

# **Saint Regis Mohawk Tribe**



## **PL 102-477 Plan Child Care Services CY 2024-2028**

## CHILD CARE SERVICES

Saint Regis Mohawk Tribe is a medium allocation grantee based on FY 2016 CCDF funding. The Child Care service aspires to enrich the growth and development of children through supportive quality services that address individual and family needs. The purpose and goal of Child Care services are to provide high quality, culturally appropriate, Child Care to all eligible families. Reliable Child Care is a major barrier for the families in the community we serve. Therefore, providing Child Care services within the Tribal Learning Assistance Program gives participants the ability to identify their needs and place their children in a safe and supporting environment.

TLAP will provide Child Care services to families for a child who is eligible for services. Child Care services are for children through their twelfth year. A non-enrolled guardian requesting Child Care services for an eligible child, must request services with the State and provide documentation of denial before being served.

For potential clients that seek child care off territory, the potential client will be required to seek State Subsidized Child Care. If State Subsidized Child Care is not available or the client is denied, the client may then pursue TLAP Child Care Services to determine eligibility.

Child Care services defines “special needs” as: a child who has documentation from a licensed professional of a diagnosed physical, emotional, social, mental or developmental delay identified through formalized assessment. We may serve any child through the age of 18 having a verified physical, mental, emotional or behavioral condition that requires a higher level of care.

Child Care service defines “protected child” as: any child through the age of 18 who is a dependent of the courts that requires adult supervision and any child placed with family members that is defined as kinship care or in “Loco Parentis”.

For the purposes of providing Child Care services, the service area and definition of Indian Child for the Saint Regis Mohawk Tribe is as follows:

SRMT definition of Indian Child - A child who is enrolled with or eligible to be enrolled with or a direct descendent of a tribally enrolled member of one of the following: The Saint Regis Mohawk Tribe, Mohawk Council of Akwesasne, The Mohawk Nation House or any federally recognized Tribe.

**Note:** See Attached SAINT REGIS MOHAWK TRIBE Child Count Declaration

All required information for the PL 102-477 Program as it pertains to Child Care services will be kept at the 477 office and child specific files are kept on site. Additional documentation may be required for this service.

SAINT REGIS MOHAWK TRIBE will prioritize providing Child Care services to lower income families, homeless families, and foster care families, children under protective services and children with special needs. A child involved in protective services is one who falls under the legal responsibility of the tribal court, Tribal Agency, or State Agency or who is party to an arrangement with the tribal courts to avoid the child becoming a dependent of the court.

The Tribal Child Care Service utilizes a points criterion for all Child Care service requests to ensure that the most vulnerable and needy families are given preference to receive services. The points criteria include: homelessness, lower income families, foster care families, children under protective services and children with special needs as a service priority.

### **TLAP Child Care Need Points Criteria**

To ensure the Tribal Child Care Service is prioritizing and serving the communities' most vulnerable families this point system will be utilized. The definition includes homelessness, lower income families, and foster care families, children under protective services and children with special needs as a service priority.

The following specific criteria will be used to establish the need of clients applying for Child Care services:

**\*Protected Services eligible: 30 points**

- Homeless families
- Children in foster/kinship care
- *Kinship* was added to categorically eligible because under Title IV-E of the Social Security Act, kinship care is considered foster care
- *"in loco parentis"* an individual who assumes parental status and responsibilities for another child. An individual with documentation provided by the local department of social services and/or child protective services will be considered adequate. The documentation must state that the individual has court ordered legal custody and/or decision-making authority concerning a child or custody of and/or decision-making authority concerning a child voluntarily issued by or in place of the parent.

**\*Disabilities: 20 points**

- Documentation is required to deem child "special needs". The program will give priority to clients with children considered special needs, as long as the program is able to meet the needs of the child.

**\*Parent/s are under the age of 18: 20 points**

**\*Families in which both guardians are working/in school/training full time: 15 points**

**\*Families at below 100% of Poverty Guidelines: 10 points**

- The guidelines can be found at <https://aspe.hhs.gov/poverty-guidelines> under RESOURCES-chart.

**\*Families above 100% - 200% of Poverty Guidelines: 5 points**

- The guidelines can be found at <https://aspe.hhs.gov/poverty-guidelines> under RESOURCES-chart.

