster children’s learning and development. The program’s policies and procedures shall promote a system of high-quality experiences.**

Child care programs must ensure that all staff members are free of serious emotional problems which limit their ability to care for children, and that they demonstrate evidence of the ability to deal effectively with practical problems of daily living and of childcare. Staff members must be of reputable and responsible character, and shall not have a criminal history record, employment history records, or background which poses a risk to children in their care.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The standard is defined in accordance with the universal definition. Guam child care law requires that child care facilities implement developmentally appropriate practices and a program that promotes building positive relationships among children and adults to increase and/or maintain a sense of self-worth and responsibility to a community. The child care program shall promote health, safety, and nutrition where children and adults are protected from illness and harm and employ staff with the knowledge, skills, and abilities to foster children’s learning and development. The program’s policies and procedures shall promote a system of high-quality experiences.**

Child care programs must ensure that all staff members are free of serious emotional problems which limit their ability to care for children, and that they demonstrate evidence of the ability to deal effectively with practical problems of daily living and of childcare. Staff members must be of reputable and responsible character, and shall not have a criminal history record, employment history records, or background which poses a risk to children in their care.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The standard is defined in accordance with the universal definition. Guam child care law requires that child care facilities implement developmentally appropriate practices and a program that promotes building positive relationships among children and adults to increase and/or maintain a sense of self-worth and responsibility to a community. The child care program shall promote health, safety, and nutrition where children and adults are protected from illness and harm and employ staff with the knowledge, skills, and abilities to foster children’s learning and development. The program’s policies and procedures shall promote a system of high-quality experiences.**

Child care programs must ensure that all staff members are free of serious emotional problems which limit their ability to care for children, and that they demonstrate evidence of the ability to deal effectively with practical problems of daily living and of childcare. Staff members must be of reputable and responsible character, and shall not have a criminal history record, employment history records, or background which poses a risk to children in their care.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The standard is defined in accordance with the universal definition. Guam child care law**

requires that child care facilities implement developmentally appropriate practices and a program that promotes building positive relationships among children and adults to increase and/or maintain a sense of self-worth and responsibility to a community. The child care program shall promote health, safety, and nutrition where children and adults are protected from illness and harm and employ staff with the knowledge, skills, and abilities to foster children’s learning and development. The program’s policies and procedures shall promote a system of high-quality experiences.

Child care programs must ensure that all staff members are free of serious emotional problems which limit their ability to care for children, and that they demonstrate evidence of the ability to deal effectively with practical problems of daily living and of childcare. Staff members must be of reputable and responsible character, and shall not have a criminal history record, employment history records, or background which poses a risk to children in their care.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The standard is defined in accordance with the universal definition. Guam child care law requires that child care facilities implement developmentally appropriate practices and a program that promotes building positive relationships among children and adults to increase and/or maintain a sense of self-worth and responsibility to a community. The child care program shall promote health, safety, and nutrition where children and adults are protected from illness and harm and employ staff with the knowledge, skills, and abilities to foster children’s learning and development. The program’s policies and procedures shall promote a system of high-quality experiences.**

Child care programs must ensure that all staff members are free of serious emotional problems which limit their ability to care for children, and that they demonstrate evidence of the ability to deal effectively with practical problems of daily living and of childcare. Staff members must be of reputable and responsible character, and shall not have a criminal history record, employment history records, or background which poses a risk to children in their care.

5.3.7 Emergency preparedness and response planning standard

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

- i.  Evacuation
- ii.  Relocation
- iii.  Shelter-in-place
- iv.  Lock down
- v. Staff emergency preparedness
  - Training
  - Practice drills

- vi. Volunteer emergency preparedness
  - Training
  - Practice drills
- vii.  Communication with families
- viii.  Reunification with families
- ix.  Continuity of operations
- x. Accommodation of
  - Infants
  - Toddlers
  - Children with disabilities
  - Children with chronic medical conditions
- xi. If any of the above are not checked, describe: **Currently the Lead Agency does not have an Emergency Preparedness and Response Guideline for the child care providers. Child care providers are responsible for creating and updating their plan. The Lead Agency is in progress of developing an Emergency Preparedness and Response plan that will include a guideline for the child care providers.**

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **The standard is defined in Guam’s DPHSS, Division of Environmental Health’s Rules and Regulations governing child care facilities. It is also a requirement for obtaining or renewing a license. The rules and regulations require that adequate protection must be provided to ensure that all poisons, dangerous chemicals, and hazardous substances are kept out of the reach of children. That all corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing container, and any substance which may be toxic to a child if ingested, inhaled, or handled shall be stored in a locked cabinet and in an area not accessible to children. That no surfaces covered with lead paint shall be accessible to the children or poisonous plants shall be located on the premises. That all liquid waste must be discharged to a public sanitary server or to an individual sewage disposal system approved by Guam Environmental Protection Agency.**

**As a result of the Coronavirus Pandemic, DPHSS, Division of Environmental Health released additional guidelines regarding the minimum requirements for operations of childcare facilities as outlined in DPHSS Guidance Memorandum 2020-20. These guidelines identify general restrictions, requirements, and**



recommendations relative to but not limited to intensified cleaning, sanitization, and disinfection efforts inclusive of diapering and bedding, washing, feeding, or holding a child, and additional employee health and hygiene.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The standard is defined in Guam’s DPHSS, Division of Environmental Health’s Rules and Regulations governing child care facilities. It is also a requirement for obtaining or renewing a license. The rules and regulations require that adequate protection must be provided to ensure that all poisons, dangerous chemicals, and hazardous substances are kept out of the reach of children. That all corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing container, and any substance which may be toxic to a child if ingested, inhaled, or handled shall be stored in a locked cabinet and in an area not accessible to children. That no surfaces covered with lead paint shall be accessible to the children or poisonous plants shall be located on the premises. That all liquid waste must be discharged to a public sanitary server or to an individual sewage disposal system approved by Guam Environmental Protection Agency.**

As a result of the Coronavirus Pandemic, DPHSS, Division of Environmental Health released additional guidelines regarding the minimum requirements for operations of childcare facilities as outlined in DPHSS Guidance Memorandum 2020-20. These guidelines identify general restrictions, requirements, and recommendations relative to but not limited to intensified cleaning, sanitization, and disinfection efforts inclusive of diapering and bedding, washing, feeding, or holding a child, and additional employee health and hygiene.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The standard is defined in Guam’s DPHSS, Division of Environmental Health’s Rules and Regulations governing child care facilities. It is also a requirement for obtaining or renewing a license. The rules and regulations require that adequate protection must be provided to ensure that all poisons, dangerous chemicals, and hazardous substances are kept out of the reach of children. That all corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing container, and any substance which may be toxic to a child if ingested, inhaled, or handled shall be stored in a locked cabinet and in an area not accessible to children. That no surfaces covered with lead paint shall be accessible to the children or poisonous plants shall be located on the premises. That all liquid waste must be discharged to a public sanitary server or to an individual sewage disposal system approved by Guam Environmental Protection Agency.**

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recommendations relative to but not limited to intensified cleaning, sanitization, and disinfection efforts inclusive of diapering and bedding, washing, feeding, or holding a child, and additional employee health and hygiene.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The standard is defined in Guam’s DPHSS, Division of Environmental Health’s Rules and Regulations governing child care facilities. It is also a requirement for obtaining or renewing a license. The rules and regulations require that adequate protection must be provided to ensure that all poisons, dangerous chemicals, and hazardous substances are kept out of the reach of children. That all corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing container, and any substance which may be toxic to a child if ingested, inhaled, or handled shall be stored in a locked cabinet and in an area not accessible to children. That no surfaces covered with lead paint shall be accessible to the children or poisonous plants shall be located on the premises. That all liquid waste must be discharged to a public sanitary server or to an individual sewage disposal system approved by Guam Environmental Protection Agency.**

As a result of the Coronavirus Pandemic, DPHSS, Division of Environmental Health released additional guidelines regarding the minimum requirements for operations of childcare facilities as outlined in DPHSS Guidance Memorandum 2020-20. These guidelines identify general restrictions, requirements, and recommendations relative to but not limited to intensified cleaning, sanitization, and disinfection efforts inclusive of diapering and bedding, washing, feeding, or holding a child, and additional employee health and hygiene.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The standard is defined in Guam’s DPHSS, Division of Environmental Health’s Rules and Regulations governing child care facilities. It is also a requirement for obtaining or renewing a license. The rules and regulations require that adequate protection must be provided to ensure that all poisons, dangerous chemicals, and hazardous substances are kept out of the reach of children. That all corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing container, and any substance which may be toxic to a child if ingested, inhaled, or handled shall be stored in a locked cabinet and in an area not accessible to children. That no surfaces covered with lead paint shall be accessible to the children or poisonous plants shall be located on the premises. That all liquid waste must be discharged to a public sanitary server or to an individual sewage disposal system approved by Guam Environmental Protection Agency.**

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- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The standard is defined in Guam’s DPHSS, Division of Environmental Health’s Rules and Regulations governing child care facilities. It is also a requirement for obtaining or renewing a license. The rules and regulations require that adequate protection must be provided to ensure that all poisons, dangerous chemicals, and hazardous substances are kept out of the reach of children. That all corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing container, and any substance which may be toxic to a child if ingested, inhaled, or handled shall be stored in a locked cabinet and in an area not accessible to children. That no surfaces covered with lead paint shall be accessible to the children or poisonous plants shall be located on the premises. That all liquid waste must be discharged to a public sanitary server or to an individual sewage disposal system approved by Guam Environmental Protection Agency.**

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

- i. All CCDF-eligible licensed center care. Provide the standard: **The standard is defined in Guam’s DPHSS, Division of Environmental Health’s Rules and Regulations governing child care facilities. It is also a requirement for obtaining or renewing a license. The rules and regulations require that adequate protection must be provided to ensure that all poisons, dangerous chemicals, and hazardous substances are kept out of the reach of children. That all corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing container, and any substance which may be toxic to a child if ingested, inhaled, or handled shall be stored in a locked cabinet and in an area not accessible to children. That no surfaces covered with lead paint shall be accessible to the children or poisonous plants shall be located on the premises. That all liquid waste must be discharged to a public sanitary server or to an individual sewage disposal system approved by Guam Environmental Protection Agency.**

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- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The standard is defined in Guam’s DPHSS, Division of Environmental Health’s Rules and Regulations governing child care facilities. It is also a requirement for obtaining or renewing a license. The rules and regulations require that adequate protection must be provided to ensure that all poisons, dangerous chemicals, and hazardous substances are kept out of the reach of children. That all corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing container, and any substance which may be toxic to a child if ingested, inhaled, or handled shall be stored in a locked cabinet and in an area not accessible to children. That no surfaces covered with lead paint shall be accessible to the children or poisonous plants shall be located on the premises. That all liquid waste must be discharged to a public sanitary server or to an individual sewage disposal system approved by Guam Environmental Protection Agency.**

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- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The standard is defined in Guam’s DPHSS, Division of Environmental Health’s Rules and Regulations governing child care facilities. It is also a requirement for obtaining or renewing a license. The rules and regulations require that adequate protection must be provided to ensure that all poisons, dangerous chemicals, and hazardous substances are kept out of the reach of children. That all corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing container, and any substance which may be toxic to a child if ingested, inhaled, or handled shall be stored in a locked cabinet and in an area not accessible to children. That no surfaces covered with lead paint shall be accessible to the children or poisonous plants shall be located on the premises. That all liquid waste must be discharged to a public sanitary server or to an individual sewage disposal system approved by Guam Environmental Protection Agency.**

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- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The standard is defined in Guam’s DPHSS, Division of Environmental Health’s Rules and Regulations governing child care facilities. It is also a requirement for obtaining or renewing a license. The rules and regulations require that adequate protection must be provided to ensure that all poisons, dangerous chemicals, and hazardous substances are kept out of the reach of children. That all corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing container, and any substance which may be toxic to a child if ingested, inhaled, or handled shall be stored in a locked cabinet and in an area not accessible to children. That no surfaces covered with lead paint shall be accessible to the children or poisonous plants shall be located on the premises. That all liquid waste must be discharged to a public sanitary server or to an individual sewage disposal system approved by Guam Environmental Protection Agency.**

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- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The standard is defined in Guam’s DPHSS, Division of Environmental Health’s Rules and Regulations governing child care facilities. It is also a requirement for obtaining or renewing a license. The rules and regulations require that adequate protection must be provided to ensure that all poisons, dangerous chemicals, and hazardous substances are kept out of the reach of children. That all corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing container, and any substance which may be toxic to a child if ingested, inhaled, or handled shall be stored in a locked cabinet and in an area not accessible to children. That no surfaces covered with lead paint shall be accessible to the children or poisonous plants shall be located on the premises. That all liquid waste must be discharged to a public sanitary server or to an individual sewage disposal system approved by Guam Environmental Protection Agency.**

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- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The standard is defined in Guam’s DPHSS, Division of Environmental Health’s Rules and Regulations governing child care**

facilities. It is also a requirement for obtaining or renewing a license. The rules and regulations require that adequate protection must be provided to ensure that all poisons, dangerous chemicals, and hazardous substances are kept out of the reach of children. That all corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing container, and any substance which may be toxic to a child if ingested, inhaled, or handled shall be stored in a locked cabinet and in an area not accessible to children. That no surfaces covered with lead paint shall be accessible to the children or poisonous plants shall be located on the premises. That all liquid waste must be discharged to a public sanitary sewer or to an individual sewage disposal system approved by Guam Environmental Protection Agency.

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#### 5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Currently the child care providers do not provide transportation services. However, the standard is defined in Guam’s DPHSS child care law which states that when transportation is provided by a child care facility, children shall be protected by adequate supervision, safety precautions, and liability and medical insurance coverages. These include but are not limited to, vehicle and driver must be in compliance with all relevant motor vehicle and traffics; during any field trip or excursion operated or planned by the child care facility, the staff to child ratios as provided in the statute (§1106) shall apply as noted in the statute.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Currently the child care providers do not provide transportation services. However, the standard is defined in Guam’s DPHSS child care law which states that when transportation is provided by a child care facility, children shall be protected by adequate supervision, safety precautions, and liability and medical insurance coverages. These include but are not limited to, vehicle and driver must be in compliance with all relevant motor vehicle and traffics; during any field trip or excursion operated or planned by the child care facility, the staff to child ratios as provided in the statute (§1106) shall apply as noted in the statute.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Currently the**

child care providers do not provide transportation services. However, the standard is defined in Guam’s DPHSS child care law which states that when transportation is provided by a child care facility, children shall be protected by adequate supervision, safety precautions, and liability and medical insurance coverages. These include but are not limited to, vehicle and driver must be in compliance with all relevant motor vehicle and traffics; during any field trip or excursion operated or planned by the child care facility, the staff to child ratios as provided in the statute (§1106) shall apply as noted in the statute.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Currently the child care providers do not provide transportation services. However, the standard is defined in Guam’s DPHSS child care law which states that when transportation is provided by a child care facility, children shall be protected by adequate supervision, safety precautions, and liability and medical insurance coverages. These include but are not limited to, vehicle and driver must be in compliance with all relevant motor vehicle and traffics; during any field trip or excursion operated or planned by the child care facility, the staff to child ratios as provided in the statute (§1106) shall apply as noted in the statute.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Currently the child care providers do not provide transportation services. However, the standard is defined in Guam’s DPHSS child care law which states that when transportation is provided by a child care facility, children shall be protected by adequate supervision, safety precautions, and liability and medical insurance coverages. These include but are not limited to, vehicle and driver must be in compliance with all relevant motor vehicle and traffics; during any field trip or excursion operated or planned by the child care facility, the staff to child ratios as provided in the statute (§1106) shall apply as noted in the statute.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Currently the child care providers do not provide transportation services. However, the standard is defined in Guam’s DPHSS child care law which states that when transportation is provided by a child care facility, children shall be protected by adequate supervision, safety precautions, and liability and medical insurance coverages. These include but are not limited to, vehicle and driver must be in compliance with all relevant motor vehicle and traffics; during any field trip or excursion operated or planned by the child care facility, the staff to child ratios as provided in the statute (§1106) shall apply as noted in the statute.**

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **The standard is defined in Guam’s, DPHSS Child Care Law and Environmental Rules and Regulations. The Child Care Law requires that at least two (2) staff involved in providing direct care and education of children shall complete and maintain certification requirements in pediatric first aid, and safety and management of**

blocked airway and rescue breathing, including cardio pulmonary resuscitation (CPR). At least one (1) first aid kit must be maintained on the premises of all child care facilities at all times and wherever the children are in care.

The environmental health rules and regulations also require that a standard first-aid equipment must be accessible to all staff members but kept out of the reach of children.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The standard is defined in Guam’s, DPHSS Child Care Law and Environmental Rules and Regulations. The Child Care Law requires that at least two (2) staff involved in providing direct care and education of children shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation (CPR). At least one (1) first aid kit must be maintained on the premises of all child care facilities at all times and wherever the children are in care.**

The environmental health rules and regulations also require that a standard first-aid equipment must be accessible to all staff members but kept out of the reach of children.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The standard is defined in Guam’s, DPHSS Child Care Law and Environmental Rules and Regulations. The Child Care Law requires that at least two (2) staff involved in providing direct care and education of children shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation (CPR). At least one (1) first aid kit must be maintained on the premises of all child care facilities at all times and wherever the children are in care.**

The environmental health rules and regulations also require that a standard first-aid equipment must be accessible to all staff members but kept out of the reach of children.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The standard is defined in Guam’s, DPHSS Child Care Law and Environmental Rules and Regulations. The Child Care Law requires that at least two (2) staff involved in providing direct care and education of children shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation (CPR). At least one (1) first aid kit must be maintained on the premises of all child care facilities at all times and wherever the children are in care.**

The environmental health rules and regulations also require that a standard first-aid equipment must be accessible to all staff members but kept out of the reach of children.



- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The standard is defined in Guam’s, DPHSS Child Care Law and Environmental Rules and Regulations. The Child Care Law requires that at least two (2) staff involved in providing direct care and education of children shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation (CPR). At least one (1) first aid kit must be maintained on the premises of all child care facilities at all times and wherever the children are in care.**

The environmental health rules and regulations also require that a standard first-aid equipment must be accessible to all staff members but kept out of the reach of children.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The standard is defined in Guam’s, DPHSS Child Care Law and Environmental Rules and Regulations. The Child Care Law requires that at least two (2) staff involved in providing direct care and education of children shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation (CPR). At least one (1) first aid kit must be maintained on the premises of all child care facilities at all times and wherever the children are in care.**

The environmental health rules and regulations also require that a standard first-aid equipment must be accessible to all staff members but kept out of the reach of children.

- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **The standard is defined in Guam’s, DPHSS Child Care Law and Environmental Rules and Regulations. The Child Care Law requires that at least two (2) staff involved in providing direct care and education of children shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation (CPR). At least one (1) first aid kit must be maintained on the premises of all child care facilities at all times and wherever the children are in care.**

The environmental health rules and regulations also require that a standard first-aid equipment must be accessible to all staff members but kept out of the reach of children.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The standard is defined in Guam’s, DPHSS Child Care Law and Environmental Rules and Regulations. The Child Care Law requires that at least two (2) staff involved in providing direct care and education of children shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation**

(CPR). At least one (1) first aid kit must be maintained on the premises of all child care facilities at all times and wherever the children are in care.

The environmental health rules and regulations also require that a standard first-aid equipment must be accessible to all staff members but kept out of the reach of children.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The standard is defined in Guam’s, DPHSS Child Care Law and Environmental Rules and Regulations. The Child Care Law requires that at least two (2) staff involved in providing direct care and education of children shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation (CPR). At least one (1) first aid kit must be maintained on the premises of all child care facilities at all times and wherever the children are in care.**

The environmental health rules and regulations also require that a standard first-aid equipment must be accessible to all staff members but kept out of the reach of children.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The standard is defined in Guam’s, DPHSS Child Care Law and Environmental Rules and Regulations. The Child Care Law requires that at least two (2) staff involved in providing direct care and education of children shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation (CPR). At least one (1) first aid kit must be maintained on the premises of all child care facilities at all times and wherever the children are in care.**

The environmental health rules and regulations also require that a standard first-aid equipment must be accessible to all staff members but kept out of the reach of children.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The standard is defined in Guam’s, DPHSS Child Care Law and Environmental Rules and Regulations. The Child Care Law requires that at least two (2) staff involved in providing direct care and education of children shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation (CPR). At least one (1) first aid kit must be maintained on the premises of all child care facilities at all times and wherever the children are in care.**

The environmental health rules and regulations also require that a standard first-aid equipment must be accessible to all staff members but kept out of the reach of children.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,

day camps, etc.). Provide the standard: **The standard is defined in Guam’s, DPHSS Child Care Law and Environmental Rules and Regulations. The Child Care Law requires that at least two (2) staff involved in providing direct care and education of children shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation (CPR). At least one (1) first aid kit must be maintained on the premises of all child care facilities at all times and wherever the children are in care.**

**The environmental health rules and regulations also require that a standard first-aid equipment must be accessible to all staff members but kept out of the reach of children.**

#### 5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **The standards are defined in Guam’s DPHSS child Care Law which requires that the child care facility shall ensure that each child care staff to be knowledgeable and informed of their individual mandatory responsibility to report all incidents of child abuse or neglect to the DPHSS, Bureau of Social Services Administration, Child Protective Services Section accordingly. This applies to all child care providers, regardless if they’re receiving child care funds.**

**In addition, at the time of admission, the child care facility is required to provide the child’s parent or guardian information that explains how to report suspected child abuse or neglect, and that the facility is mandated to report any suspected child abuse or neglect to the proper authorities. Such reports are provided by the Child Protective Services to the Bureau of Child Care Services, Licensing Office.**

**Section 1107.2 of the Guam Child Care Law, requires that child care providers conduct a general health screening and inspection of children upon daily arrival to the facility. This health screening and inspection helps providers recognize and address possible abuse and/or neglect in a timely manner. The Child Care Law also requires that the child care facility provide written information detailing the steps to report any licensing, health, and safety violations against a child care facility at the time of admission, to the child’s parent or guardian, and to potential staff members prior to recruitment.**

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The standards are defined in Guam’s DPHSS child Care Law which requires that the child care facility shall ensure that each child care staff to be knowledgeable and informed of their individual mandatory responsibility to report all incidents of child abuse or neglect to the DPHSS, Bureau of Social Services Administration, Child Protective Services Section accordingly. This applies to all child care**

providers, regardless if they're receiving child care funds.

In addition, at the time of admission, the child care facility is required to provide the child's parent or guardian information that explains how to report suspected child abuse or neglect, and that the facility is mandated to report any suspected child abuse or neglect to the proper authorities. Such reports are provided by the Child Protective Services to the Bureau of Child Care Services, Licensing Office.

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iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The standards are defined in Guam's DPHSS child Care Law which requires that the child care facility shall ensure that each child care staff to be knowledgeable and informed of their individual mandatory responsibility to report all incidents of child abuse or neglect to the DPHSS, Bureau of Social Services Administration, Child Protective Services Section accordingly. This applies to all child care providers, regardless if they're receiving child care funds.**

In addition, at the time of admission, the child care facility is required to provide the child's parent or guardian information that explains how to report suspected child abuse or neglect, and that the facility is mandated to report any suspected child abuse or neglect to the proper authorities. Such reports are provided by the Child Protective Services to the Bureau of Child Care Services, Licensing Office.

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v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The standards are defined in Guam's DPHSS child Care Law which requires that the child care facility shall ensure that each child care staff to be knowledgeable and informed of their individual mandatory responsibility to report all incidents of child abuse or neglect to the DPHSS, Bureau of Social Services Administration, Child Protective Services Section accordingly. This applies to all child care**

providers, regardless if they're receiving child care funds.

In addition, at the time of admission, the child care facility is required to provide the child's parent or guardian information that explains how to report suspected child abuse or neglect, and that the facility is mandated to report any suspected child abuse or neglect to the proper authorities. Such reports are provided by the Child Protective Services to the Bureau of Child Care Services, Licensing Office.

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- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The standards are defined in Guam's DPHSS child Care Law which requires that the child care facility shall ensure that each child care staff to be knowledgeable and informed of their individual mandatory responsibility to report all incidents of child abuse or neglect to the DPHSS, Bureau of Social Services Administration, Child Protective Services Section accordingly. This applies to all child care providers, regardless if they're receiving child care funds.**

In addition, at the time of admission, the child care facility is required to provide the child's parent or guardian information that explains how to report suspected child abuse or neglect, and that the facility is mandated to report any suspected child abuse or neglect to the proper authorities. Such reports are provided by the Child Protective Services to the Bureau of Child Care Services, Licensing Office.

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- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The standards are defined in Guam's DPHSS child Care Law which requires that the child care facility shall ensure that each child care staff to be knowledgeable and informed of their individual mandatory responsibility to report all incidents of child abuse or neglect to the DPHSS, Bureau of Social Services Administration, Child Protective Services Section accordingly. This applies to all child care providers, regardless if they're receiving child care funds.**

In addition, at the time of admission, the child care facility is required to provide the child's parent or guardian information that explains how to report suspected child abuse or neglect, and that the facility is mandated to report any suspected child abuse or neglect to the proper authorities. Such reports are provided by the Child Protective Services to the Bureau of Child Care Services, Licensing Office.

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- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **The standards are defined in Guam's DPHSS child Care Law which requires that the child care facility shall ensure that each child care staff to be knowledgeable and informed of their individual mandatory responsibility to report all incidents of child abuse or neglect to the DPHSS, Bureau of Social Services Administration, Child Protective Services Section accordingly. This applies to all child care providers, regardless if they're receiving child care funds.**

In addition, at the time of admission, the child care facility is required to provide the child's parent or guardian information that explains how to report suspected child abuse or neglect, and that the facility is mandated to report any suspected child abuse or neglect to the proper authorities. Such reports are provided by the Child Protective Services to the Bureau of Child Care Services, Licensing Office.

Section 1107.2 of the Guam Child Care Law, requires that child care providers conduct a general health screening and inspection of children upon daily arrival to the facility. This health screening and inspection helps providers recognize and address possible abuse and/or neglect in a timely manner. The Child Care Law also requires that the child care facility provide written information detailing the steps to report any licensing, health, and safety violations against a child care facility at the time of admission, to the child's parent or guardian, and to potential staff members prior to recruitment.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The standards are defined in Guam's DPHSS child Care Law which requires that the child care facility shall ensure that each child care staff to be knowledgeable and informed of their individual mandatory responsibility to report all incidents of child abuse or neglect to the DPHSS, Bureau of Social Services Administration, Child Protective Services Section accordingly. This applies to all child care providers, regardless if they're receiving child care funds.**

In addition, at the time of admission, the child care facility is required to provide the child's parent or guardian information that explains how to report suspected child abuse or neglect, and that the facility is mandated to report any suspected child abuse or neglect to the proper authorities. Such reports are provided by the Child Protective Services to the Bureau of Child Care Services, Licensing Office.

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iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The standards are defined in Guam's DPHSS child Care Law which requires that the child care facility shall ensure that each child care staff to be knowledgeable and informed of their individual mandatory responsibility to report all incidents of child abuse or neglect to the DPHSS, Bureau of Social Services Administration, Child Protective Services Section accordingly. This applies to all child care providers, regardless if they're receiving child care funds.**

In addition, at the time of admission, the child care facility is required to provide the child's parent or guardian information that explains how to report suspected child abuse or neglect, and that the facility is mandated to report any suspected child abuse or neglect to the proper authorities. Such reports are provided by the Child Protective Services to the Bureau of Child Care Services, Licensing Office.

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v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The standards are defined in Guam's DPHSS child Care Law which requires that the child care facility shall ensure that each child care staff to be knowledgeable and informed of their individual mandatory responsibility to report all incidents of child abuse or neglect to the DPHSS, Bureau of Social Services Administration, Child Protective Services Section accordingly. This applies to all child care providers, regardless if they're receiving child care funds.**

In addition, at the time of admission, the child care facility is required to provide the child's parent or guardian information that explains how to report suspected child abuse or neglect, and that the facility is mandated to report any suspected child abuse or neglect to the proper authorities. Such reports are provided by the Child Protective Services to the Bureau of Child Care Services, Licensing Office.

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- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The standards are defined in Guam's DPHSS child Care Law which requires that the child care facility shall ensure that each child care staff to be knowledgeable and informed of their individual mandatory responsibility to report all incidents of child abuse or neglect to the DPHSS, Bureau of Social Services Administration, Child Protective Services Section accordingly. This applies to all child care providers, regardless if they're receiving child care funds.**

In addition, at the time of admission, the child care facility is required to provide the child's parent or guardian information that explains how to report suspected child abuse or neglect, and that the facility is mandated to report any suspected child abuse or neglect to the proper authorities. Such reports are provided by the Child Protective Services to the Bureau of Child Care Services, Licensing Office.

Section 1107.2 of the Guam Child Care Law, requires that child care providers conduct a general health screening and inspection of children upon daily arrival to the facility. This health screening and inspection helps providers recognize and address possible abuse and/or neglect in a timely manner. The Child Care Law also requires that the child care facility provide written information detailing the steps to report any licensing, health, and safety violations against a child care facility at the time of admission, to the child's parent or guardian, and to potential staff members prior to recruitment.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The standards are defined in Guam's DPHSS child Care Law which requires that the child care facility shall ensure that each child care staff to be knowledgeable and informed of their individual mandatory responsibility to report all incidents of child abuse or neglect to the DPHSS, Bureau of Social Services Administration, Child Protective Services Section accordingly. This applies to all child care providers, regardless if they're receiving child care funds.**

In addition, at the time of admission, the child care facility is required to provide the child's parent or guardian information that explains how to report suspected



child abuse or neglect, and that the facility is mandated to report any suspected child abuse or neglect to the proper authorities. Such reports are provided by the Child Protective Services to the Bureau of Child Care Services, Licensing Office.

Section 1107.2 of the Guam Child Care Law, requires that child care providers conduct a general health screening and inspection of children upon daily arrival to the facility. This health screening and inspection helps providers recognize and address possible abuse and/or neglect in a timely manner. The Child Care Law also requires that the child care facility provide written information detailing the steps to report any licensing, health, and safety violations against a child care facility at the time of admission, to the child’s parent or guardian, and to potential staff members prior to recruitment.

- c. Confirm if child care providers must comply with the [Lead Agency’s](#) procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe:

#### 5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **Guam Child Care Law 31-73, Section 1107.1 Food and Nutrition, (a) Food and Nutrition Policies and Plans; (b) Meals prepared and/or Served On-site... shall provide adequate nutritious food appropriate to the age of the child...; (c) ...promote and understanding of the importance of nutritious meals and snacks as recommended by the U.S.D.A. Food and Nutrition Guidelines; (d) ...special diets...**
- ii. Access to physical activity. Describe: **Guam Child Care Law 31-73, Section 1108.0 Materials and Equipment. The selection, quantity, arrangement and use of available materials and equipment shall be age-appropriate, durable, meet the U.S. Consumer Product Safety Commission recommendations. This standard requires that children have access to materials and equipment that provide opportunities for indoor and outdoor play, exploration, expression, experimentation, and discovery. Section 1105.1 also requires that child care**

facilities shall have a well-maintained indoor and outdoor physical environment that is appropriate, safe, and accessible.

- iii. Caring for children with special needs. Describe: **Section 1108.1 of the Guam Child Care Law** requires providers to utilize materials and equipment that meet the recommendations of the Americans with Disabilities Act (ADA) for all children, including children with special needs. A child care facility shall not discriminate against any person of race, color, national origin, age, sex, religion or disability in admission to, participation in, or receipt of the services and benefits of any of its programs and activities. A child care facility shall not deny or provide for the access and accommodation of persons with disabilities in compliance with the Americans with Disabilities Act of 1990 and conform to any Guam laws and applicable rules and regulations governing persons with disabilities and other protected groups as stated in **Section 1117.0 Non-Discrimination**.
- iv. Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe: **Section 1105.1 of the Guam Child Care Law** requires that child care facilities implement developmentally appropriate practices, implement age-appropriate curriculum, promote a program that builds positive relationships, implement a program that promotes cognitive, social, emotional, language, aesthetic, and physical areas of child development, a program that promotes effective teaching strategies that reflect culture, language, and development needs for individual learning, ensure appropriate instruction, intervention, and/or evaluation to promote health, safety, and nutrition in an environment where children and adults are protected from illness and harm; the program shall build partnerships with families to support active involvement in their child’s growth and development and connect with community resources to support program goals.

#### 5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF

health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers’ training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Administration of medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Emergency preparedness and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

response planning and procedures			
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-appropriate)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **Not Applicable.**

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

No

Yes. If yes, describe:

## 5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

### 5.5.1 Inspections for licensed CCDF providers

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

a. Licensed CCDF center-based providers

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

Yes.

- No. If no, describe:
- ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:
- Annually.
- More than once a year. If more than once a year, describe: **At least once every twelve (12) months by the Child Care Licensing Office and at least four (4) times per year by the Division of Environmental Health. Additional inspections shall be conducted as often and necessary for the enforcement of the rules and regulations.**
- Other. If other, describe:
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?
- Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
- No. If no, describe: **Not Applicable**
- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **DPHSS-Bureau of Child Care Services, Child Care Licensing Office; DPHSS-Division of Environmental Health.**
- b. Licensed CCDF family child care providers
- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?
- Yes.
- No. If no, describe:
- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:
- Annually.
- More than once a year. If more than once a year, describe: **At least once every twelve (12) months by the Child Care Licensing Office and at least four (4) times per year by the Division of Environmental Health. Additional inspections shall be conducted as often as necessary for the enforcement of the rules and regulations.**
- Other. If other, describe:
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?
- Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
- No. If no, describe: **Not Applicable**
- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **DPHSS- Bureau of Child Care Services, Child Care Licensing Office; DPHSS- Division of Environmental Health.**

- c. Licensed in-home CCDF child care providers
- i. Does your Lead Agency license CCDF in-home child care (care in the child’s own home) providers?
    - No.
    - Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?
      - Yes.
      - No. If no, describe:
  - ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:
    - Annually.
    - More than once a year. If more than once a year, describe: **Not Applicable**
    - Other. If other, describe:
  - iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?
    - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
    - No.
  - iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **Not Applicable**

#### 5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers
  - i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:
    - Annually.
    - More than once a year. If more than once a year, describe: **The Child Care Licensing Office conducts at least one (1) unannounced inspection each year for all childcare providers. The Division of Environmental Health conducts quarterly unannounced inspections for all child care providers.**
    - Other. If other, describe:
  - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

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

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **DPHSS-Bureau of Child Care Services, Child Care Licensing Office; DPHSS, Division of Environmental Health.**

b. License-exempt CCDF family child care providers

- i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

Annually.

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

Other. If other, describe: **Not Applicable.**

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

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

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Not Applicable.**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **The inspection of childcare providers does not differ between licensed and licensed-exempt childcare providers. The Child Care Licensing Office conducts at least one (1) unannounced inspection each year for all childcare providers.**
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **DPHSS, Bureau of Child Care Services, Child Care Licensing Office**

5.5.4 Posting monitoring and inspection reports

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

produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

a. Does the Lead Agency post:

- i.  Pre-licensing inspection reports for licensed programs.
- ii.  Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
- iii.  Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted: **From the directory, users can click or tap on the button labeled "MORE ABOUT THIS PROVIDER" which will link to the full profile of the child care provider. The public is able to access and view the monitoring inspection reports.**

URL: <https://guamchildcare.com>

iv.  Other. Describe:

b. Check if the monitoring and inspection reports and any related plain language summaries include:

- i.  Date of inspection.
- ii.  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: **Such violations will be indicated and posted in a prominent area at the child care facility visible to the public via inspection reports. PDF versions of these reports will also be made available on the child care website within the Child Care Provider Directory specific to each provider.**

URL: <https://guamchildcare.com>

iii.  Corrective action plans taken by the Lead Agency and/or child care provider. Describe:

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

v. If any of the components above are not selected, please explain: **The Lead Agency will be posting the corrective action plans along with the monitoring and inspection reports for each child care provider.**

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.