***This criterion will be used to determine if applicants qualify for priority placement for Child Care Services. Any clients whom obtain 30 points or more will fall under priority.***

### **Circulating Child Care Services**

The Tribal Child Care Service conducts and provides informational opportunities to community members at various community events such as Health Fairs, Family Resource Nights, and other events. Additionally, Tribal Child Care Service provides education on Child Care services to other Tribal departments and staff members to ensure that they know that Child Care services are available to all families, including families who may be identified as higher need.

TLAP staff will provide Child Care Service information to programs that serve families who have children through the age of 18 if such children are physically, and/or mentally incapable of self-care as documented by a licensed physician to recruit said families.

The SAINT REGIS MOHAWK TRIBE TLAP provides quality Child Care options to children whom are eligible for services. The area served by the SAINT REGIS MOHAWK TRIBE TLAP is defined as an "underserved area". This means that there is a shortage of licensed Child Care in the service area. This shortage may have a significant impact on children that could result in a lack of school readiness,

long-term resiliency, and social-emotional development. Parents may be forced to make decisions about care that result in using less than adequate care. The SAINT REGIS MOHAWK TRIBE TLAP helps to ensure that there is quality, reliable, licensed and regulated care in the area it serves. Without this program many children would not have access to high quality care. SAINT REGIS MOHAWK TRIBE encourages all of the Tribal Child Care Providers to participate in Early Childhood Educational Training which improves the quality of the available Child Care.

The SAINT REGIS MOHAWK TRIBE TLAP will pay an additional 15% directly to Child Care providers for the following categories such as, but not limited to:

- Who provide services to "special needs" children as defined above (pg. 26)
- Who provide services during non-traditional hours, such as but not limited to non-traditional hours care, weekend care, and evening and overnight care.

SAINT REGIS MOHAWK TRIBE will assist with the further development of existing providers in order to increase access to quality Child Care services available to children who are typically underserved.

TLAP will authorize a minimum 12 months of eligibility for Child Care services. At the time of application for services, parents/guardians are asked to provide proof of all gross earned and unearned income for the family (pay stubs, letter from employer, award letter, or other proof of income) to determine the family subsidy co-payment and eligibility for services.

Each Child Care assistance case is reviewed every twelve (12) months. If a family continues to reside in the service area but changes to a provider outside the service area within their 12-month eligibility period; they will continue to receive assistance if the new provider meets all the health and safety requirements as described in the plan.

In order to best serve the child and provide continuity of Child Care, any client who is no longer able to be served will be provided three months of transitional assistance such as, but not limited to;

- If a family moves outside the service area and the new provider meets all the health and safety requirements as described in the plan.
- If the client becomes over-income.
- If client does not qualify for recertification

Changes determined at the annual review will not become effective until after the transition period.

### **Consumer Education/Outreach**

Questions about Child Care services provided by TLAP can be directed to Tribal Child Care staff or the TLAP Child Care Coordinator at SAINT REGIS MOHAWK TRIBE via phone, email or website.

Once a Child Care request is established clients are provided, with information on their rights, quality Child Care options, how to select appropriate Child Care options, and other consumer education materials. Parents will be informed of Child Care services through outreach activities of program staff, word of mouth and social media. Outreach activities include, but are not limited to, attending community meetings, sharing program info at community events, and personal contact, and other service programs. SAINT REGIS MOHAWK TRIBE maintains a social media outlet, (SAINT REGIS MOHAWK TRIBE website and Facebook), which highlight and promote a variety of program services that are available to Tribal and community members. TLAP brochures and handouts are available at all the Tribal facilities which highlight TLAP services.

The SAINT REGIS MOHAWK TRIBE TLAP/477 Program Policy and Procedures Manual requires that all parental complaints about tribally-certified providers will be kept in a single record at the Tribal Child Care Center which includes written documentation of such complaints. Only complaints made in writing to SAINT REGIS MOHAWK TRIBE will be recorded in the official record. Parental complaints will be made available to the public, including the SAINT REGIS MOHAWK TRIBE Tribal Council, upon request. All names (or other confidential information) of parents/guardians or children will be omitted from the report forwarded to the requesting party. A report of all substantiated parental complaints will be forwarded to the SAINT REGIS MOHAWK TRIBE Tribal Learning Assistance Program Director.

If a parental complaint requires investigation (i.e., concerning a provider), a report will be made and the Child Care Center will investigate. Complaints regarding state-licensed facilities will be reported to the OCFS Licensing Unit, and if an investigation is deemed necessary, it will be supported by TLAP Child Care Services. \*\*Tribal policy defines actual timeline to file the complaint

### **Center-Based and Home-Based Care**

Parents are able to utilize a variety of Child Care options including: center-based, in-home, relative, group care and family home Child Care. In-home Child Care may be provided by a relative or a non- relative. If a provider is a non-relative, the provider is subject to all health and safety standards

background checks, monitoring, etc. Relative care is provided by a relative only as defined by the following: A Child Care provider who is 18 years of age or older who provides Child Care services only to eligible children who are, by marriage, blood relationship, or court decree, the grandchild, great grandchild, siblings (if such provider lives in separate residence), niece/great niece, or nephew and cousins of such provider.

SRMT Child Care center payments are paid directly to the program. Parents are billed bi-weekly and only for their co-pay each week.

SRMT Home-Based Child Care services are a reimbursement paid to the parent/guardian. All Child Care payments are based on child enrollment, not attendance. The current Child Care rate is attached to the plan at the beginning of each plan cycle and is applicable to. The SAINT REGIS MOHAWK TRIBE TLAP uses the tribal market rate survey.

TLAP uses a sliding fee scale effective for Child Care Services which is used to determine income eligibility and co-pays only. Family co-pays are per family, based on income, and never exceed 12% of family income. (See *below the SAINT REGIS MOHAWK TRIBE Child Care Subsidy Payment Rate*)

Co-pays will be waived during national or tribal state of emergencies to lower the barriers for families who have suffered due to the state of emergency. Waiving co-pays will allow families to secure or maintain continuity of care regardless of reduction or loss of employment due to state of emergency.

TLAP waives co-payments for homeless families, foster care families, and families who are receiving protective services, as determined by the Program for purposes of Child Care services eligibility.

## Activities and Services to Improve the Quality of Child Care

TLAP recognizes that we need to meet the annual requirements for Child Care quality activity spending:

| Quality Spending  | CY 2024 | CY 2025 | CY 2026 | CY 2027 | CY 2028 |
|-------------------|---------|---------|---------|---------|---------|
| Quality Set-Aside | 9%      | 9%      | 9%      | 9%      | 9%      |
| Infant-Toddler    | 3%      | 3%      | 3%      | 3%      | 3%      |
| Total Quality     | 12%     | 12%     | 12%     | 12%     | 12%     |

SAINT REGIS MOHAWK TRIBE's Quality Improvement goal is to serve infant, toddlers and children in both a culturally and developmentally appropriate manner while enhancing the health and wellbeing of the children, their families and the community. Focus areas to help facilitate this goal will include, but not be limited to, activities such as:

- Culture and language revitalization and/or immersion
- Ongoing provider and staff training to improve quality of Child Care provided particularly in curriculum development and instruction
- Increased exposure to and provision of traditional and cultural activities, such as, language learning;
- Increased exposure to indigenous and traditional foods identification, preparation and consumption;
- Required health and safety training topics
- Access to physical activity
- Promotion of child development
- Language and literacy
- Caring for children with special health or developmental needs
- Fiscal management and administration and program management for providers
- Supporting career development pathways of the Child Care workforce
- Pay for the cost of background checks
- Providing financial support to providers during an emergency or pandemic
- Family engagement within the Child Care setting that enhances children's sense of self-worth, belonging, and bonding to their community
- STEM type activities
- Virtual platforms and enhanced communications

SAINT REGIS MOHAWK TRIBE's Quality Improvement goal is to also improve the supply and quality of Child Care services for infants and toddlers. Focus areas to help facilitate this goal will include, but not limited to, activities such as:

- Offering non-traditional hours
- Coordinating with Early Head Start or Early Head Start-Child Care Partnerships
- Providing training and professional development to enhance Child Care providers' abilities to provide developmentally appropriate services for infants and toddlers
- Developing infant and toddler components within the early learning and developmental guidelines/standards, etc.
- Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional health and early literacy and numeracy cognitive development
- Promoting Indigenous language and culturally responsive practices for infants and toddlers

### Public Hearing

A notice of a virtual public hearing will be posted on the SAINT REGIS MOHAWK TRIBE website at [www.srmt-nsn.gov](http://www.srmt-nsn.gov) and the SAINT REGIS MOHAWK TRIBE Facebook page. A copy of the Plan will be available for review and community members were encouraged to submit recommendations and comments to the plan in writing through or by calling SAINT REGIS MOHAWK TRIBE staff. The virtual public hearing will be held on November 28th @ 4:30 p.m. EST. Comments will be provided as an attachment.