- i. Provide the direct URL/website link to where the reports are posted:  
**<https://guamchildcare.com>**
- ii. Identify the Lead Agency’s established timeline for posting monitoring reports and describe how it is timely: **The Lead Agency’s timeline to post monitoring and inspections is within 90 days from the date of inspection.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?  
 Yes.  
 No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?  
 Yes.  
 No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?  
 Yes.  
 No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **Licensing inspectors hired by the Lead Agency must meet a set of knowledge and skills that are related to the responsibilities of the position. The Lead Agency has a position called the Child Care Compliance Officer (URL to job specifications: <https://hr.doa.guam.gov/wp-hr-content/uploads/2023/04/CHILD-CARE-COMPLIANCE-OFFICER.pdf>) that must meet the minimum requirements in work experience and training that requires a background in child care or early childhood programs.**

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **The ratio is not sufficient to conduct**

effective inspections, but the Lead Agency is still in the process of hiring and increasing the number of licensing inspectors.

## 5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

### 5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **Health and safety training requirements ensure that child care providers are well-trained to reduce the risk of illness and injury of children in their programs. CCDF requires child care providers to complete a pre-service orientation and complete at least fifteen (15) hours of annual training in health and safety-related topics:**

**Prevention and control of infectious diseases (including immunization),  
Prevention of sudden infant death syndrome and use of safe sleep practices,  
Administration of medication that is consistent with standards for parental consent,  
Prevention and response to emergencies due to food and allergic reactions,  
Building and physical premises safety,  
Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment,  
Emergency preparedness and response planning,  
Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants,  
Appropriate precautions in transporting children,  
Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR),  
Child Development (nutrition, access to physical activity, caring for children with special needs).**

**The annual health and safety training requirement is applicable to licensed childcare providers as set forth in Public Law 31-73 Appendix A, Guam’s Plan for Professional Development; and licensed-exempt (relative, in-home, school-age) child care providers as stipulated in 45 CFR § 98.41. They must also maintain certification in Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) every two years while being employed.**

- b. License-exempt child care centers: **Health and safety training requirements ensure that child care providers are well-trained to reduce the risk of illness and injury of children in their programs. CCDF requires child care providers to complete a pre-service orientation and complete at least fifteen (15) hours of annual training in health and safety-related topics:**

**Prevention and control of infectious diseases (including immunization),  
Prevention of sudden infant death syndrome and use of safe sleep practices,  
Administration of medication that is consistent with standards for parental consent,**

Prevention and response to emergencies due to food and allergic reactions,  
Building and physical premises safety,  
Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment,  
Emergency preparedness and response planning,  
Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants,  
Appropriate precautions in transporting children,  
Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR),  
Child Development (nutrition, access to physical activity, caring for children with special needs).

- c. Licensed family child care homes: Health and safety training requirements ensure that child care providers are well-trained to reduce the risk of illness and injury of children in their programs. CCDF requires child care providers to complete a pre-service orientation and complete at least fifteen (15) hours of annual training in health and safety-related topics:

Prevention and control of infectious diseases (including immunization),  
Prevention of sudden infant death syndrome and use of safe sleep practices,  
Administration of medication that is consistent with standards for parental consent,  
Prevention and response to emergencies due to food and allergic reactions,  
Building and physical premises safety,  
Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment,  
Emergency preparedness and response planning,  
Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants,  
Appropriate precautions in transporting children,  
Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR),  
Child Development (nutrition, access to physical activity, caring for children with special needs).

The annual health and safety training requirement is applicable to licensed childcare providers as set forth in Public Law 31-73 Appendix A, Guam's Plan for Professional Development; and licensed-exempt (relative, in-home, school-age) child care providers as stipulated in 45 CFR § 98.41. They must also maintain certification in Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) every two years while being employed.

- d. License-exempt family child care homes: Health and safety training requirements ensure that child care providers are well-trained to reduce the risk of illness and injury of children in their programs. CCDF requires child care providers to complete a pre-service orientation and complete at least fifteen (15) hours of annual training in health and safety-related topics:

Prevention and control of infectious diseases (including immunization),  
Prevention of sudden infant death syndrome and use of safe sleep practices,  
Administration of medication that is consistent with standards for parental consent,  
Prevention and response to emergencies due to food and allergic reactions,  
Building and physical premises safety,  
Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment,

Emergency preparedness and response planning,  
Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants,  
Appropriate precautions in transporting children,  
Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR),  
Child Development (nutrition, access to physical activity, caring for children with special needs).

- e. Regulated or registered in-home child care: **Health and safety training requirements ensure that child care providers are well-trained to reduce the risk of illness and injury of children in their programs. CCDF requires child care providers to complete a pre-service orientation and complete at least fifteen (15) hours of annual training in health and safety-related topics:**

Prevention and control of infectious diseases (including immunization),  
Prevention of sudden infant death syndrome and use of safe sleep practices,  
Administration of medication that is consistent with standards for parental consent,  
Prevention and response to emergencies due to food and allergic reactions,  
Building and physical premises safety,  
Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment,  
Emergency preparedness and response planning,  
Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants,  
Appropriate precautions in transporting children,  
Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR),  
Child Development (nutrition, access to physical activity, caring for children with special needs).

- f. Non-regulated or registered in-home child care: **Health and safety training requirements ensure that child care providers are well-trained to reduce the risk of illness and injury of children in their programs. CCDF requires for child care providers to have ongoing education and successfully complete at least fifteen (15) annual training hours in health and safety related topics through the pre-service orientation. The annual health and safety training requirement is applicable to licensed childcare providers as set forth in Public Law 31-73 Appendix A, Guam’s Plan for Professional Development; and licensed-exempt (relative, in-home, school-age) child care providers as stipulated in 45 CFR § 98.41. They must also maintain certification in Pediatric First Aid and Cardiopulmonary Resuscitation (CPR) every two years while being employed.**

## 5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

#### 5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints. **The Lead Agency does conduct in-state criminal history check, however, it is name based.**

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints. **The Lead Agency does conduct in-state criminal history check, however, it is name based.**

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints. **The Lead Agency does conduct in-state criminal history check, however, it is name based.**

#### 5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints. **The Lead Agency plans to implement the National Federal Bureau of Investigation (FBI) criminal history check with fingerprints through a formal agreement with the Judiciary of Guam.**

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks. **The Lead Agency plans to implement the National Federal Bureau of Investigation (FBI) criminal history check with fingerprints through a formal agreement with the Judiciary of Guam.**

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints. **The Lead Agency plans to implement the National Federal Bureau of Investigation (FBI) criminal history check with fingerprints through a formal agreement with the Judiciary of Guam.**

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

#### 5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

#### 5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

#### 5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

Yes.

No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

#### 5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective



staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

#### 5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

#### 5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.

- Knowingly made materially false statements in connection with the background check.
  - Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
  - Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
  - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
  - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- Yes.
- No. If no, describe the disqualifying criteria:
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- Yes.
- No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- Does not use them to disqualify employment.
- Uses them to disqualify employment. If checked, describe: **When the results of the check are received by the Lead Agency, in the case the check comes up positive, the Agency would immediately draft a denial letter to the individual. The letter advises the individual to contact the Lead Agency for further information.**
- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?
- Does not use them to disqualify employment.
- Uses them to disqualify employment. If checked, describe: **The individual requests for the interstate child abuse and neglect registry check. The individual informs the Lead Agency of when they sent their request which the Lead Agency will log down and track. If the applicant does not get back with the results after a period of time, the Lead Agency will make the request for the interstate child abuse and neglect registry check.**

#### 5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the

results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

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

Yes.

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

#### 5.7.11 Appeals processes for background checks

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

Does the appeals process:

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

Yes.

No. Describe:

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

Yes.

No. Describe:

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

Yes.

No. Describe:

- iv. Get completed in a timely manner.

Yes.

No. Describe:

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

Yes.

No. Describe:

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

Yes.

No. Describe:

#### 5.7.12 Provisional hiring of prospective staff members

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

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

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

- a. FBI criminal background check.

Yes.

No. If no, describe: **The Lead Agency is developing a Memorandum of Agreement with the Judiciary of Guam to conduct FBI criminal background checks.**

- b. In-state criminal background check with fingerprints.

Yes.

No. If no, describe: **The Lead Agency conducts in-state criminal background checks, however it is name-based.**

- c. In-state Sex Offender Registry.

Yes.

No. If no, describe:

- d. In-state child abuse and neglect registry.

Yes.

No. If no, describe:

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

Yes.

No. If no, describe:

- f. Interstate criminal background check, as applicable.

Yes.

No. If no, describe:

- g. Interstate Sex Offender Registry check, as applicable.

Yes.

No. If no, describe:

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

Yes.

No. If no, describe:

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

Yes.

No. If no, describe:

#### 5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

Yes.

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

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

Yes.

No. If no, describe the current policy: **The Lead Agency ensures child care staff receive a comprehensive background check and must be a resident of Guam.**

#### 5.7.14 Responses to interstate background check requests

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

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

Yes.

No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **The Lead Agency receives all interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from other states and forwards them to the appropriate agencies. Responses to requests are either forwarded directly to the requester or to the Lead Agency who will forward it to the requester.**

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?
- Yes. If yes, describe the current policy.
- No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: <https://guamchildcare.com/>

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

- b. Interstate criminal background check:

- i.  Agency name
- ii.  Address
- iii.  Phone number
- iv.  Email
- v.  Website
- vi.  Instructions
- vii.  Forms
- viii.  Fees
- ix.  Is the State a National Fingerprint File (NFF) State?
- x.  Is the State a National Crime Prevention and Privacy Compact State?
- xi. If not all boxes above are checked, describe: **Guam is not a National Fingerprint File State and is not a participant in the National Crime Prevention and Privacy Compact Act.**

- c. Interstate sex offender registry (SOR) check:

- i.  Agency name
- ii.  Address
- iii.  Phone number
- iv.  Email
- v.  Website
- vi.  Instructions

- vii.  Forms
  - viii.  Fees
  - ix. If not all boxes above are checked, describe: **Not Applicable.**
- d. 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.  Website
  - vii.  Instructions
  - viii.  Forms
  - ix.  Fees
  - x. If not all boxes above are checked, describe: **Not Applicable.**

#### 5.7.16 Background check fees

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

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

Yes.

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

#### 5.7.17 Renewal of the comprehensive background check

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

Yes.

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

## 5.8 Exemptions for Relative Providers

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

### 5.8.1 Exemptions for relative providers

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

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?  
**Although exempt from obtaining a childcare license, license-exempt relative care providers are subject to pre-service/orientation, must maintain a pediatric first aid and CPR certification, complete 15-hours of health and safety related training annually, pass comprehensive background checks.**

## 6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

### 6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

#### 6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
  - i.  Providing program-level grants to support investments in staff compensation.
  - ii.  Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.



- iii.  Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
- iv.  Subsidizing family child care provider and center-based child care staff retirement benefits.
- v.  Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
- vi.  Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
- vii.  Providing scholarships or tuition support for center-based child care staff and family child care providers.
- viii.  Other. Describe: **DPHSS continues to build interagency partnerships to engage training opportunities and professional development that promotes attendance hours in Early Childhood Education (ECE) core knowledge areas and health & safety topics, which can be counted towards all childcare provider’s annual training requirements. The interagency collaborations provide streamlined access to trainers, venues, and other resources that support the continuous growth and career progression of the child care workforce.**

**DPHSS has entered into a partnership with the University of Guam (UOG), Guam Small Business Development Center (SBDC) for the purpose of coordinating a [ ] Licensed Child Care Business Training Program[ ], which is a 5-week program that provides professional development training and technical assistance for individuals who are seeking to open a new child care center or are referred by the Lead Agency. The program intends to equip child care program owners with the essential knowledge and resources to properly operate and sustain a licensed child care center in Guam.**

- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **In FY2024, BCCS began conducting an Alternative Methodology to measure the total costs across all inputs required to deliver child care services. BCCS will conduct a hybrid approach to cost data gathering through a cost estimation model and a cost survey based on provider type. The cost data will help identify the cost of wages and compensation based on the type of provider. The findings from the cost survey will be taken into consideration when identifying incentives that increase compensation in the Quality Improvement System (QIS), as it is currently being developed. The QIS will determine support for compensation based on the quality level for licensed child care providers.**
- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **In FY2024, BCCS began conducting an Alternative Methodology to measure the total costs across all inputs required to deliver child care services. BCCS will conduct a hybrid approach to cost data gathering through a cost estimation model and a cost survey based on provider type. The cost data will help identify the cost of wages and compensation based on the type of provider. The findings from the cost survey will be**

taken into consideration when identifying incentives that expand access to benefits in the Quality Improvement System (QIS), as it is currently being developed. The QIS will determine support for access to benefits based on the quality level for licensed child care providers.

- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **DPHSS has entered into a partnership with the Guam Behavioral Health & Wellness Center (GBHWC) to establish a Community Crisis Stabilization (CCS) program which is intended to serve as the main resource and referral linkage for the coordination of mental and behavioral health support for children enrolled in child care programs, parents of children, and for child care providers. The CCS program is intended to provide mental health support, consultation, and training opportunities for early childhood service providers. Another initiative within the partnership is a Home-Based Supports program which also provides training opportunities that develop behavioral management skills or other relevant trainings to licensed and licensed-exempt caregivers.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **DPHSS has entered into partnerships with various government agencies to administer grants and programs that promote and support providers' recruitment and retention of the child care workforce.**

DPHSS has developed a partnership with the Guam Economic Development Authority (GEDA) to provide incentives and support the recruitment & retention of child care workforce. One of the initiatives within the partnership was conducting "Child Care Provider Bootcamps" for child care providers to support recruitment of new providers while increasing their credentials with college credits upon entering the workforce. The partnership also facilitated bootcamps for childcare providers in supervisory positions to assist in the retention and promotion to higher certification levels. The bootcamps are an intensive seven (7) and up to fifteen (15) week curriculum where participants earned Continuing Education Units (CEU) from the Guam Community College. Participants were engaged with, but not limited to: Early Childhood Education, child growth and development, and management of a childcare facility.

DPHSS, through the partnership with GEDA, continues to offer retention bonuses to employees in the early childhood workforce. In collaboration with the Pre-School Development Grant (PDG), the eligibility criteria was expanded to include individuals employed in licensed child care centers, public and private school teachers (HeadStart, Pre-K, Pre-Gate programs), and early childhood special education teachers. Grant awards are based on the dates of service and duration of service.

DPHSS has continued to offer grants facilitated by GEDA that cater to community and after-school programs. The "Community Care and After School Program Grants" provides financial support to organizations with children's programs while increasing access to a wider range of CCDF certified programs throughout the community, including but not limited to village mayor's programs, summer/winter programs, and ongoing school-age programs. Grants are awarded based on the program capacity per entity. Grant funds may be utilized for personnel, supplies, materials, and other operational expenses.

DPHSS has entered into a partnership with the Department of Youth Affairs (DYA) to coordinate and implement programs, services, and activities geared towards youth development, rehabilitation, and engagement in the community. The partnership links DPHSS with DYAs after-school care program within the Northern, Central, and Southern Youth Resource Centers. DPHSS will employ community program aides assigned to the Youth Resource Centers throughout the island.

The DYAs partnership also allowed linkage for DPHSS to engage with DYAs annual Summer Youth Employment Program (SYEP). The SYEP aims to provide high school students entry-level work experience in different positions of public service throughout the various Government of Guam agencies. In collaboration with DCW, DYAs has expanded the employment opportunity to students who express vocational interest in working in the field of childcare to be placed in any CCDF licensed child care centers, with the intent to generate interest in the childcare industry and eventually pursue a career in the childcare field as they gain work exposure.

DPHSS seeks to formulate future interagency partnerships to execute initiatives that will assist childcare providers in achieving higher credentials in early childhood education and provide continuous education in topics relevant to CCDF health & safety standards. DPHSS seeks to develop a Professional Development Series (PDS) to provide training opportunities in Early Childhood Education core knowledge areas, CCDF Health & Safety standards, and courses catered specifically for Directors and Assistant Directors. The vision for the PDS is to serve as a resource in providing CEUs to support providers in achieving higher levels in professional development. In addition, Guam intends to invite CCDF child care providers from neighboring territories in efforts of making Guam the hub for professional development opportunities in childcare in the Pacific region.

#### 6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. DPHSS has entered into a partnership with the University of Guam (UOG), Guam Small Business Development Center (SBDC) for the purpose of coordinating a "Licensed Child Care Business Training Program", which is a 5-week program that provides professional development training and technical assistance for individuals who are seeking to open a new child care center or if referred by the Lead Agency. The program intends to equip child care program owners with the essential knowledge and resources to properly operate and sustain a licensed child care center in Guam. Part of the partnership agreement is for SBDC to provide ongoing business counseling and technical assistance to all licensed child care centers.

DPHSS seeks to formulate future interagency partnerships to execute initiatives that will assist childcare providers in strengthening business management and administrative practices. DPHSS seeks to develop a Professional Development Series (PDS) to provide training opportunities to include courses catered specifically for Directors and Assistant Directors. The courses for Directors and Assistant Directors shall include topics that advance business management, in which can be accessed through the UOG SBDC, the

Guam Community College, and other private consultants. The vision for the PDS is to serve as a resource in providing CEUs to support providers in achieving higher levels in professional development. In addition, Guam intends to invite CCDF child care providers from neighboring territories in efforts of making Guam the hub for professional development opportunities in childcare in the Pacific region.