### Health and Safety Requirements

TLAP will require Child Care providers to fulfill health and safety requirements pursuant to tribal, state, and federal law. TLAP will follow all established requirements for background screenings as they pertain to the type of provider.

### Health and Safety Standards Used by the Tribal Lead Agency

| Provider Categories        | Tribal Standards | State Standards | Other Standards or Combination of Standards (e.g., Tribal standards and State standards)  |
|----------------------------|------------------|-----------------|---|
| Center-based Care          |                  | X               | The SRMT Early Learning Center follows state and also operate a Head Start Program. The center adheres to all New York State standards. |
| Group Care Home Child Care | X                |                 | Group Care providers follow the HHS Tribal Child Care Standards   |
| Family Home Child Care     | X                |                 | Non-relative family home care providers follow HHS Tribal Child Care standards.   |

|                     |   |  |   |
|---------------------|---|--|---|
| In-home Child Care  | X |  | In home care is defined as in the child's/provider's home and care is provided only for that family as defined by the SRMT. In home providers follow the HHS Tribal Child Care Standards. |
| Relative Child Care | X |  | Relative Care is in the child's or provider's home and is provided by a relative of the child. Relative providers follow HHS Tribal Child Care health and safety standards.               |

All tribal standards can be found in the Tribal Policies and Procedures Manual

TLAP follows State Child Care service standards for Center-based care to meet health and safety, and quality care standards to ensure the family and children's needs are met. These standards include the prevention and control of infectious diseases (including immunizations); building and physical premises safety; minimum health and safety training appropriate to the setting.

TLAP utilize a mixture of State and tribal Health and Safety standards in order to ensure that all children participating in the program are kept as safe and as healthy as possible. These standards cover staff to child ratios, immunizations, blood borne pathogen response, storage of hazardous materials and other topics.

SAINT REGIS MOHAWK TRIBE child care center follows the OCFS Health and Safety Standards for Child Care Center. Center-based Care is subject to State standards for all children in care. When providers are located on Reservation/Tribal Land, those providers will be Tribally-Certified and held to the HHS Tribal Child Care Standards.

SRMT has a health clinic, education department, and other programs that are available to meet the needs of the community members which includes pre-school age children. The TLAP case managers will coordinate and collaborate with Tribal program staff as part of the case management process through referrals and coordinated case management to provide wraparound and holistic services. Tribal healthcare staff can provide access to immunization records, dental screenings and dental information for parents through the Release of Information form. Tribal case managers can provide access to education information and enrollment and attendance when authorized by the FERPA release form, if it is beneficial to coordination of Child Care services.

### Saint Regis Mohawk Tribe Tribal Learning Assistance Program Health and Safety Requirements

This document addresses items 9, 10, 11, 12, and 13 within the P.L. 102-477 Program Instruction for the Child Care and Development Fund (CCDF-ACF-PI-2019-04).

### Health and Safety Standards

**Topic**

**DCYF Licensed Center-Based and Family Home  
Child Care**



*a. Prevention (including immunizations) and control of infectious diseases*

Immunization forms are required for all children enrolled in TLAP Services. The center must have a health plan approved by a medical professional that addresses what infectious/contagious diseases are. The document will explain what the infectious/contagious disease is, the incubation and infectious period, ways to limit the spread and the protocol.

*b. Prevention of sudden infant death syndrome and the use of safe sleep practices*

For all providers, safe sleep practices must be followed when infants are napping or sleeping. These practices include placing infants on their back; use of appropriate equipment; not allowing blankets, toys, etc.; not covering an infant's head or face; ensuring the correct body temperature; and ensuring arms are free for movement. Any variations to sleep position must be supported with medical documentation. Additionally, the center and all home-based care families receive information on how the providers follow infant safe sleep practices.

*c. Administration of medication, consistent with standards for parental control*

All providers will administer prescription and non-prescription medication, with parental consent, by all routes covered in the Medication Administration Training (MAT) course (oral, topical, eye, ear, and inhaled medications, medicated patches, and epinephrine via an auto-injector device). All medications will be stored at the temperature required in an area out of reach of children.

The center will administer medication in accordance with the OCFS child day care regulations. Only a staff member who has completed the appropriate training or has appropriate licensure and is listed as a medication administrant in the health care plan will be permitted to administer medication in the program, with the exception of over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent, and/or emergency medications that the parent/guardian has consented to.

Home Based Providers will administer only the medications that are specified by the parent's consent. All prescribed medications must have

the child's full name and the directions provided by their medical provider in the original container.

*d. Prevention of and response to emergencies due to food and allergic reactions*

Chronic health conditions such as food and allergic reactions require an individual plan of care for the child's individual needs. Children with food allergies must provide written directions from the health care provider. The center posts any child's food allergy restrictions

in all places where food is prepared and informs all staff. In the event of an emergency the parent /guardian is contacted and if needed, 911 is called. The center is also required to have a list of children's allergies during off-site activities, if applicable. If the program has

animals, the provider must notify the parents or guardians of their presence and about any risk of allergies.

*e. Safety of Building and physical premises, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic*

Child care center staff must abide by licensing regulations that describe specific preventions of hazards such as strangulation, electrocution, tripping, entrapment, etc. Home Based Providers must provide a safe outdoor play area with specific requirements regarding bodies of water and access to them. There are health and safety requirements regarding electrical outlets, the use of extension cords, etc. The center is required to have fencing around the premises to ensure safety, and to identify a safe route to and from outdoor play space. Safe routes are intended as a means to provide ample supervision for children and protection from vehicular traffic or potentially threatening scenarios or persons when transporting children between these places.

*f. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment*

All Child Care providers are required to complete training on shaken baby syndrome, abusive head trauma and child maltreatment within 90 days of hire. Trainings are offered through Child Care Education Institute and OCFS training sites. The Education Coordinator, Center Nurse, Child Care Supervisor and Head Home Based Provider inform staff on appropriate developmental practices, recognition of signs of abuse and support staff in stressful situations.

*g. Emergency preparedness and response planning resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1-2) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1-2)).*

SRMT has an Emergency Operations Center (EOC) that works alongside programs for natural disasters. Providers are required to adhere to the direction of the EOC in the event of an emergency situation. Emergency and evacuation drills are conducted throughout the year. The center and Home-Based sites are equipped with emergency kits.

*h. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants*

The center and all home-based sites are required to store hazardous materials in a way that is inaccessible to children. Center licensing standards require storage in the original container or clearly labeled. Universal precautions are taken to include prevention and

minimize exposure to bio contaminants. All

hazardous materials used on site must be included in the Material Safety Data Sheet. All providers are required to take health and safety training that addresses handling and storage of hazardous materials and bio contaminants in their first 90 days of hire.

*i. Precautions in transporting children (if applicable)*

When any provider transports children, they must abide by licensing rules and state laws. The rules state, among other things, that drivers must have a current driver's license; that the driver must have the state required vehicle insurance; that vehicles used must be in good repair and safe operating condition; that there must be emergency contact information for children; that providers must maintain required staff to child ratio and capacity; and that age- appropriate child restraints used in the vehicle must abide by the requirements of state law.

Safe routes are utilized to provide supervision for children and protection from vehicular traffic or potentially threatening scenarios or persons when transporting children between places.

*j. Pediatric first aid and cardiopulmonary (CPR) certification*

The center and group care providers must have at least one person with current CPR/First Aid certification as to infants, children, and adults certified by the American Red Cross, American Safety and Health Institute, or another nationally recognized organization. These certifications must be kept in each staff member/provider files at the center.

*k. Recognition and reporting of child abuse and neglect*

All center child care providers are considered mandatory reporters for child abuse and neglect. During the orientation process, providers are trained on the recognition of abuse and neglect prior to providing care and it is the Home-Based Head Provider's responsibility to ensure staff are also trained. All recognitions of abuse and neglect are reported for further investigation to the Child Abuse Hotline and all required documentation is completed.