- b. Check the topics addressed in the Lead Agency’s strategies for strengthening child care providers’ administrative 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.
  - ix.  Use of technology in business administration.
  - x.  Compliance with employment and labor laws.
  - xi.  Other. Describe any other efforts to strengthen providers’ administrative business:

### 6.1.3 Strategies to support provider participation

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

- a. Providers and staff with limited English proficiency: **Various types of training resources are made available to all child care providers, including in person, virtual, or through online modules. Should a provider require a translator and/or any reasonable accommodation, the provider would need to make a request to DPHSS no later than 7 days prior to the training and accommodations will be made for the provider for the training.**

DPHSS has collaborated with a local nonprofit organization that provides translation services for Micronesian languages. The Micronesian Resource Center within Mañe'lu provides resources and guidance to families migrating to Guam from across Micronesia. DPHSS will continue to engage with Mañe'lu to support providers that need assistance for staff with limited English proficiency.

- b. Providers and staff who have disabilities: **Various types of training resources are made available to all child care providers, including in person, virtual, or through online modules. Should a provider require any reasonable accommodation for their disability, the provider would need to make a request to DPHSS no later than 7 days prior to the**

training and accommodations will be made for the provider for the training.

DPHSS has developed a formal partnership with the Guam System for Assistive Technology (GSAT), within the University of Guam, to increase the community's access to assistive technology (AT) by providing AT related services to help the people in the community. GSAT strives to help island residents with the acquisition of AT by providing means and resources to obtain desired AT devices and services.

## 6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

### 6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:

No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups:

No.

### 6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **Guam's CCDF Program continues to adhere to the requirements identified in the Guam Public Law 31-73: An Act to Establish the Administrative Rules and Regulations of the Department of Public Health & Social Services relative to child care facilities and group child care homes, under Article 1 of Chapter 1, Division 1, Title 26, Guam Administrative Rules and Regulations, and in Conformance with Article 4, Child Welfare Services Act, Chapter 2, Division 1, Title 10, Guam Code Annotated**

which was signed into law on June 2, 2011, provides the framework for Guam. Specifically, Appendix A- Guam's Plan for Professional Development (GPPD) details the framework for training and professional development in Guam. Additionally, the Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes (P.L. 31-73) details the licensing requirements for these facilities and specifically identifies the GPPD as the guideline to follow for all training and professional development requirements. The GPPD follows Core Standard for Professional Preparation from the National Association of the Education of Young Children (NAEYC). These five standards provide the foundation for professional practices that 1) Promote child development and training; 2) Are culturally respectful and responsive; 3) Promotes ethical behavior and professional advocacy; and 4) Provides in-depth field experience in high quality professional preparation. Standard 1: Promoting Child Development and Learning; Standard 2: Building Family and Community Relationships; Standard 3: Observing, Documenting, and Assessing to Support Young children and families; Standard 4: Teaching and Learning; and Standard 5: Being a Professional. These Core Standards provide the framework for early childhood professionals' education and training. Core Topics and General Competencies are the foundation of fundamental skills that early childhood personnel should acquire and strengthen to increase their knowledge and skills. The CCDF Program continues to implement, monitor, and evaluate the professional development activities as identified in the current GPPD.

The professional development structure uses the Implementation Science Framework from the work of Fixsen & Blase 2008. The Implementation Science Framework (ISF) provides guidance to support improvement and build local capacity such as child care directors and providers through coaching and training in the specific topic areas using evidenced based practices and/or strategies. For example, training provided to all child care on social emotional development of young children may include additional training such as infant mental health, toxic stress, positive solutions, trauma informed care. These trainings add to the progression of learning for child care providers in building their skill sets in working with young children.

In addition to using the ISF, support and training will occur at all levels. Guam's professional development framework will use a model similar to the public health model that includes a 3-tier: universal, secondary, and tertiary PD Levels of Training. This framework aims to ensure that parents, service providers (includes child care providers); and community partners have knowledge and understanding in using these evidenced based practices or evidence informed strategies to nurture and support the development of all young children (Tier 1). Training under Tier 1 will include the pre-service training on health and safety standards that are required for all child care providers. Topics of the training to include 1) nutrition; 2) physical activities; 3) caring for children with disabilities; 4) control of infectious disease including immunizations; 5) child development how young children learn. In addition, Tier 1 includes professional development training on developmentally appropriate practices of how children develop and learn. Child care providers/ director and service providers will receive additional

training if children that may need additional support or targeted intervention such as but not limited to children that are English language learners, children with disabilities, children experiencing homelessness, and / or children in foster home (Tier 2). Tier 3 is for children and families that may need individualized intensive intervention from multiple agencies and therefore, a system of care wrap around service is needed.

The CCDF Program in partnership with other early childhood serving agencies from the PDG B -5 Early Learning Council (ELC) Leadership will update GPPD with the target of completion by Spring 2026. This updated GPPD plan will ensure the alignment with the Early Care and Education training plan and the quality standards of providers. The revised policies and procedures will comprise of the evidence-based practices, funding cross-collaboration and efficiency strategies among early childhood and community partners that is inclusive of child care providers. Further refinement of the training plan will be aligned with Guam’s Early Care and Education needs assessment and strategic plan anticipated to be completed by Fall 2026.

- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. GPPD shall be used for Early Childhood Professionals when advancing in their field through education and training experiences in a multitude of subject areas. The plan is subject to revisions based on updated research and best practices in the early childhood field as well as the feedback provided by professionals regarding the effectiveness of using the plan. GPPD provides a plan for early childhood assistants and teachers in all child care, Head Start, and related early years settings to advance their profession reflecting the competencies, experiences, activities, and learning they engage in that improve performance and ability to provide quality care and education for ALL of Guam's children. The Core Standards for GPPD have been adopted from the National Association for the Education of Young Children's five Standards for Professional Development. These standards ensure the education and training activities of early childhood professionals in Guam are consistent with our peers nationwide. These standards provide the framework for early childhood professionals' education and training. The Core Topics and General Competencies are the foundation of fundamental skills that early childhood personnel should acquire and strengthen to increase their knowledge and skills. The GPPD provides definitions related to the professional development plan and clarifies the type of training and/or continuing education units or education credits that are received through training workshops and/or formal education. The GPPD identifies four levels of Early Childhood Personnel. Each level lists the formal education requirements and the experiential requirements for each level. Additionally, the plan proposes alternate qualifications and multiple entry points to address the uniqueness of the early childhood field and the diversity of disciplines professionals come from. The plan acknowledges the various education and training opportunities provided to early childhood professionals and seeks to capitalize on those experiences to promote the recruitment and retention of qualified individuals.

The GPPD comprises of two pathways for certification:

Path A is used by early childhood providers not employed with the Department of Education and/or the Government of Guam. Individuals utilizing Path A are subject to credential review by the Early Childhood Professional Development Subcommittee under the Guam Early Learning Council.

Path B is to be used by professionals in the early childhood field employed by public or private agencies including, but not limited to the Department of Education Head Start Program, Early Intervention, Early Childhood Special Education Preschool, Pilot Pre-kindergarten, Gifted and Talented Preschool, and other related service providers. Individuals utilizing Path B are subject to the regulations and requirement set forth by the Guam Commission for Educator's Certification.

The CCDF Program in collaboration with the Early Learning Council Leadership will begin the process for updating GPPD and will request input from stakeholders and public hearing by Summer 2026.

- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **To ensure alignment across professional development training and across other early childhood programs, the Lead Agency will be coordinating all professional development activities with the Guam Early Learning Council, which consists of subcommittee members from higher education institutions. Collaboration with the Council will continue to enhance access to consultation, education, training, technical assistance and outreach support for child care providers working in center-based and family-based care settings.**

DPHSS promotes continuous engagement with the state advisory council in evaluating and making recommendations to support childcare providers' training and education credentials. The GELC oversees the credentials of individuals under Path A. Path A is used by early childhood providers not employed with the Department of Education and/or the Government of Guam. Individuals utilizing Path A are subject to credential review by the Early Childhood Professional Development Subcommittee under the Guam Early Learning Council. The credentials of a prospective Early Childhood Provider pursuing certification under Path A is reviewed and validated by the Subcommittee, approved by DPHSS-BCCS. The subcommittee is comprised of representatives from the University of Guam, Guam Community College, Guam Department of Education, GELC and the Guam Child Care and Development Association.

In addition, DPHSS collaborates with the GELC to support initiatives that improve quality and connections to related services based on the families' needs. The GELC has initiated the Early Learning Subcommittee to support the Lead Agency in developing its Quality Improvement System. The subcommittee provides assistance in refining research findings and aligning the QIS with early childhood



**system initiatives.**

- iv. **Articulation.** For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **DPHSS continues to access consultation, training, and technical assistance support from higher education institutions to provide postsecondary (college) courses leading to a Bachelors in Elementary Education with a specialization in Early Childhood Education or a Certificate and Associates of Science in Early Childhood Education:**

**The University of Guam offers a Bachelor of Arts in Elementary Education with specialization options in Early Childhood Education, which provides course work to be able to teach preschool and primary grade children in a variety of cultural environments.**

**The Guam Community College (GCC) provides direct career pathways to advancement in the early childhood workforce, following the professional development standards in the GPPD. GCC offers a curriculum that leads to a Certificate in Early Childhood Education. GCC offers two pathways to obtain the Certificate in Early Childhood Education: The Early Childhood Education Track and the Early Childhood Education Child Development Associate (CDA) Track. The Certificate program prepares early childhood educators to plan and implement appropriate experiences for young children while learning to supervise children's activities, care for their needs, keep records of their progress, and confer with parents and other professionals. The Certificate in Early Childhood Education is closely aligned with national standards and meets Head Start requirements for classroom aides.**

**DPHSS is working in collaboration with the Guam Department of Labor to promote an apprenticeship program which provides an opportunity for employees to work and earn credentials, while child care business receives tax credits for employing apprentices. The apprenticeship program combines classroom instruction, on-the-job training, and mentorship to create a holistic program that allows individuals to earn and learn simultaneously. DPHSS has promoted the programs to summer youth interns employed at childcare centers, childcare providers employed in licensed centers, and plans to work with high school students who are taking early childhood courses to have a seamless transition into apprenticeship upon graduation.**

**DPHSS partnership with GEDA has allowed efficient access to ongoing professional development opportunities through bootcamps for the early childhood workforce. The partnership allowed for the execution of six total "Child Care Bootcamps" that were offered to new and supervisory position child care providers. The bootcamps are an intensive seven (7) and up to fifteen (15) week curriculum where participants earned Continuing Education Units (CEU) from the Guam Community College. Participants were engaged with, but not limited to: Early Childhood Education, child growth and development, and management of a**

childcare facility.

DPHSS through its interagency partnerships will continue to access the GDOL, UOG, and GCC for training in developmentally appropriate practices for young children in the different areas of child development, through a series of conferences, college courses, and other activities that support continuous professional development within each partnership initiative.

To ensure alignment across professional development training and across other early childhood programs, the Lead Agency will be coordinating all professional development activities with the Guam Early Learning Council, which consists of subcommittee members from higher education institutions. Collaboration with the Council will continue to enhance access to consultation, education, training, technical assistance and outreach support for child care providers working in center-based and family-based care settings.

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **DPHSS collects a comprehensive range of workforce data from child care providers to support the integrity and safety of services to children. This data is collected for monitoring and reporting purposes to justify each individuals' credentials and records provided to DPHSS.**

DPHSS collects workforce information from staffing patterns within each child care center. The staffing pattern information is used to identify the current and future staffing needs, while providing an insight of qualified employees in each center. Some of the information collected in the staffing pattern includes: the name of employee, date of birth, total child care experience, date of hire, position, police/court clearance, physical exams, health certificates, and contact information.

DPHSS collects workforce information to track the professional development certification of each child care provider in the GPPD. The GPPD clarifies the type of training and continuing education units or education credits that are received through training, workshops, and/or formal education. Some of the information collected includes the name of the employee, employer, contact information, previous and current certification levels, educational credentials, and certifications earned from trainings/higher education.

DPHSS also collects workforce information that tracks the comprehensive background history of each child care provider. The information collected from background checks identify that the provider has demonstrated no criminal records from state, national, and interstate checks. Some of the information collected by DPHSS from background checks include the name of employee, local and national sex offender registry reports, online web search results, resumes, and consent for disclosure forms.

- vi. Financing. For example, Lead Agencies can include information about strategies

including scholarships, apprenticeships, wage enhancements, etc. DPHSS has entered into partnerships with various government agencies to administer grants and programs that promote and support activities that improve the quality of child care services and the measurement of outcomes related to improved provider preparedness and child wellbeing.

DPHSS has developed a partnership with the Guam Economic Development Authority (GEDA) to provide incentives and support the recruitment & retention of child care workforce. One of the initiatives within the partnership was conducting "Child Care Provider Bootcamps" for new and supervisory position child care providers. The bootcamps are an intensive seven (7) and up to fifteen (15) week curriculum where participants earned Continuing Education Units (CEU) from the Guam Community College. Participants were engaged with, but not limited to: Early Childhood Education, child growth and development, and management of a childcare facility.

DPHSS has continued to offer grants facilitated by GEDA that cater to community and after-school programs. The "Community Care and After School Program Grants" provide financial support to organizations with children's programs while increasing access to a wider range of CCDF certified programs throughout the community, including but not limited to village mayor's programs, summer/winter programs, and ongoing school-age programs. Grants are awarded based on the program capacity per entity. Grant funds may be utilized for personnel, supplies, materials, and other operational expenses.

DPHSS has entered into a partnership with the Department of Youth Affairs (DYA) to coordinate and implement programs, services, and activities geared towards youth development, rehabilitation, and engagement in the community. The partnership links DPHSS with DYAs after-school care program within the North, Central, and South Youth Resource Centers. DPHSS will employ community program aides assigned to the Youth Resource Centers throughout the island.

b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

i.  Continuing education unit trainings and credit-bearing professional development. Describe: DPHSS has developed a three-year partnership with the Guam Economic Development Authority (GEDA) to support the recruitment and continuous professional development of the child care workforce. One of the initiatives within the partnership was conducting "Child Care Provider Bootcamps" for new and supervisory position child care providers. The bootcamps are an intensive seven (7) and up to fifteen (15) week curriculum where participants earned Continuing Education Units (CEU) from the Guam Community College. Participants were engaged with, but not limited to: Early Childhood Education, child growth and development, and management of a childcare facility.

DPHSS seeks to formulate interagency partnerships to execute initiatives that will assist childcare providers in earning continuing education units (CEUs). DPHSS seeks to develop a Professional Development Series (PDS) to provide training opportunities to include courses catered specifically for Directors and Assistant Directors. The vision for the PDS is to serve as a resource in providing CEUs to support providers in achieving higher levels in professional development. In addition, Guam intends to invite CCDF child care providers from neighboring territories in efforts of making Guam the hub for professional development opportunities in childcare in the Pacific region.

- ii.  Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **DPHSS continues to build interagency partnerships to engage training opportunities and professional development that promotes attendance hours in Early Childhood Education (ECE) core knowledge areas and health & safety topics, which can be counted towards all childcare provider's annual training requirements. The interagency collaborations provide streamlined access to trainers, venues, and other resources that support the continuous growth and career progression of the child care workforce.**

DPHSS has developed a three-year partnership with the Guam Economic Development Authority (GEDA) to support the recruitment and continuous professional development of the child care workforce. One of the initiatives within the partnership was conducting **Child Care Provider Bootcamps** for new and supervisory position child care providers. The bootcamps are an intensive seven (7) and up to fifteen (15) week curriculum where participants earned Continuing Education Units (CEU) from the Guam Community College. Participants were engaged with, but not limited to: Early Childhood Education, child growth and development, and management of a childcare facility.

DPHSS entered into a renewable, partnership with the University of Guam (UOG), Guam System for Assistive Technology (GSAT) to provide ongoing training to licensed child care providers which aims to build the capacity of childcare providers in the delivery of assistive technology (AT) devices, undergo disability and sensitivity training, and identifying the various types of AT devices. UOG will coordinate and facilitate ten (10) conferences that provide ECEs attendance hours that can be counted towards their training requirements that promote higher levels of professional development. Childcare providers who participate will earn ECE hours and the childcare center that the provider is representing will be issued AT devices/equipment upon successful attendance of each conference.

DPHSS has entered into a partnership with the University of Guam (UOG), Guam Small Business Development Center (SBDC) for the purpose of coordinating a **Licensed Child Care Business Training Program**, which is a 5-week program that provides professional development training and technical assistance for individuals who are seeking to open a new child care center or if referred by the Lead Agency. The program intends to equip child care program owners with the essential knowledge and resources to properly operate and sustain a licensed

child care center in Guam. Part of the partnership agreement is for SBDC to provide ongoing business counseling and technical assistance to all licensed child care centers.

DPHSS seeks to formulate future interagency partnerships to execute initiatives that will assist childcare providers in achieving higher credentials in early childhood education and provide continuous education in topics relevant to CCDF health & safety standards. DPHSS seeks to develop a Professional Development Series (PDS) to provide training opportunities in Early Childhood Education core knowledge areas, CCDF Health & Safety standards, and courses catered specifically for Directors and Assistant Directors. The vision for the PDS is to serve as a resource in providing CEUs to support providers in achieving higher levels in professional development. In addition, Guam intends to invite CCDF child care providers from neighboring territories in efforts of making Guam the hub for professional development opportunities in childcare in the Pacific region.

iii.  Other. Describe:

No.

### 6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **Guam’s Plan for Professional Development (GPPD) adopts the following ☑Core Standards for Professional Preparation☑ from the National Association for the Education of Young Children (NAEYC). The standards provide a foundation that promotes continuous education through professional development of the early childhood workforce.**

The standards require all early childhood providers to achieve education and credentials in early childhood education (ECE) core knowledge areas, in addition to other training, education, and experience requirements. All providers are required to submit their GPPD for evaluation, and must be re-evaluated upon the expiration of certification. DPHSS receives and evaluates over 400 GPPD applications annually.

Child care providers must renew their GPPD certification and must reflect achieving higher levels. Providers considered ☑Early Childhood Assistant Providers☑ that fail to demonstrate higher levels in the evaluation will not be able to care for children unsupervised until training/education requirements are met for the higher level. ☑Early Childhood Lead Providers☑ and ☑Early Childhood Assistant Director/Directors☑ are required to renew their certification with evidence of satisfactory performance evaluations and having earned a number of credits or training hours.

DPHSS currently tracks all GPPD applications submitted for evaluations, and works in collaboration with the Guam Early Learning Council for the evaluation and renewals of all applications. DPHSS plans to modernize its tracking system to identify the progression of

the providers' professional development upon the length of their certification. The system shall identify how many child care providers received a higher level, within what time frame, and the evaluation report summary from the advisory committee.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The GPPD Path A is used by early childhood providers not employed with the Department of Education and/or the Government of Guam. The GPPD provides a career pathway for early childhood professionals in the licensed child care setting. Childcare providers under Path A are certified based on their levels of learning, validated by their credentials.**

**GPPD Path A consists of three early childhood provider certification types: 1) Early Childhood Assistant Provider; 2) Early Childhood Lead Provider; and 3) Early Childhood Master Provider/Early Childhood Director/Assistant Director. The evaluation and renewal requirements for each provider certification type varies. Early Childhood Assistant Providers are not able to renew their certification after 3 years and must continue to level up with their credentials to resume working. Early Childhood Assistant Providers' and Lead Providers' training & education requirements are focused on attaining incremental early childhood education core knowledge areas. Early Childhood Master Provider/Director training & education requirements include the attainment of college credits in addition to years of experience with relevant & appropriate age group.**

**DPHSS currently tracks all GPPD applications submitted for evaluations, and works in collaboration with the Guam Early Learning Council for the evaluation and renewals of all applications. DPHSS plans to modernize its tracking system to identify the progression of the providers' professional development upon the length of their certification. The system shall identify how many child care providers received a higher level, within what time frame, and the evaluation report summary from the advisory committee.**

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **DPHSS currently tracks all GPPD applications submitted for evaluations, and works in collaboration with the Guam Early Learning Council (GELC) for the evaluation and renewals of all applications. The Guam Early Learning Council's Early Childhood Professional Development (ECPD) Subcommittee is responsible in the credential review of all early childhood providers under Path A. The subcommittee is comprised of representatives from the University of Guam, Guam Community College, Department of Education, GELC, and the Guam Child Care and Development Association.**

**The state advisory council, GELC, has worked with the Guam's Preschool Development Birth-to-Five Grant (PDG) to promote Teaching Strategies in Guam's early childhood settings, to include licensed child care providers, Head Start, Pilot Pre-K, GATE, and the Guam Early Intervention System. DPHSS has worked in partnership with GELC and PDG to launch two cohorts from FY2023-2024. Successfully completing the cohorts will earn the center/organization a license with Teaching Strategies that is valid for five years.**

Participants of the first cohort consisted of a total of 8 childcare centers and 4 organizations. The second cohort consisted of a total of 9 childcare centers, Head Start, and Early Childhood Special Education. Participants from the cohorts will have continued access to Teaching Strategies program features for as long as their license is valid.

- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **DPHSS has developed a partnership with the Guam Economic Development Authority (GEDA) to provide incentives and support the recruitment & retention of child care workforce. One of the initiatives within the partnership was conducting "Child Care Provider Bootcamps" for new and supervisory position child care providers. The bootcamps are an intensive seven (7) and up to fifteen (15) week curriculum where participants earned Continuing Education Units (CEU) from the Guam Community College. Participants were engaged with, but not limited to: Early Childhood Education, child growth and development, and management of a childcare facility. The bootcamps assisted providers in receiving higher educational credentials that enable them to level up their certifications during re-evaluation of GPPDs. Courses offered in the bootcamps were intended to directly support the educational requirements from the GPPD framework.**
- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **In FY2024, BCCS began conducting an Alternative Methodology to measure the total costs across all inputs required to deliver child care services. BCCS will conduct a hybrid approach to cost data gathering through a cost estimation model and a cost survey based on provider type. The cost data can help identify the cost of wages and compensation based on the type of provider. The findings from the cost survey will be taken into consideration when identifying a justified compensation and benefits for providers. The findings can also assist in identifying incentives that increase compensation in the Quality Improvement System (QIS), as it is concurrently being developed. The QIS will determine support for compensation based on the quality level for licensed child care providers.**
- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **In FY2024, BCCS began conducting an Alternative Methodology to measure the total costs across all inputs required to deliver child care services. BCCS will conduct a hybrid approach to cost data gathering through a cost estimation model and a cost survey based on provider type. The cost data can help identify the cost of wages and compensation based on the type of provider. The findings from the cost survey will be taken into consideration when identifying a justified**

compensation and benefits for providers.

DPHSS has developed a partnership with the Guam Economic Development Authority (GEDA) to provide incentives and support the recruitment & retention of child care workforce. DPHSS through the partnership with GEDA, continues to offer retention bonuses to employees in the early childhood workforce. The retention grant's purpose is to provide financial bonuses directly to all individuals working in the early childhood workforce. In collaboration with the Pre-School Development Grant (PDG), the eligibility criteria were expanded to include individuals employed in licensed child care centers, public and private school teachers (HeadStart, Pre-K, Pre-Gate programs), and early childhood special education teachers. Grant awards are based on the dates of service and duration of service.

### 6.3 Ongoing Training and Professional Development

#### 6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **The training requirements for each provider certification type varies based on the certification type and level of the provider. GPPD Path A consists of three early childhood provider certification types:**

- 1) Early Childhood Assistant Provider;
- 2) Early Childhood Lead Provider; and
- 3) Early Childhood Master Provider/Early Childhood Director/Assistant Director.

All childcare providers are required to have a high school diploma to be a CCDF childcare provider.

Early Childhood Assistant Providers' training & in-service requirements includes earning 45 hrs. or 4.5 CEU up to 90 hrs. or 9.5 CEUs in ECE core knowledge areas. In addition, early childhood assistant providers must have 12 months and up to 48 months of experience in relevant age group AND a Professional Development plan completion with 30 hrs. up to 75 cumulative hours in ECE or related classes.

Early Childhood Lead Providers' training & in-service requirements includes earning 105 hrs. or 10.5 CEU up to 150 hrs. or 15 CEUs in ECE core knowledge areas. In addition, early childhood assistant providers must have 12 months and up to 48 months of experience in relevant age group which may include camp counseling, babysitting, parenting, foster care, group family/center child care, or head start.

Early Childhood Master Providers/Early Childhood Assistant Director/Directors' training & in-service requirements incorporates earning 33 semester hrs. up to 57 semester hrs./college credits with six semester hours in ECE core knowledge areas. In addition, early childhood assistant providers must have 3 and up to 4 years of work experience in relevant age group OR CDA credential OR USDOL Early Childhood Associate OR Certificate in Early Care and Education AND Child Care Management course completion.



Early Childhood Lead and Master Providers' renewal requirements are the same and must be renewed following the expiration of every three years. The renewal requirements include 3 times with evidence of satisfactory performance evaluation; AND Proof of having earned six or more semester hours of college credit per year applicable to the requirements for the Initial Educator Certificate; OR Fifteen hours of approved in-service training (PD Plan).

- b. License-exempt child care centers: **Not Applicable**
- c. Licensed family child care homes: **Fifteen hours annually of health and safety related training with relevant & appropriate age group.**
- d. License-exempt family child care homes: **Fifteen hours annually of health and safety related training with relevant & appropriate age group.**
- e. Regulated or registered in-home child care: **Fifteen hours annually of health and safety related training with relevant & appropriate age group.**
- f. Non-regulated or registered in-home child care: **Not Applicable**

#### 6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **Not Applicable**

#### 6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **Guam's Plan for Professional Development (GPPD) shall be used for Early Childhood Professionals when advancing in their field through education and training experiences in a multitude of subject areas. The plan is subject to revisions based on updated research and best practices in the early childhood field as well as the feedback provided by professionals regarding the effectiveness of using the plan. Guam's Plan for Professional Development (GPPD) provides a plan for early childhood assistants and teachers in all child care, Head Start, and related early years settings to advance their profession reflecting the competencies, experiences, activities, and learning they engage in that improve performance and ability to provide quality care and education for ALL of Guam's children inclusive of infants and toddlers, English-language learners, children with disabilities and developmental delays, and Native Americans and Hawaiians, if applicable.**

**DPHSS has entered into partnerships with various government agencies to administer grants and programs that promote and support specialized training or credentials for childcare providers.**

DPHSS has entered into a partnership with the Guam Behavioral Health & Wellness Center (GBWHC) to provide specialized training that support children with developmental delays and behavioral issues. Through the partnership, the GBWHC is to execute an Autism Services Program intended to support the child and trains caregivers to reduce the occurrence of stress and crises in home and school environments. A separate initiative within the partnership includes a mobile crisis response and a community crisis stabilization which includes professional development components through interventions that support the specific needs of the family. Another professional development initiative through the partnership includes a home-based supports program to provide in-home behavioral assessment to determine behavioral interactions between children and others in the home.

DPHSS has also entered a renewable partnership with the University of Guam (UOG), Guam System for Assistive Technology (GSAT) to provide ongoing training to licensed child care providers which aims to build the capacity of childcare providers in the delivery of assistive technology (AT) devices, undergo disability and sensitivity training, and identifying the various types of AT devices. Part of the training include courses on identifying children with developmental delays, developmental screening tools, ASQ certification, and utilizing resources for a system-wide approach that supports the family's overall wellbeing.

DPHSS seeks to formulate future interagency partnerships to execute initiatives that will assist childcare providers in achieving higher credentials in early childhood education and provide continuous education in topics relevant to CCDF health & safety standards. DPHSS seeks to develop a Professional Development Series (PDS) to provide training opportunities in Early Childhood Education core knowledge areas, CCDF Health & Safety standards, and courses catered specifically for Directors and Assistant Directors. DPHSS plans to incorporate specialized training into the PDS to include courses that enhance knowledge on caring for infants and toddlers, individuals with limited English proficiency or English as a second language.

#### 6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **DPHSS has entered into partnerships with various government agencies to administer grants and programs that promote and support providers' professional development that incorporates developmental screenings and providing referrals to services when appropriate.**

DPHSS has also entered a renewable, partnership with the University of Guam (UOG), Guam System for Assistive Technology (GSAT) to provide ongoing training to licensed child care providers which aims to build the capacity of childcare providers in the delivery of assistive technology (AT) devices, undergo disability and sensitivity training, and identifying the various types of AT devices.

Part of the training include courses on identifying children with developmental delays, developmental screening tools, ASQ certification, and utilizing resources for a system-wide approach that supports the family's overall wellbeing.

DPHSS has been working with the Guam Early Intervention System (GEIS) for referrals with concerns for a child's developmental delay. GEIS is designed to coordinate early intervention services for families due to a child's developmental delay, disability, or special need. Following the assessments conducted by GEIS, an Individualized Education Plan (IEP) will be created to accommodate the child's needs. Once the IEP is created, the parents may inform their child care provider of the developmental concerns or accommodations needed for the child. For example, if a child needs Assistive Technology, DPHSS will assist in supplying the device for the child as part of the partnership agreement with GSAT.

## 6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

### 6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
  - i.  Research-based.
  - ii.  Developmentally appropriate.
  - iii.  Culturally and linguistically appropriate.
  - iv.  Aligned with kindergarten entry.
  - v.  Appropriate for all children from birth to kindergarten entry.
  - vi.  Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
  - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
  - i.  Cognition, including language arts and mathematics.
  - ii.  Social development.
  - iii.  Emotional development.
  - iv.  Physical development.
  - v.  Approaches toward learning.

- vi.  Other optional domains. Describe any optional domains: **Creative Development**
- vii. If any components above are not checked, describe:
- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The Guam Early Learning Guidelines Ages Three to Five's (GELGs: 3 to 5) most updated revision was as of 2014 to address changes in the current education landscape that call for national standards and curriculum alignment. The revised GELGs: 3 to 5 includes several sections from the 2005 GELGs, as well as strategies to provide foundational learning for national and local standards.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **Guam Early Learning Guidelines Birth to 36 months: <https://www.guamehdi.org/wp-content/uploads/2016/12/2015-GELG-Birth-to-36.pdf>**

**Guam Early Learning Guidelines Ages Three to Five: <https://www.guamehdi.org/wp-content/uploads/2016/12/2014-GELG-Age-3-5.pdf>**

#### 6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **DPHSS encourages and refers families and educators to the GELGs as the main resource in the development of early childhood curriculum and educational strategies. DPHSS assists in the dissemination of the GELGs to all CCDF childcare providers and families. DPHSS recommends licensed child care centers to implement curriculums that are parallel to the guidance taken from the GELGs. DPHSS recommends that families refer to the GELGs to identify the development and capabilities of their child(ren). DPHSS may assist families with referrals to early intervention assessments and to other programs that support early childhood development.**

**DPHSS in collaboration with the Guam Early Learning Council continues to facilitate training sessions on the GELGs. The training sessions are conducted as per request to the Council.**

**DPHSS is currently developing a Quality Improvement System (QIS) to improve the quality of child care services. DPHSS will continue to incorporate the application of the Guam Early Learning Guidelines (GELGs) to be aligned with indicators that identify quality in the QIS design. DPHSS is working with the Guam Early Learning Council to identify how to align the GELGs with the QIS design and evaluation. DPHSS plans to collaborate with the Guam Behavioral Health & Wellness Center and the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Services (CEDDERS) to refine the QIS design and assessment process that is aligned with the guiding principles of the GELGs.**

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
  - i.  Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
  - ii.  Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

- iii.  Will be used as the primary or sole method for assessing program effectiveness.
- iv.  Will be used to deny children eligibility to participate in CCDF.
- v. If any components above are not checked, describe:

## 7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

### 7.1 Quality Activities Needs Assessment

#### 7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **The Pre-School Development Grant Birth to Five (PDG B-5) has conducted a Needs Assessment in 2021 to identify the gaps in services offered in early childhood programs. The Needs Assessment has identified the need to prioritize certain initiatives to maximize parental choice and offer insight to quality care in child care centers. The Needs Assessment recommends to update the GPPD to ensure alignment with national standards and outline alternatives for continuous education. The Needs Assessment also identifies the need to collaborate with PDG B-5 to establish a database to access information of the most appropriate high-quality programs for children and community-based trainings. In addition, the Needs Assessment recommends for more collaborative**

efforts among early childhood programs and child care centers as the quality improvement system is being developed.

DPHSS began the development of a Quality Improvement System (QIS) in July 2023 and is continuously being developed with the assistance of various stakeholders. Guam's QIS is being developed in a homegrown provider-led approach, that identifies the needs to achieve quality and the intended state of quality based on the local capacity. The QIS is being developed through a series of Provider Workgroup Sessions (PWS) facilitated by BCCS. The PWS serve as an avenue of conducting continuous needs assessment. The Sessions provide an opportunity for child care owners/directors to take a lead role in exploring ideas, key issues, and decision points in the development of the QIS.

BCCS has successfully facilitated six workgroup session with small groups of licensed child care owners/directors from various child care centers. The very first PWS was conducted on July 19, 2023, while the most recent PWS was conducted on May 21, 2024. Providers have led the discussions that identify the areas of quality, indicators of quality, and evidence that support the indicators. Participating childcare providers will have the opportunity to assist BCCS with the QIS design, assessment, and implementation processes. BCCS plans to continue to engage with childcare providers by conducting ongoing PWS as the QIS continues its development stages.

BCCS has also engaged with parents in the development of the QIS through Parent Focus Groups (PFG). BCCS has engaged its first PFG on April 27, 2024. The PFG allowed for BCCS to better understand parents' perspectives and priorities in selecting a childcare provider. The first focus group had foster parents and parents seeking child care options. Parents' feedback was incorporated in the development of the QIS with the assistance from the PWS. BCCS plans to continue to engage with parents by conducting ongoing PFG as the QIS continues its development stages.

Childcare providers and parents are also engaged through surveys that validate the progress made in the development of the QIS. BCCS has launched a number of surveys open to all child care providers to identify the progress in the QIS design and provide recommendations to support the quality system. BCCS plans to continue to engage with providers and parents by conducting ongoing surveys as the QIS continues its development stages.

BCCS will continue to work in collaboration with the Guam Early Learning Council (GELC) for a comprehensive and sustainable framework that is aligned with the early childhood system of care. GELC has identified the Early Learning Workgroup Subcommittee to support BCCS in the evaluation of the QIS progress. The Subcommittee will support in providing guidance in aligning the QIS with existing resources and system wide goals. BCCS plans to expand collaboration efforts to include: the UOG CEDDERS to incorporate pathways for individuals with developmental disabilities; AND the GBHWC to support the overall wellbeing of the childcare workforce. BCCS will continue to engage with partners by holding meetings and attending conferences as the QIS continues its development stages.