**Health and Safety Training Preservice/ Orientation Training**

|                                |  |
|--------------------------------|--|
| <i>Center-based Child Care</i> | 15-hours of training is required for all child care center staff prior to working with children. |
|--------------------------------|--|

|  |   |
|--|---|
| <i>Home Based: Group Care Family Care In Home Care</i> | New providers are required to complete an online orientation packet. This packet includes an overview of all health and safety requirements and specific trainings on the health and safety topics.   |
| <i>Relative Providers</i>                              | Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants, Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment and Prevention of sudden infant death syndrome, The use of safe sleep practices and Precautions in transporting children (if applicable). |

### Ongoing Training Requirements

|                                |   |
|--------------------------------|---|
| <i>Center-based Child Care</i> | Child care center staff are required to take 30 hours of ongoing approved training bi-annually.   |
| <i>Home Based Child Care</i>   | Providers are required to take 15 hours of ongoing approved training bi-annually.<br><br>Relative providers are exempt from this requirement. |

### Monitoring and Enforcement

The center is licensed and monitored by OCFS and is monitored by the SRMT Compliance department to ensure compliance. The center is held to all OCFS licensing standards and SRMT Compliance department standards with regards to health, safety and fire. The OCFS designated licensor conducts both announced and unannounced inspections of the records and premises for the center annually. The SRMT Compliance department conducts health and safety inspections of the facility, including fire inspections annually.

All Home-Based Care options are held to all HHS Tribal child care standards with regards to health, safety, and fire. Each site is monitored by the Child Care Coordinator in collaboration with SRMT Compliance department to ensure they are meeting all standards in regards to health, safety and fire; visits are a minimum of one announced and one unannounced annually. Relative Care homes are visited a minimum of once annually to ensure they are meeting all health, safety and fire standards. If any findings are discovered during a visit, the SRMT works with the family and relative provider to bring the home into compliance. All tribal child care sites are supported by SRMT and given a timeframe to rectify any findings that must be corrected in order to come into compliance.

## **Supervision Ratios and Group Size**

| Age Group              | Teacher to Children | Maximum Group Size |
|------------------------|---------------------|--------------------|
| 6 weeks to 18 months   | 1:4                 | 8                  |
| 18 months to 36 months | 1:5                 | 12                 |
| 3 years                | 1:7                 | 18                 |
| 4 years                | 1:8                 | 21                 |

\*Children must be in the age group listed. If a younger child is in the group then the group ratio becomes the age group of the youngest child. For preschool (age 3+) the majority group age is followed.

### **Home Based Providers**

Potential Home-Based people who want to become a provider, fill out the required paperwork and are FBI background checked when applying to become a provider with the SRMT. If a provider is opening a child care site, an initial inspection is completed by TLAP staff working alongside the SRMT Compliance department. Compliance conducts a square footage of the site and the provider's ratio is determined by the play space available for each child. Provider sites have a minimum of one announced and one unannounced visit annually. Child Care types each have a maximum ratio they are allowed and ratios are determined by the youngest child in the group of children being cared for.

These maximum ratios are below:

#### **Group Care**

Max of 20 children with 1 provider for every 4 children. 1 provider for every 2 infants.

#### **Family Care**

Max of 8 full time children and 4 after school children with the provider if age group allows. 1 provider for every 2 infants.

#### **In Home**

Max of 6 children with provider.

#### **Relative**

Max of 6 children with provider. All children must be relative of provider.

The SAINT REGIS MOHAWK TRIBE follows State and Tribal Health and Safety Standards for Child Care providers except additions, exemptions, and/or variances for relative Child Care which are outlined below.

|  |   |
|--|---|
| Relative Provider Exemptions for Health and Safety Requirements  |   |
| Standard   | Exemption to the HHS Tribal Child Care Standards for Relative Providers   |
| a. Prevention (including immunizations) and control of infectious diseases   | - All families participating in TLAP services must adhere to immunization requirements to qualify for services.   |
| b. Prevention of sudden infant death syndrome and the use of safe sleep practices  | - Required, training will be offered online. This training must be completed within three months of providing care.   |
| c. Administration of medication, consistent with standards for parental control  | - Exempt from these requirements, although they are encouraged to utilize a medication documentation form   |
| d. Prevention of and response to emergencies due to food and allergic reactions  | - Exempt from these requirements, although they are encouraged to receive training to ensure that they know how to prevent and respond to an emergency due to food or other allergic reaction of any child in their care.   |
| e. Safety of Building and physical premises, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic  | - Required, homes will be inspected for these requirements and will be supported to meet building and physical premises safety. This includes proper handling and storage of hazardous materials, identifying and protecting children from potential hazards including bodies of water and vehicle traffic. |
| f. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment   | -Required for all relative providers. Offered through online training and must be completed within the first three months of care.  |
| g. Emergency preparedness and response planning resulting from a natural disaster or a human-caused event (such as violence at a Child Care facility), within the meaning of those terms under section 602(a)(1-2) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1-2)). | - Exempt for these requirements, although encouraged to promote emergency preparedness and response planning and communicate the plan with their families   |
| h. Handling and storage of hazardous materials and the appropriate disposal of   | - Required for all relative providers. Offered through online training and must be completed  |

|  |   |
|--|---|
| bio-contaminants   | within the first three months of care.  |
| i. Precautions in transporting children (if applicable)        | - Required for all relative providers when applicable. Offered through online training and must be completed within the first three months of care. |
| j. Pediatric first aid and cardiopulmonary (CPR) certification | - Exempt but will be encouraged to take training.   |

|   |   |
|---|---|
| k. Recognition and reporting of child abuse and neglect | - Exempt from taking formal training but must take pledge contained in Provider profile packet. |
|---|---|

### Health and Safety Training

SAINT REGIS MOHAWK TRIBE follows the OCFS Health and Safety Standards for All Center Child Care Staff for Health and Safety Training, Preservice/Orientation Training, Ongoing Training, and Monitoring and Enforcement for the State of New York. Tribally registered providers follow the HHS Tribal Child Care standards.

### Orientation Training

Relative providers are required to complete 5 hours of pre-service training in health and safety topics within the first three months of care. Relative providers will be offered the opportunity to obtain a pediatric first aid/CPR certification and offered a training session on recognizing and reporting child abuse.

### Ongoing Training

Relative Providers are required to receive, and document five hours of continuing training in health and safety topics every two years. Certificates of completion, attendance or achievement must be submitted to the Tribal TLAP staff members for inclusion in their provider file.

### Monitoring and Enforcement

SAINT REGIS MOHAWK TRIBE follows the HHS Tribal Child Care Health and Safety Standards for Child Care providers for Health and Safety Training, Orientation Training, Ongoing Training, and Monitoring and Enforcement for the SRMT. Additions, exemptions, and/or variances for relatives are outlined above.

The SAINT REGIS MOHAWK TRIBE Staff will conduct on site monitoring and ensure that each provider is following the guidelines established in the TLAP Plan including training requirements, health and safety requirements, and operations requirements.

The SAINT REGIS MOHAWK TRIBE TLAP works with the SRMT Compliance Department to ensure compliance with inspections. The SAINT REGIS MOHAWK TRIBE TLAP requires that State licensed providers submit copies of the most recent state inspection report to the SAINT REGIS MOHAWK TRIBE TLAP Case Manager within 30 days of the



inspection and within 30 days of any corrective action or follow-up inspection. Appropriate TLAP staff may make visits to state licensed and tribally- registered Child Care providers in order to ensure compliance with health and safety standards established by the Program. Relative providers are not exempt from monitoring and inspections which are performed by SAINT REGIS MOHAWK TRIBE.

SAINT REGIS MOHAWK TRIBE will make one announced monitoring visit annually to each provider. Additionally, at least one unannounced monitoring/inspection is performed for family and group care providers annually and additional visits may be performed as deemed necessary or appropriate.

### **Relative Exemption for Inspection Requirements**

Relative providers receive a home visit from SAINT REGIS MOHAWK TRIBE and Tribal staff for basic health and safety inspection in order to ensure the safety of all children in their care. Each home is inspected on an annual basis.

### **Standards on Ratios, Group Sizes, and Qualifications for Child Care Providers**

For Center-based Child Care, SAINT REGIS MOHAWK TRIBE follows New York State OCFS requirements for the Child Ratios and Age Range definitions and the following applies to home based providers.

Group, Family and In-Home Child Care providers are not exempt from tribal ratios and group sizes.

Child Care Relative Providers are exempt from state ratio and group sizes however TLAP will not pay for more than 7 children in care.

### **Provider Qualifications**

SAINT REGIS MOHAWK TRIBE follows HHS Tribal Child Care Standards for Providers.

Providers must be 18, live outside the household and participate in on-line training within the first three months of care.