- b. Describe the findings of the assessment, including any findings related to needs of

different populations and types of providers, and if any overarching goals for quality improvement were identified: **DPHSS is developing a QIS in a homegrown provider-led approach and incorporates parents and state advisory recommendations. The QIS is developed through a combination of Provider Workgroup Sessions, Parent Focus Groups, and State Advisory Council Reviews.**

**Child care providers engaged in PWS are initially re-introduced to the objectives and efforts in previous sessions.**

**The first PWS focused on defining quality and ranking the priorities of the providers.**

**The second PWS focused determining areas of quality and revisiting the priorities of quality. The second session also explored the supports needed from BCCS to achieve quality.**

**The third PWS allowed child care providers to review and organize data from previous sessions to create quality definitions. This allowed providers to identify indicators of quality, which will be measured to assess the level of quality in a child care center. In addition, providers created a vision statement for the QIS.**

**The fourth PWS focused on taking a deeper dive into the survey results (launched after PWS 3). Providers discussed and incorporated survey results into the current design.**

**The fifth PWS introduced the concept of cultural humility in the development of high-quality child care settings. Providers in this session focused on sharing evidence to identify and support the indicators of quality.**

**The sixth PWS revisited the progress from the previous session. Childcare providers were engaged to solidify the evidence and quality indicators in the current QIS design. This session also allowed time to discuss the Parent Focus Group results and gather recommendations for future sessions.**

**BCCS will continue to work in collaboration with the Guam Early Learning Council (GELC) for a comprehensive and sustainable framework that is aligned with the early childhood system of care. GELC has identified the Early Learning Workgroup Subcommittee to support BCCS in the evaluation of the QIS progress. The Subcommittee will support in providing guidance in aligning the QIS with existing resources and system wide goals.**

**Through the engagements with providers and parents, BCCS has identified that child care providers need support in their professional development and compensation. The following topics will continue to be explored and incorporated into the development of the QIS.**

## **7.2 Use of Quality Set-Aside Funds**

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in

CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **Both reports will be publicly available on the Lead Agency's website.**  
<https://www.guamchildcare.com/fiscal-reports>

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **DPHSS has entered into partnerships with various government agencies to administer grants and programs that promote and support the training and professional development of the child care workforce.**

DPHSS has developed a partnership with the Guam Economic Development Authority (GEDA) to provide incentives and support the recruitment & retention of child care workforce. One of the initiatives within the partnership was conducting “Child Care Provider Bootcamps” for new and supervisory position child care providers. The bootcamps are an intensive seven (7) and up to fifteen (15) week curriculum where participants earned Continuing Education Units (CEU) from the Guam Community College. Participants were engaged with, but not limited to: Early Childhood Education, child growth and development, and management of a childcare facility.

A separate initiative within the partnership with GEDA is the launch of a Professional Development Series (PDS) to provide training opportunities to achieve higher levels of professional development in Early Childhood Education core knowledge areas, CCDF Health & Safety standards, and courses catered specifically for Directors and Assistant Directors. The PDS is an incentivized four-part training series divided into two-day sessions per series. Childcare providers are incentivized with financial bonuses for successfully completing each series. The child care center or school-age programs are also incentivized with vouchers to support the center or programs’ daily operation if at least seventy (70) percent of their employees in the staffing pattern successfully complete each series. Future PDS will focus on providing CEUs to support providers in achieving higher levels in professional development. In addition, Guam intends to invite CCDF child care providers from neighboring territories in efforts of making Guam the hub for professional development opportunities in childcare in the Pacific region.

DPHSS has entered into a partnership with the Department of Youth Affairs (DYA)



to coordinate DYA's annual Summer Youth Employment Program (SYEP). The SYEP aims to provide high school students entry-level work experience in different positions of public service throughout the various Government of Guam agencies. In collaboration with DCW, DYA has expanded the employment opportunity to students who express vocational interest in working in the field of childcare to be placed in any CCDF licensed child care centers, with the intent to generate interest in the childcare industry and eventually pursue a career in the childcare field as they gain work exposure.

DPHSS entered into one year, renewable, partnership with the University of Guam (UOG), Guam System for Assistive Technology (GSAT) to provide ongoing training to licensed child care providers which aims to build the capacity of childcare providers in the delivery of assistive technology (AT) devices, undergo disability and sensitivity training, and identifying the various types of AT devices. UOG will coordinate and facilitate ten (10) conferences that provide ECEs attendance hours that can be counted towards their training requirements that promote higher levels of professional development. Childcare providers who participate will earn ECE hours and the childcare center that the provider is representing will be issued AT devices/equipment upon successful attendance of each conference.

DPHSS has entered into a partnership with the University of Guam (UOG), Guam Small Business Development Center (SBDC) for the purpose of coordinating a **☑Licensed Child Care Business Training Program☑**, which is a 5-week program that provides professional development training and technical assistance for individuals who are seeking to open a new child care center or if referred by the Lead Agency. The program intends to equip child care program owners with the essential knowledge and resources to properly operate and sustain a licensed child care center in Guam. Part of the partnership agreement is for SBDC to provide ongoing business counseling and technical assistance to all licensed child care centers.

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

- iii. Developing, implementing, or enhancing a quality improvement system.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **DPHSS began the development of a Quality Improvement System (QIS) in July 2023 and is continuously being developed with the assistance of various stakeholders. Guam's QIS is being developed in a homegrown provider-led approach, that identifies the needs to achieve quality and the intended state of quality based on the local capacity. The QIS is developed through a combination of Provider Workgroup Sessions, Parent Focus Groups, and State Advisory Council Reviews.**

**The QIS design will take into consideration the incentives, compensation, and**

other benefits to support child care programs who opt in to the QIS. The QIS must consider budgets that support the increasing levels of quality with a separate budget for the evaluation and coaching process.

DPHSS plans to invest in the quality improvement system design team to attend trainings and conferences relevant to the development of a QIS. The investment will be transmitted back to the stakeholders in the developmental process.

- iv. Improving the supply and quality of child care services for infants and toddlers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **DPHSS began the development of a Quality Improvement System (QIS) in July 2023 and is continuously being developed with the assistance of various stakeholders. Guam's QIS is being developed in a homegrown provider-led approach, that identifies the needs to achieve quality and the intended state of quality based on the local capacity. The QIS is developed through a combination of Provider Workgroup Sessions, Parent Focus Groups, and State Advisory Council Reviews.**

The QIS design will take into consideration the incentives, compensation, and other benefits to support child care programs who opt in to the QIS. The QIS must consider budgets that improve the supply and quality of child care services for infants and toddlers based on quality level.

The state advisory council, GELC, has worked with the Guam's Preschool Development Birth-to-Five Grant (PDG) to promote Teaching Strategies in Guam's early childhood settings where care is provided to infants and toddlers, to include licensed child care providers, Head Start, Pilot Pre-K, GATE, and the Guam Early Intervention System. DPHSS has worked in partnership with GELC and PDG to launch two cohorts from FY2023-2024. Successfully completing the cohorts will earn the center/organization a license with Teaching Strategies that is valid for five years.

DPHSS entered into one year, renewable, partnership with the University of Guam (UOG), Guam System for Assistive Technology (GSAT) to provide ongoing training to licensed child care providers which aims to build the capacity of childcare providers in the delivery of assistive technology (AT) devices, undergo disability and sensitivity training, and identifying the various types of AT devices. UOG will coordinate and facilitate ten (10) conferences that provide ECEs attendance hours that can be counted towards their training requirements that promote higher levels of professional development. Childcare providers who participate will earn ECE hours and the childcare center that the provider is representing will be issued AT devices/equipment upon successful attendance of each conference.

- v. Establishing or expanding a statewide system of CCR&R services.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **DPHSS has initiated its CCR&R to engage with the community in providing linkages to child care and other**

services based on the needs of the family. DPHSS currently employs three full time employees under the CCR&R section to coordinate and assist with the Bureau's operations. DPHSS plans to further utilize the CCR&R in coordinating the FBI fingerprint background check, in addition to promoting outreach and consumer education activities. The CCR&R is intended to be the hub for connecting all early childhood programs and serve as an additional linkage for making referrals.

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency has an established Child Care Licensing section which is responsible for licenses and registers, regulates, and monitors child care providers. The section establishes and periodically revises a sliding-fee scale for CCDF families' contribution to payments. In addition, BCCS has a Provider Registration section responsible for monitoring CCDF compliance with child care programs. The Provider Registration section establishes standards and monitoring processes to ensure the health and safety of child care settings. The Provider Registration section is also responsible in initiating health and safety training and background check requirements.**

**DPHSS has invested in finding ways to facilitate compliance for child care businesses. DPHSS has entered into a partnership with the University of Guam (UOG), Guam Small Business Development Center (SBDC) for the purpose of coordinating a "Licensed Child Care Business Training Program", which is a 5-week program that provides professional development training and technical assistance for individuals who are seeking to open a new child care center or if referred by the Lead Agency. The program intends to equip child care program owners with the essential knowledge and resources to properly operate and sustain a licensed child care center in Guam. Courses offered in the curriculum include facilitating compliance with child care licensing, monitoring, inspection, and health and safety standards.**

- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **DPHSS began the development of a Quality Improvement System (QIS) in July 2023 and is continuously being developed with the assistance of various stakeholders. Guam's QIS is being developed in a homegrown provider-led approach, that identifies the needs to achieve quality and the intended state of quality based on the local capacity. The QIS is developed through a combination of Provider Workgroup Sessions, Parent Focus Groups, and State Advisory Council Reviews.**

**The QIS design will take into consideration the incentives, compensation, and other benefits to support child care programs who opt in to the QIS. The QIS must consider budgets that support the increasing levels of quality with a separate budget for the evaluation and coaching process.**

viii. Accreditation support.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **DPHSS has entered into a partnership with the Guam Behavioral Health & Wellness Center (GBHWC) to establish a Community Crisis Stabilization (CCS) program which is intended to serve as the main resource and referral linkage for the coordination of mental and behavioral health support for children enrolled in child care programs, parents of children, and for child care providers. The CCS program is intended to provide mental health support, consultation, and training opportunities for early childhood service providers. Another initiative within the partnership is a Home-Based Supports program which also provides training opportunities that develop behavioral management skills or other relevant trainings to licensed and licensed-exempt caregivers.**

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **DPHSS has entered into partnerships with various government agencies to administer grants and programs that promote and support activities that improve the quality of child care services and the measurement of outcomes related to improved provider preparedness and child wellbeing.**

**DPHSS has continued to offer grants facilitated by GEDA that cater to community and after-school programs. The "Community Care and After School Program Grants" provide financial support to organizations with children's programs while increasing access to a wider range of CCDF certified programs throughout the community, including but not limited to village mayor's programs, summer/winter programs, and ongoing school-age programs. Grants are awarded based on the program capacity per entity. Grant funds may be utilized for personnel, supplies, materials, and other operational expenses.**

**DPHSS has entered into a partnership with the Department of Youth Affairs (DYA) to coordinate and implement programs, services, and activities geared towards youth development, rehabilitation, and engagement in the community. The partnership links DPHSS with DYAs after-school care program within the Northern, Central, and Southern Youth Resource Centers. DPHSS will employ community program aides assigned to the Youth Resource Centers throughout the island.**

## 8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency’s efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

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

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

#### 8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **As per Guam Code Annotated (10 GCA Health & Safety, Ch. 3 Public Health & Social Services, Section 3901).**

**On May 24, 2011, Governor Edward J.B. Calvo signed Public Law 31-62, an act relative to establishing the Guam Early Learning Council for Guam’s Early Childhood Comprehensive System. This legislation delineates the composition, goals and objectives and roles and responsibilities of the Guam Early Learning Council (GELC).**

**The GELC is composed of the following parent representatives as well as, Department Heads from key child serving public agencies to include: Governor’s Office, Department of Education (DOE), Department of Public Health and Social Services (DPHSS), Guam Behavioral Health and Wellness Center (GBWHC), Guam Memorial Hospital Authority (GMHA), Sanctuary Corp, Guam Catholic Social Services (GCSS), Department of Labor (DOL), Mayors council, Superior Court of Guam, Guam Legislature Committee Chair for Education and Health, University of Guam, and Guam Community College.**

**In addition, administrators of early childhood care and education programs attend the**

GELC quarterly meetings and provide reports to the GELC on the status of their programs. The early childhood care and education program administrators are the GELC Leadership Team and provide support in the development, implementation, monitoring and evaluation of the Guam's PDG Birth to Five grants. The GELC Leadership Team include membership from:

DPHSS ☐ Family Health Information Resource Center, Project Bisita I Familia: Guam's Maternal, Infant, and Early Childhood Home Visiting Program, Kariñu: Guam's Early Childhood System of Care, Maternal Child Health Program, Bureau of Child Care Services (BCCS).

DOE ☐ Head Start, Guam Early Intervention System (GEIS) ☐ Part C, Early Childhood Preschool Special Education: Part B, Section 619, Pilot Pre-Kindergarten Programs and Gifted and Talented Education.

The vision of the Guam Early Learning Council is for all of Guam's young children to have healthy minds, bodies, and spirits as the foundation for lifelong success. The mission of the GELC is to support each child (birth to 8) in reaching his/her full potential through a health care and education system that is accessible, comprehensive, integrated, and responsive to diverse cultures and is developed in collaboration with families and communities.

The two main goals of the Council are 1) To increase services and supports for young children and their families by strengthening cross-agency coordination; and to 2) Expand and refine Guam's Policy Agenda for Early Learning Birth to Eight.

The GELC's objectives are to, 1) Strengthen cross-agency collaboration, 2) Leverage of funding and maximize resources, 3) Shared data collection for monitoring and reporting, 4) Shared standards for child and family outcomes, 5) Shared professional development structures to ensure appropriately skilled systems workforce, and 6) Expand awareness of and access to parent education and family supports.

Program administrators of early care and education program provide quarterly updates of their programs to the Council. These programs include:

☐ Department of Education: Guam Early Intervention Services (Part C), Head Start, Early Childhood Special Education Preschool Services (Part B Section 619), Pilot Pre-Kindergarten, and Pre-School Gifted and Talented Program.

☐ Department of Public Health and Social Services: Family Health Information Resource Center, Project Bisita I Familia: Guam's Maternal, Infant, and Early Childhood Home Visiting Program, Kariñu: Guam's Early Childhood System of Care, Maternal Child Health, and the Bureau of Child Care Services.

☐ Guam Behavioral Health and Wellness Center: Child and Adolescent Service Division

The DPHSS Division of Children's Wellness, Bureau of Child Care Services (BCCS) provides input and receives quarterly feedback from the GELC around the focus of 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, and developing the supply of quality care for vulnerable populations in child care and out-of-school time settings. The BCCS is working with the GELC and PDG teams, to the extent of their grant funding, to develop more accurate monitoring and tracking of CCDF supported services, outcomes and progress.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved:

Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The Department of Education (DOE) is the lead agency for the Part C: Guam Early Intervention Services (GEIS) and Part B: Early Childhood Special Education (Section 619). GEIS provides services for infants and toddlers with or at risk for disabilities and their families. For children ages 3 through 21 with disabilities, the DOE Special Education Program provides special education and related services for children that identifies with having a disability and in need of special education and/or related services. The GEIS and special education program representatives are present at quarterly GELC meetings which enables the Programs to discuss processes and procedures for ensuring a smooth transition between programs or for children who are in child care settings into school settings. This process enhances and aligns the quality of services for infants and toddlers through school-age children and supports for a smooth transition for infants, toddlers, and preschoolers with or at risk for disabilities that are enrolled in early intervention services or preschool special education services to school entry. Children with Individualized Family Service Plan (IFSPs) and Individualized Educational Program (IEPs) are required to have in place a transition plan for ensuring a smooth transition between settings. In addition, the IFSP or IEP process ensures that children and families continue if appropriate, to comprehensive services.**

Under the Part C of the Individuals with Disabilities Education Act (IDEA), Guam has in place the Guam Interagency Coordinating Council (GICC). The GICC is comprised of members from early child serving agencies. The GICC's role and responsibility is to advise and assist DOE: GEIS in the implementation and monitoring of early intervention services with a focus on child find, early childhood transition, and payor of last resort. The CCDF Program Coordinator is an active member of the GICC.

The DPHSS Division of Children's Wellness, Bureau of Child Care Services (BCCS) in collaboration with the GICC plans to review and expand the DOE Division of Special Education Early Childhood Transition Procedures to include children in child care settings, children experiencing homelessness, and children that are wards of the State.

The DPHSS Division of Children's Wellness, Bureau of Child Care Services (BCCS) also has a Memorandum of Agreement with the Guam System Assistive Technology (UOG CEDDERS-

GSAT) in order to provide disability awareness training and technical assistance, assistive technology awareness and assistive technology utilization for children with disabilities in the child care setting. This partnership will last from the period of date of the Governor's signature through September 30, 2024.