### **Background Checks**

SAINT REGIS MOHAWK TRIBE require State and Federal Background Checks for all Child Care Center providers. Home Base providers are required to have all Federal checks with the exception of Relative Child Care these individuals will only be run through the National and State Sex offender registry.

The state background check requirements for Home Base Child Care are currently under development.

Center-based Care is subject to State standards.

The SAINT REGIS MOHAWK TRIBE TLAP performs background checks for all perspective providers except relative care through the SRMT Human Resources Department.

All employees who have regular contact or control over Native American Children are ran through the FBI data base using an approved channeler. We conduct their fingerprinting in Human Resources and the results are sent to us directly. We work with the Program Manager if there are minor or major issues that may prevent them from employment.

All Contractors who are under the umbrella of the Tribe who have regular contact or control over Native American Children are ran through the FBI data base using an approved channeler. We conduct their fingerprinting in Human Resources and the results are sent to us directly. We then send the results to the Child Care Coordinator for adjudication.

All staff who do not have regular contact or control over Native American Children are done through ADP Screening and Solutions for their background checks. This is a non-fingerprinting process and results. We work with the Program Manager if there are minor or major issues that may prevent them from employment.

Grounds for denying or terminating employment based on the background check may include but not limited to the following:

- Any conviction for a sex crime
- An offense involving a child victim or
- A drug felony
- Theft
- Fraud
- Any crime that has a direct threat to the people served
- Identified on the OMIG, GSA, or HHS/OIG exclusion lists
- Violent Crimes

A criminal conviction does not necessarily disqualify an applicant from employment consideration or result in termination of a current employee. Decisions based on such information take into consideration the extent to which the offense relates to the functions of the particular job, the seriousness of the offense, rehabilitation, and length of time since the conviction. No employee may be terminated until charges have been adjudicated. TLAP will pay for required background checks.

|   |          |                                |
|---|----------|--------------------------------|
| Home Based Provider Criminal Background Requirements  |          |                                |
| These checks are performed when an individual register with the SRMT to become a home-based provider. | National | Current State of residence: NY |
| FBI with fingerprint check  | X        |                                |
| National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)                        | X        |                                |
| State sex offender registry or repository   |          | X                              |

Relative Providers are required to have the following background checks:

- New York State Sex Offender Registry
- The National Sex Offender Registry

For Center: The requirements for the comprehensive background checks will be completed using these forms. OCFS will provide written notice as to whether or not the individual is authorized to care for children once the process is complete.

**New York State Criminal History Record Check (form OCFS-4930)**

*NYS Department of Criminal Justice Services*

**National Criminal Record Check (form OCFS-4930)**

*Federal Bureau of Investigation*

**[New](#) York State Sex Offender Registry Search (form OCFS-6001)**

*NYS Department of Criminal Justice Services*

**[National](#) Sex Offender Registry Search (form OCFS-4930)**

*National Crime and Information Center*

**[Statewide](#) Central Register Database Check (form LDSS-3370)**

*SCR of Child Abuse and Maltreatment*

**Staff Exclusion List Check (form OCFS-6022)**

*New York State Justice Center*

**State Sex Offender Registry, Child Abuse or Maltreatment, and Criminal History Repository Search (form OCFS-6001)**

*In each state other than New York where you have lived in the last 5 years*

The SAINT REGIS MOHAWK TRIBE TLAP requires that all providers and staff members with unsupervised access to children undergo a comprehensive background check every five years. This requirement is tracked by either the State or SAINT REGIS MOHAWK TRIBE staff depending on the type of provider. Copies of the background checks are in the provider file.

**Disaster Preparedness and Response**

The Disaster Preparedness and Response plan for Child Care services through the SAINT REGIS MOHAWK TRIBE TLAP is **under development**.

## **Parent/Guardian Rights**

Parents and guardians of children in the Child Care program have the following rights:

- To have unlimited access to their children whenever the children are in the Child Care program. Unlimited and on demand access to children is subject to change based upon the health and safety of the child care environment and emergency situations that may arise.
- To receive information pertaining to parent or guardian options, policies, practices, and concerns which relate to Child Care services
- To be assured that the health and safety of their children are protected
- To appeal decisions related to denial or termination from the program

Additionally, it is intended that clients receive the most appropriate services available with the TLAP guidelines and funding capabilities.

## **Child Care Waivers**

All currently approved child care waivers will remain in effect until rescinded by the Saint Regis Mohawk Tribal Council.