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Department of Education's Head Start Program Administrator and the DPHSS Division of Children's Wellness, Bureau of Child Care Services (BCCS) work together to help transition children from child care to Head Start or from Head Start to afterschool care in a child care setting. This collaboration followed up in quarterly GELC meetings where status updates and challenges are shared.**
- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The DPHSS Division of Public Health, Bureau of Communicable Disease oversees the Immunization Program. The Immunization Program works closely with the Social Services Licensing Officer reviewing child care records to ensure immunizations are up to date. The Immunization Program has an automated system called WEBIZ that maintains immunization data. The Immunization Program Staff and the Social Services Licensing Officer work closely with the child care providers to assist them with gaining access through enrollment and navigating the system. Annual or as-needed training in the WEBIZ system is offered to child care providers through collaboration with the child care licensing section. This collaboration and the utilization of the WEBIZ system has yielded helpful results in data and tracking for child care providers and the DPHSS Division of Children's Wellness, Bureau of Child Care Services (BCCS).**
- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Department of Public Health & Social Services' Division of Public Welfare, Bureau of Management Support oversees the Work Programs Section that operates the SNAP (Supplemental Nutrition Assistance Program) Employment & Training Program as well as the TANF (Temporary Assistance for Needy Families) JOBS (Job Opportunity & Basic Skills) Program. The goal of the E&T and JOBS Programs is to assist our vulnerable populations transition out of poverty by assisting them with obtaining education or job training to develop skills that will enable them to seek and obtain employment. Part of the client's work component is establishing child care which is one of the barriers in obtaining and maintaining employment. Through the SNAP E&T Program, there is an established MOU with the Department of Labor to assist our clients to navigate the process and the online system when looking for available job openings. Monthly Bureau meetings offer the opportunity for the BCCS and Work Programs Section to consult around challenges and suggested guidance for this population.**
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Guam Department of Education is responsible for public education which includes prekindergarten and Head Start programs. The DPHSS Division of Children's Wellness, Bureau of Child Care Services' (BCCS) collaboration with the Guam Department of Education fosters a smooth transition for children between the child care program. This collaboration promotes continuity as the children age into school age by enhancing and aligning the quality of services for infants and toddlers as they become school age. Quarterly status updates are shared at**



**GELC meetings where input and feedback is provided through consultation.**

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The Department of Public Health & Social Services' Division of Children's Wellness oversees the Bureau of Child Care Services (BCCS) which is responsible for child care licensing alongside the CCDF Program. The staff directly responsible for the licensing of the Child Care Centers is the Social Services Licensing Officer. This staff works closely with the providers to ensure their training is current and to ensure the requirements of the Guam Plan for Processional Development are met.**

**The child care licensing section works with the CCDF Program in order to foster smooth transitions and enhances and aligns the quality of care for infants and toddlers through school age children. This also enables the lead agency to link comprehensive services and develop a supply of quality care for vulnerable populations while increasing parental choice for child care.**

**The bureau was created through Executive Order 2021-26 relative to establishing the Division of Children's Wellness within DPHSS. The outcome of both licensing and CCDF Program under one bureau is that it offers a more cohesive approach that enhances the availability of CCDF benefits for both families and child care providers. The licensing and CCDF Program, under the direction of the Chief Children's Services Administrator, are aligning efforts of support and enforcement of CCDF requirements.**

- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The Department of Education's Food Nutrition Services (FNS) is responsible to manage the Child Adult Food Care Program. The parents receiving child care through the DPHSS Division of Children's Wellness, Bureau of Child Care Services (BCCS) are notified and provided information to receive food commodities when they become available through FNS CACFP funded program. The BCCS' collaboration allows smooth transitions for children in the child care program to benefit from healthy food commodities.**

- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **The Department of Public Health & Social Services' Division of Children's Wellness, Bureau of Social Services Administration (BOSSA) in conjunction with the Guam Housing and Urban Renewal Agency (GHURA) assist in the tracking of the homeless population on Guam and makes referrals to the DPHSS Division of Children's Wellness, Bureau of Child Care Services (BCCS) for homeless families with children in need of child care.**

**Homeless shelters also work directly with the DPHSS Division of Children's Wellness, Bureau of Child Care Services (BCCS) to assist their clients obtain child care while their parent(s) try to seek housing and/or employment. This collaboration fosters smooth transitions and enhances and aligns the quality of service for infants and toddlers through school age children enabling the lead agency to link comprehensive services and develop a supply of quality care for these vulnerable populations. These homeless families/children applying for child care are prioritized.**

The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) provides consultation to the GELC: Social Emotional Wellness Work Group in the development of guidelines for children that have experienced toxic stress and are wards of the state. The BCCS has provided input to ensure children that are homeless or wards of the state are provided child care services immediately to support the child’s need for a stable and nurturing environment during the day and return to the foster parents, or emergency residential Shelters in the evening.

Through monthly consultation with the GELC Social Emotional Wellness Work Group, the BCCS is strengthening its collaboration and working to improve/implement a more timely and supportive process for homeless families, foster children, and children who are wards of the state to obtain quality child care services.

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Department of Public Health & Social Services’ Division of Public Welfare, Bureau of Economic Security (BES) plans, organizes, administers, directs and oversees the eligibility determinations for families receiving TANF program benefits. Families applying for Child Care can also apply for TANF at the same time. The application process is integrated and eligibility is determined in one process. The Work Programs Section under the Bureau of Management Support oversees the JOBS Program and assists eligible families with support services such as child care. Child care is funded through CCDF. The collaboration between the offices allows families to obtain child care support services while they go back to school, obtain job training or work as a Community Work Employment Program (CWEP) volunteer.**
- l. State/Territory agency responsible for Medicaid and the State Children’s Health Insurance Program. Describe the coordination and results of the coordination: **The Department of Public Health & Social Services’ Division of Public Welfare, Bureau of Economic Security (BES) plans, organizes, administers, directs and oversees the eligibility determinations for families receiving Medicaid and CHIP program benefits. Families applying for Child Care can also apply for medical assistance at the same time. The application process is integrated and eligibility is determined in one process.**
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **The Guam Behavioral Health and Wellness Center (GBWHC) is responsible for mental health services. The parents eligible for the program needing child care services are referred to the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS). The collaboration between the two offices allows for smooth transitions for parents/children needing child care services. GBWHC is one of the key participants in the GELC. In addition, DPHSS: Kariñu (meaning loving our babies) provides support and services that have social emotional and/or behavioral challenges for young children to age 5. Should families or service providers have concerns regarding a child’s social emotional development, a referral may be made to Kariñu. For children 5 and older, referrals are made to GBWHC.**

The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) has a Memorandum of Agreement with the GBWHC in order to launch the **Empowering Families Initiative**, which is an assortment of programs consisting of the Autism Services

Program, Mobile Crisis and Family Stabilization (MCFS) Services, Juvenile Justice Program (JJP), and Therapeutic Foster Care and Home-Based Supports (TFC-HBS). The intent of these programs is to empower children and families across Guam by providing the following services:

☒ **Autism Services Program:** Tailored interventions and training for children with Autism, their caregivers, and educators. A forthcoming Request for Proposals will identify a local organization to spearhead this pivotal service.

☒ **Mobile Crisis and Family Stabilization (MCFS):** A 24/7 responsive team offering in-home crisis management and post-crisis skill-building sessions for up to 90 days ensuring sustained family wellbeing.

☒ **Therapeutic Foster Care ☒ Home Based (TFC-HB) Program:** A sanctuary for children with behavioral health needs in the welfare system; trained therapeutic foster caregivers paired with therapists ensure holistic care.

☒ **Juvenile Justice Program (JJP):** Comprehensive therapeutic supports for youth in DYA transitioning back into the community; fostering reintegration through family and community engagement.

- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The Department of Public Health & Social Services' Bureau of Child Care Services (BCCS), Guam Community College, and Guam CEDDERS, collaborates in providing families with consumer education information about the availability of comprehensive services for children in the communities and information about choosing quality child care services. The BCCS has a Child Care Resource Referral and Outreach (CCRR&O) Section whose primarily responsible for providing parents a full range of childcare options within the territory and offering supportive services through working directly with families to ensure they enroll their child/ren in the most appropriate child care setting available.**

The DPHSS Division of Children's Wellness, Bureau of Child Care Services (BCCS) had established a Memorandum of Agreement with the Guam Community College that has developed an Early Childhood Cohort or program that offers Associate Degree Certification in Early Childhood Education solely for child care providers.

Through the Executive Order 2022-07 pursuant to establishing Prugrãman i Pinilan i Famagu'on Guãhan, The Department of Public Health & Social Services, Guam Economic Development Authority, and the Guam Community College are working together to provide the Child Care Provider Certification Program. This program was conducted at Guam Community College with a two month on-the-job training at a licensed child care facility. The outcome of this program resulted in five cohorts graduating between 2022 to 2023, which increased the child care workforce and help elevate current teaching staff to meet director and assistant director level requirements for our professional development registry (GPPD).

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Department of Public Health & Social Service's 176 licensed, and licensed-exempt child care centers together with public and private schools, provide after-school care. The Department of Education has an after-school care, the ASPIRE program, which parents receiving CCDF**

benefits may use. The collaboration between the DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS), daycare providers and the Guam Department of Education partners allow parents to secure after-school child care service which has developed into a supply of quality care for vulnerable populations. This coordination process fosters smooth transitions and promotes continuity of care. This includes children that are in foster homes and/or emergency shelters.

The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) has plans to utilize an early childhood related intermediary to offer subaward opportunities for child care providers that enhance and support their out-of-school time programs. This plan is set to be put in place by the end of this year.

- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The Guam Homeland Security & Office of Civil Defense is responsible for the emergency management and response in the state. The Department of Public Health & Social Services’ Division of Public Health works closely with the Divisions within the department to include the Division of Children’s Wellness in establishing and maintaining a Continuity of Operations Plan (COOP). The department also works closely with the Guam Homeland Security in providing assistance and guidance for emergency management and response in the child care setting.**

The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) is also exploring the assistance and capacity of municipal mayors to provide emergency assistance to child care providers within their villages in accordance with guidance from the Guam Homeland Security. This effort will be supported by pertinent CCDF resources to the respective mayors through a cooperative agreement and maintained by a mayor’s certification form to be submitted to the child care licensing section.

- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.

- i.  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 University of Guam’s School of Business and Public Administration hosts the Pacific Islands Small Business Development Center (SBDC). The BCCS has a Memorandum of Agreement with SBDC to provide professional development training and technical assistance for licensed child care providers to be equipped with the essential knowledge and resources to properly operate and sustain a licensed child care center in Guam. Through this partnership, SBDC will offer free, confidential, one-to-one counseling in all areas of business management, including pre-venture feasibility, business plan development, marketing, recordkeeping, financial and human resource management, operations management, and access to capital, as well as specialized areas such as international trade and technical services. The outcome of this MOA is to increase the supply of child care programs, expand accessibility of child care programs, and improve the quality of child care services.**

The DPHSS Division of Children’s Wellness, Bureau of Child Care Services (BCCS) had established a Memorandum of Agreement with the Guam Community College that developed an Early Childhood Cohort or program that offers Associate Degree Certification in Early Childhood Education solely for child care providers.

Through the Executive Order 2022-07 pursuant to establishing Prugrãman i Pinilan i Famagu’ on Guåhan, The Department of Public Health & Social Services, Guam Economic Development Authority, and the Guam Community College are working together to provide the Child Care Provider Certification Program. This program was conducted at Guam Community College with a two-month on-the-job training at a licensed child care facility. The outcome of this program resulted in five cohorts graduating between 2022 to 2023, which increased the child care workforce and help elevate current teaching staff to meet director and assistant director level requirements for our professional development registry (GPPD).

- iii. **[x]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: **Kariñu (Meaning love our babies in Chamorro) is Guam’s Early Childhood System of Care and works toward supporting young child wellness. Kariñu provides developmental screening, referrals to agencies, enhanced home visitation, and family support activities. They also offer early childhood mental health clinical interventions and consultation for children with behavioral challenges. The Department of Education, Guam Early Intervention System or Service (GEIS) provides training to child care centers that enrolls children with disabilities in their center and may support individual child and family through a system of care wrap-a-round strategy.**
- iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **Project Bisita I Familia (meaning to visit the family in Chamorro), is a collaborative project designed to plan, implement, and sustain an effective evidence-based home visiting program for at-risk children and their families. Guam’s vision is “Our children and families will have healthy minds, bodies, and spirits for lifelong success.” Project Bisita adopted this vision as its own to ensure that young children birth through age 5 and their families have access to evidence-based home visiting services that encompasses the health and well-being on the whole family, early learning, and child abuse and neglect. Project Bisita is Guam’s maternal, infant, and early childhood home visiting program, which is an intensive evidence-based service for pregnant mothers and teen parents using the Healthy Families of America model. The focus encompasses the health and well-being on the whole family, early learning, and child abuse and neglect prevention.**
- v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **The Bureau of Health Care Financing Administration under the Division of Public Welfare is responsible for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program and this service is made available to our eligible clients.**
- vi. **[x]** State/Territory agency responsible for child welfare. Describe: **The Bureau of Social Services Administration (BOSSA) under the Division of Children’s Wellness is**

responsible for the child protective services (CPS) and the home evaluation placement and services section that oversees the adoption and custody of CPS children in Guam. BCCS works closely with BOSSA to assist children under CPS custody to obtain child care services. Such cases are prioritized by BCCS's family eligibility section.

- vii.  Child care provider groups or associations. Describe:
- viii.  Parent groups or organizations. Describe:
- ix.  Title IV B 21<sup>st</sup> Century Community Learning Center Coordinators. Describe:
- x.  Other. Describe: **The DPHSS Division of Children's Wellness, Bureau of Child Care Services (BCCS) continues to collaborate with the PDG Birth to 5 and the Guam Early Learning Council (GELC) to make available training to child care providers to assist them in obtaining the required credentials to continue to work in the child care setting as required through the Guam Plan for Professional Development. The PDG Birth to 5 in collaboration with the GELC's Leadership Team had updated Guam's Plan for Professional Development. In addition, BCCS will continue to partner with other early care and education programs in providing annual training for child care providers to support such topics as the 4-Key Steps for Early Identification that includes the importance of developmental monitoring and screening of children enrolled in center and family home settings; in social emotional development of young children; and developmentally appropriate practices to enhance children's growth and development.**

**The Lead Agency also plans to build and/or strengthen collaborative partnerships with programs that support accessible quality care to include but not limited to: Guam Department of Education, Guam Behavioral Health & Wellness Center, Department of Youth Affairs, Latte Treatment Center, Serenity, Global Dorm, Guam Economic Development Authority, Guam System for Assistive Technology, and other similar organizations and programs that support continuity of care.**

## 8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

### 8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21<sup>st</sup> Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21<sup>st</sup> Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations?

### 8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

*Note:* Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

Yes. If yes, describe which funds are used:

No.

b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

i.  Donated directly to the state.

ii.  Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe:

### 8.3 Coordination with Child Care Resource and Referral Systems

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

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

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.



- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

#### 8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:

## 8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

#### 8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Bureau of Child Care Services held the School-Aged Programs Seminar on March 16, 2024, which was a seminar for individuals who manage school-aged programs to learn how they can be CCDF certified, receive monthly payments in child care subsidies, gain access to CCDF grant opportunities, and receive technical assistance for training and certifications. The outcome of the seminar is to increase the supply of school-aged programs that are accessible for families who receive child care assistance from CCDF. The school-aged programs consist of other public agencies, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and community-based**

organizations.

We also partner with faith-based organizations to become CCDF-certified child care centers or after school and community care programs. Examples of these faith-based organizations include Saint Francis of Assisi, Dominican Child Development Center, Harvest Christian Academy, Infant of Prague Nursery and Kindergarten, Mercy Heights Nursery and Kindergarten, Santa Barbara Catholic School, Tender Shepherd Child Care Center, and Tiny Blessings Christian Childcare and Educational Center.

## 8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

### 8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? **The DPHSS Division of Children’s Wellness, Bureau of Child Care Services submitted the Guam Emergency Preparedness and Response Planning for Child Care to the Office of Child Care for review. This is the first draft of the Statewide Disaster Plan for Guam, so updates will be made while receiving extensive technical assistance through the Office of Child Care.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
  - i. The plan was developed in collaboration with the following required entities:
    - State human services agency.
    - State emergency management agency.
    - State licensing agency.
    - State health department or public health department.
    - Local and State child care resource and referral agencies.
    - State Advisory Council on Early Childhood Education and Care or similar coordinating body.
  - ii.  The plan includes guidelines for the continuation of child care subsidies.
  - iii.  The plan includes guidelines for the continuation of child care services.
  - iv.  The plan includes procedures for the coordination of post-disaster recovery of child care services.
  - v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
    - Procedures for evacuation.

- Procedures for relocation.
- Procedures for shelter-in-place.
- Procedures for communication and reunification with families.
- Procedures for continuity of operations.
- Procedures for accommodations of infants and toddlers.
- Procedures for accommodations of children with disabilities.
- Procedures for accommodations of children with chronic medical conditions.

- vi.  The plan contains procedures for staff and volunteer emergency preparedness training.
- vii.  The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe: **Not Applicable.**
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: **The DPHSS Division of Children’s Wellness, Bureau of Child Care Services submitted the Guam Emergency Preparedness and Response Planning for Child Care to the Office of Child Care for review. Upon completion, the plan will be available in the Bureau of Child Care Services’ website at: [www.guamchildcare.com](http://www.guamchildcare.com).**

## 9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family’s needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

### 9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

### 9.1.1 Parental complaint process

- a. Describe the Lead Agency’s hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **The parental complaint process is conducted through the Guam Child Care website, specifically in the Guam Child Care Provider’s Directory. If a parent has a general complaint with the Lead Agency, they may go to: <https://guamchildcare.com/> and submit a general contact form. The form is received as an email on our child care email which is monitored daily. The front desk staff will review the complaint and forward it to the appropriate section within the Lead Agency to address and respond. If a parent has a complaint for a CCDF provider, they may go to: <https://directory.guamchildcare.com/directory>, search for the specific provider, and submit a complaint. The complaint is reviewed by the CCDF staff responsible for updating the child care provider directory and notifying the Regulatory and Licensing sections.**
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The parental complaint process is conducted through the Guam Child Care website, specifically in the Guam Child Care Provider’s Directory. If a parent has a complaint regarding a CCDF or non-CCDF provider, there is an option to submit the complaint. Currently, the parent complaint process is only available in English, with plans to expand to other languages.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The parental complaint process is conducted through the Guam Child Care website, specifically in the Guam Child Care Provider’s Directory. If a parent has a complaint regarding a CCDF or non-CCDF provider, there is an option to submit the complaint. Currently, there are plans to expand the accessibility features for persons with disabilities on the Directory page.**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?  
 Yes. If yes, describe:  
 No.
- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **The Regulatory Section of the DPHSS Division of Children's Wellness, Bureau of Child Care Services maintains the records for CCDF and non-CCDF providers for substantiated parental complaints. This section is responsible for monitoring and enforcing the requirements for licensed, license-exempt, and registered providers. It addresses and monitors noncompliance, maintains data related to non-compliances, and completes investigative summaries of non-compliances, corrective action plans, and follow-up actions.**
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Information about substantiated parental complaints is made available to the public through the Guam Child Care Provider’s Directory. Parents can view the filed complains for each CCDF or non-CCDF provider.**

## 9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency’s policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

### 9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- Provide the URL for the Lead Agency’s consumer education website homepage:  
**<https://guamchildcare.com>**
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?  
 Yes.  
 No. If no, describe:
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?  
 Yes.  
 No. If no, describe:

### 9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- Provide the direct URL/website link to how the Lead Agency licenses child care providers: **<https://guamchildcare.com/providers>**
- Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: **<https://guamchildcare.com/providers>**
- Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **<https://guamchildcare.com/background-check-processes>**

- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: <https://guamchildcare.com/background-check-processes>

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

- i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

Yes.

No. If no, describe:

- ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://directory.guamchildcare.com/directory>

- iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency’s searchable list of child care providers? Check all that apply:

License-exempt center-based CCDF providers.

License-exempt family child care CCDF providers.

License-exempt non-CCDF providers.

Relative CCDF child care providers.

Other (e.g., summer camps, public pre-Kindergarten). Describe:

**Seasonal camps and school-age programs like after-school programs are included. There is a small portion of the directory that includes non-CCDF providers as well.**

- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- i.  All licensed providers. Describe:
  - ii.  License-exempt CCDF center-based providers. Describe:
  - iii.  License-exempt CCDF family child care providers. Describe:
  - iv.  License-exempt, non-CCDF providers. Describe:
  - v.  Relative CCDF providers. Describe:
  - vi.  Other. Describe:

#### 9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
- i.  Quality improvement system.
  - ii.  National accreditation.
  - iii.  Enhanced licensing system.
  - iv.  Meeting Head Start/Early Head Start Program Performance Standards.
  - v.  Meeting pre-Kindergarten quality requirements.
  - vi.  School-age standards.
  - vii.  Quality framework or quality improvement system.
  - viii.  Other. Describe: **The Bureau of Child Care Services in Guam is currently in the process of creating a quality improvement system for licensed child care**

**providers.**

- b. For what types of child care providers is quality information available?
  - i.  Licensed CCDF providers. Describe the quality information:
  - ii.  Licensed non-CCDF providers. Describe the quality information:
  - iii.  License-exempt center-based CCDF providers. Describe the quality information:
  - iv.  License-exempt FCC CCDF providers. Describe the quality information:
  - v.  License-exempt non-CCDF providers. Describe the quality information:
  - vi.  Relative child care providers. Describe the quality information:
  - vii.  Other. Describe: **The Bureau of Child Care Services in Guam is currently in the process of creating a quality improvement system for licensed child care providers.**

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
  - i.  The total number of serious injuries of children in care by provider category and licensing status.
  - ii.  The total number of deaths of children in care by provider category and 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 and licensing status.
  - v. If any of the above elements are not included, describe:
- b. Certify by providing:
  - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **An incident report is written and submitted. After submission, the Bureau of Child Care Services**



(BCCS) Regulatory team will interview the involved parties. Following the interviews, the BCCS Regulatory team will complete their assessment and create another report, citing any laws that were violated. This report is then submitted to the CCDF Administrator. Once the review process is completed, corrective actions will be recommended.

- ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **19 GCA Personal Relations Ch. 13 Child Protective Act: "Substantiated means a report made pursuant to this Chapter if there has been any judicial adjudication based on a finding that a child who is a subject of the report is an abused or neglected child."**
- iii. The definition of “serious injury” used by the Lead Agency for this requirement: **The definition for “serious injury” used by the Lead Agency is any injury that requires immediate medical attention.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **<https://guamchildcare.com/>**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?  
 Yes.  
 No.  
 Not applicable. The Lead Agency does not have local CCR&R organizations.
- b. Provide the direct URL/website link to this information:

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?  
 Yes.  
 No.
- b. Provide the direct URL/website link to this information:  
**<https://guamchildcare.com/contacts-hours>**

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

- b. Provide the direct URL/website link to the sliding fee scale. <https://guamchildcare.com/>

### 9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

#### 9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **The Lead Agency provides many consumer/provider education by conducting community outreaches in various areas throughout the island. The Lead Agency has established partnerships with local and Government agencies/vendors to execute workgroups/shops, focus groups, surveying, etc. The Lead Agency provides information to parents, the general public, and child care providers through visual aids such as brochures, pamphlets, flyers, etc. Another way the Lead Agency ensures families are informed of other programs they may be eligible for is by providing contact information for other Government agencies contact information in the application packet.**

#### 9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe:

### 9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe: **To be completed by December 2024.**

### 9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **If a parent express, they have a concern about their child's development, the Lead Agency connects them to the program that best fits their needs such as Guam Early Intervention Systems (GEIS), Guam System for Assistive Technology (GSAT), Department of Education Division of Special Education (SPED) and etc. Another way the Lead Agency provides information to parents, providers, and the general public about best practices concerning children's development is by promoting other Government agencies' outreaches/training such as conducting parent focus groups, introducing Teaching Strategies, Ready Rosie for children birth to eight years old, participating in Village Play Time and JumpStart to Kindergarten initiatives.**

### 9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe:

#### 9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The Lead Agency offers annual social/emotional training for providers and disseminates written materials, the Early Learning Guidelines (ELGs), and contact information for relevant programs to parents and providers. Additionally, the Lead Agency, through a Memorandum of Agreement (MOA) between DPHSS-DCW BCCS and GBWHC, integrates Mobile Crisis and Family Stabilization (MCFS) services into its communication strategy. The MCFS system provides comprehensive crisis response and stabilization services, including a 24/7 crisis hotline, in-home support, and community-based interventions, ensuring families and providers have access to immediate and effective behavioral health support and positive intervention models.**

#### 9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **The policies on the prevention of the suspension and expulsion of children are currently being developed.**
- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **The policies on the prevention of the suspension and expulsion of children are currently being developed.**

### 9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

#### 9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

Yes.

No. If no, describe:

- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Yes.

No. If no, describe:

- c. Developmental screenings to parents receiving a subsidy as part of the intake process.

Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **Contact information for CEDDERS and GEIS are provided to parents on the applications. The CCDF program provides information on developmental screenings to parents receiving subsidy in the form of brochures and pamphlets. Parents are also advised about Guam’s Island-Wide Developmental and Behavioral Screening System (iDBSS) that is supported by Memorandum of Understanding (MOU) between early childhood serving agencies to include DPHSS, Guam Behavioral Health and Wellness Center, and Department of Education. The iDBSS includes in the procedures and policy of the Universal Referral Form that all agencies are using to ensure referrals across programs are made.**

No. If no, describe:

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

Yes.

No. If no, describe:

## 10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program’s internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability.

These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

## 10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

### 10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The Lead Agency's Program Integrity Team was created to ensure that proper measures are taking place for the CCDF Program's proper fiscal management and to ensure the proper protocols and oversight for the CCDF Program's internal controls as well as any inter-agency contracts or initiatives are in line with the mission of the CCDF Program. The Lead Agency utilizes the Program Integrity Section to assess sub-recipients of the CCDF Program to ensure that sub-recipients are in compliance with the rules and regulations of the CCDF Program. Within the Lead Agency, authority over the activities of the Program Integrity Team lies with the Program Administrator of the Lead Agency. Within the Lead Agency, the Program Integrity Section assesses the terms and conditions of any MOUs or contracts between the Lead Agency and inter-government partners. The Lead Agency reviews and edits any MOU involving the Lead Agency, to ensure that the Lead Agency's program objectives are being met and that the MOU or contract funding and budget are in compliance with CCDF fiscal guidelines. The Lead Agency's responsibility of CCDF program integrity is also reliant on the Lead Agency's responsible fiscal management and internal controls.**

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

### 10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **Fiscal oversight of the Lead Agency's grants and contracts includes levels of review and approval from encumbrance to execution. As services are rendered, Lead Agency program staff review submitted invoices for accuracy and allowability prior to approval and submission to the Financial Management Services (FMS) office for further review before being sent to the**

accounting department. The accounting department then reviews and enters invoices for proper recording of expenditures in the state's accounting system. Lead Agency program staff track payments against maximum liability of the grants or contracts for monitoring purposes to ensure grantees and contractors are paid timely and within contract terms.

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **A general ledger was established internally to monitor and track all expenditures of CCDF. A request form is developed and requires staff to fill and provide the purpose of the request which is then approved & reviewed by the Program Administrator who also conducts a financial projection to ensure that there is sufficient funding. CCDF budget and fiscal reports are prepared and reviewed with Lead Agency management to ensure compliance and accuracy of federal grant requirements. This is concurred by the Administrator. Additionally, the Office of Grants Management (OGM), formerly known as the Grants Management Office (GMO) by January 2024, provides oversight and support to the CCDF Program Office for critical grant matters including budget compliance measures such as ensuring reasonable and allowable costs.**
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **To prepare and submit the required state and federal fiscal reports, the processes involve a thorough and coordinated effort by the Lead Agency's program staff. Program staff carefully reviews and compiles expenditure data from the fiscal management system, ensuring accuracy through cross-referencing with technical reports and the state's accounting system. This systematic approach ensures compliance with regulatory standards and maintains the integrity of financial reporting. Reports are to be reviewed by the CCDF Administrator, Co-Administrator, or designated Lead Agency staff.**
- d. Other. Describe:

#### 10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **Effective fiscal management practices involve regular monitoring, transparent accounting procedures, and adherence to federal and state guidelines to ensure proper allocation and use of CCDF funds. This includes detailed monthly meetings, weekly expenditure tracking, and multiple controls for payouts, supported by fiscal projection tools.**
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Lead Agency measures the effectiveness of fiscal management through performance indicators such as expenditure rates, compliance with budget allocations, and audit results. Tools like expenditure tracking systems and monthly financial reporting are utilized to monitor these indicators closely.**
- c. How the results inform implementation. Describe: **The results from tracking and measuring fiscal management practices directly support program objectives and compliance requirements while developing and implementing coordinated strategies that strengthen fiscal management practices as needed.**

d. Other. Describe:

#### 10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The Lead Agency implements a 3X3 Risk Assessment Matrix for each MOU and Contract in partnership with any inter-government agency. The 3X3 Risk Assessment Matrix assesses risk based on three criteria, 1.) Strategic Risk, 2.) Organizational Risk, 3.) Financial Risk.**

**Strategic Risk assesses the strategic risk that the Lead Agency takes on regarding the partner agency's ability to facilitate or carry out the scope of work for the planned initiative or program goals based on the ability of the partner agency to acquire assets for the initiative or program, and the partner agency's ability to meet the conditions of the MOU or Contract.**

**Organizational Risk assesses the organizational risk of the partnering agency and their potential to carry out the scope of work detailed in the MOU or Contract, in relation to their current organizational capacity.**

**Financial Risk assesses the financial risk of the partnering agency regarding previous assessments of their ability to handle grant funding and keep accurate and detailed financial records.**

**The Lead Agency also conducts assessments of the current status of the CCDF program. This includes sample assessments of the Block Grant, Licensing and Certifications.**

- b. The frequency of each risk assessment. Describe: **The Lead Agency conducts risk assessment 3X3 matrices for each and every MOU or Contract, the Lead Agency conducts sample assessments of the Block Grant, Licensing and Certifications twice per fiscal year.**
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **The Lead Agency utilizes risk assessment practices to improve working dynamics between the Lead Agency and potential inter-government partners.**
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **The risk assessments performed by the Lead Agency will be determined as effective based on reports submitted by the partnering agency analyzing the performance and efficiency of the initiative, as well as post assessment of the initiatives, contracts, and MOUs.**
- e. Other. Describe:

#### 10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.



- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
  - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **Lead Agency Program Administrator sent the Program Integrity Team to the 51st National Training Conference for the United Council on Welfare Fraud. The Lead Agency’s Program Integrity Team also has access to the 45 CFR Part 98 and 45 CFR Part 99, as reference for all CCDF Protocols and Guidelines.**
  - ii. Describe how staff training is evaluated for effectiveness: **Staff training is evaluated by performance and effectiveness of the Lead Agency’s section by the Program Administrator. It allows the Program Administrator to evaluate and determine the effectiveness of each Lead Agency section and ensure that proper training is being adhered to.**
  - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The Lead Agency utilizes risk assessment data from its 3X3 Risk Assessment Matrix for MOUs and Contracts to better assess future initiatives and MOU contract requirements, as well as assess future partnerships with other inter-government agencies. Program assessments allow the Lead Agency to identify weaknesses in staff training and/or weaknesses in internal controls.**
  
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
  - i. Describe the training for providers around CCDF program requirements and program integrity: **The Lead Agency has hosted a “School Age Programs Seminar”, a seminar that educated potential School Aged Child Care Providers on the importance of CCDF, and the requirements and expectations of CCDF License-Exempt Providers.**
  - ii. Describe how provider training is evaluated for effectiveness: **The Lead Agency determines the provider training of the “School Age Programs Seminar” to be effective based on post seminar interest for organizations to become a School-Age Provider.**
  - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The Lead Agency conducted a Quality Improvement Survey, to determine the needs of the providers, to ensure quality care in the provider’s programs.**

#### 10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Not Applicable.**

- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Lead Agency uses single audit results to determine weaknesses in program data collecting, fiscal management practices, and program file management.**
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

#### 10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a.  No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.
- b.  Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **Yes, due to the establishment of the Lead Agency's Bureau of Child Care Services as its own separated bureau, separated from the Bureau of Economic Security, files from previous cases in 2020 and 2021 were found to be incomplete during a single audit conducted in early 2024. With oversight from the Program Administrator, the Lead Agency established dedicated servers with several program sections to improve handling of current and older files for easier access and safekeeping.**

## 10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

#### 10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a.  Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
  - i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Quality Control (QC) program office conducts quarterly reviews using information/data from other programs (e.g., SNAP, MAP). The QC program office works with the CCDF Program Administrator and upon requests, provides information on all cases suspected of fraud to prevent fraud due to an intentional program violation. Results data for this process has yet to be determined, however, we can expect to see data related to the timeliness and accuracy of initial eligibility processing, sampling of a specific eligibility month to ensure accurate eligibility determination,**

and any errors made on behalf of the agency or eligibility specialist.

- ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The CCDF Program Administrator, together with the eligibility specialist and QC office, forward all error-rate review flag cases to the Department of Public Health and Social Services' Investigation and Recovery Office (IRO) for investigation of proposed program violation and find if the violation is unintentional. Prevention of unintentional program violation activities include training and development of program staff.**
  - iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Quality Control (QC) program office conducts CCDF eligibility specialist (ES) checks to identify errors through shared/matched data from other programs. If there are errors discovered, the finding(s) is forwarded to the CCDF ES via a citation with a corrective action provision. Results data for this process has yet to be determined, however we can expect to see results related to the timeliness and accuracy of initial eligibility processing, accuracy of eligibility determination, and any errors made on behalf of the agency or eligibility worker with regard to policy violation.**
- b.  Run system reports that flag errors (include types).
- i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- c.  Review enrollment documents and attendance or billing records.
- i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Data Clerk(s) monitor attendance records given to the Lead Agency by the respective Licensed Child Care Provider of each recipient under the Block Grant. If the Lead Agency's Data Clerks flag a recipient's attendance and billing record or the Licensed Child Care Provider's attendance and billing record as potentially fraudulent, the Data Clerks contact the recipient as well as the Licensed Child Care Provider and notify either party to corrective action or face potential sanctions, such as but not limited to, a halt to the subsidy received, or disqualification from the CCDF program. If either the recipient or Licensed Child Care Provider do not correct potentially fraudulent activity, the Lead Agency files a referral to the Investigation and Recovery Office (IRO) for further investigation. The result of this activity has shown a significant decrease of Intentional Program Violations, per the most recent audits by the Administration for Children and Families (ACF) and the FY 2023 Single Audit conducted for the Lead Agency by Earnst & Young (EY).**
  - ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Data Clerk(s) monitor attendance and billing records of recipients of the Block Grant as well as attendance and billing records submitted by the Licensed Child Care Provider. If a**

**program violation that is deemed unintentional is discovered, the Lead Agency’s Data Clerk(s) notify the Program Administrator of the Unintentional Program Violation, and corrective action is taken with oversight from the Lead Agency’s Program Administrator. The results of the activities lead to effective monitoring processes by the Lead Agency’s Data Clerk(s) and a decrease in Unintentional Program Violations.**

- iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- d.  Conduct supervisory staff reviews or quality assurance reviews.
  - i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- e.  Audit provider records.
  - i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- f.  Train staff on policy and/or audits.
  - i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- g.  Other. Describe the activity(ies):
  - i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

#### 10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The Lead Agency's Investigation and Recovery Office (IRO) investigates CCDF cases suspected of fraud and if Intentional Program Violations is substantiated based on investigation findings, IRO collects improper payments made to providers, and/or clients.**
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
  - i.  Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
  - ii.  Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency's Investigation and Recovery Office (IRO) investigates SNAP and Public Assistance Programs processed by the Department of Public Health & Social Services. The IRO investigates CCDF cases suspected of fraud and if an Intentional Program Violation is substantiated based on the investigation's findings, IRO collects improper payments paid to providers/clients as done with the Supplemental Nutrition Assistance Program (SNAP) investigations. Results of this investigation process show a low number of flagged fraudulent cases reported to the Program Administrator and referred to IRO in the recent FY 2023 Single Audit.**
  - iii.  Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:
  - iv.  Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
  - v.  Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
  - vi.  Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
  - vii.  Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
  - viii.  Other. Describe the activities and the results of these activities:
- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

No.

Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i.  Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
- ii.  Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
- iii.  Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:
- iv.  Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
- v.  Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
- vi.  Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii.  Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
- viii.  Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

No.

Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i.  Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
- ii.  Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
- iii.  Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

- iv.  Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
  - v.  Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
  - vi.  Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
  - vii.  Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
  - viii.  Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i.  Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **All clients have the option to have their concerns/complaints heard via the fair hearing process if cited for an intentional program violation (IPV) and/or fraud. This citation will state the client's right to appeal such decision and the steps/process to do so. The first IPV results in suspension from the program for one year, the second IPV results in the suspension from the program for two years. If there is a violation, the client will be permanently disqualified from the program. Results data have yet to be determined, however, we can expect to see little to no program violations beyond the first year of disqualification.**
  - ii.  Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Similarly to clients, all providers have the option to have their concerns/complaints heard via the fair hearing process if cited for an intentional program violation (IPV) and/or fraud. This citation will state the clients right to appeal such decision and the steps/process to do so. The first IPV results in the suspension from the program for one year, the second IPV results in the suspension from the program for two years, and the third violation will result in the permanent disqualification from receiving CCDF funds. There are no results data at this time. Results data have yet to be determined, however, we can expect to see little to no program violations beyond the first year of disqualification.**
  - iii.  Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis:
  - iv.  Other. Describe the activities and the results of these activities based on the most recent analysis:

## Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
  - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
  - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).



## Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		