# Child Care and Development Fund

## Report of State and Territory Plans
## FY 2006-2007

Child Care Bureau

The *Child Care and Development Fund Report of State and Territory Plans FY 2006-2007* was prepared by the National Child Care Information Center (NCCIC) under the supervision of program, policy and administration experts from the Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, through contract #233-01-0011 with Caliber, an ICF International Company. This publication is available on the Web at http://nccic.acf.hhs.gov/pubs/stateplan/stateplan-intro.html. Printed copies may be ordered by contacting NCCIC at 800-616-2242 or info@nccic.org.

# Child Care and Development Fund

## Report of State and Territory Plans

## FY 2006-2007

**U.S. Department of Health and Human Services**
Administration for Children and Families
Child Care Bureau

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Administration for Children and Families**
370 L'Enfant Promenade, SW
Washington, DC 20447

Dear Colleagues:

The Child Care Bureau is pleased to announce the release of the *Child Care and Development Fund Report of State and Territory Plans FY 2006-2007*. This report summarizes information in the biennial plans submitted by States and Territories (Lead Agencies) and approved by the Administration for Children and Families (ACF) for the period beginning October 1, 2005, and ending September 30, 2007. The report describes policies that Lead Agencies have implemented to help low-income families pay for child care and to improve the quality and supply of child care. This report offers useful information for policymakers and leaders in the child care field as they plan and launch innovative approaches to respond to the needs of our nation's children and families.

This report features a summary of the strategies that States and Territories are using to prevent, identify and recover improper payments in the child care program. This focus is in response to the President's Management Agenda and the Improper Payment Information Act of 2002. Other special sections of the report describe coordination activities undertaken by Lead Agencies related to child care and early care and education, and their efforts to improve the quality and availability of care, including care for infants and toddlers and school-age children. Also, the report provides an overview of policies related to child care payment rates, eligibility criteria and parent co-payments, all of which can influence access to child care.

In addition, the report documents the progress States and Territories have made in implementing the priorities of the President's *Good Start, Grow Smart* early childhood initiative, which helps enhance children's capacity to enter school ready to learn. As part of the *Good Start, Grow Smart* initiative, States and Territories have developed early learning guidelines for children ages 3 to 5. Since many States have chosen to extend their early learning guidelines to include infants and toddlers, States and Territories are now able to report, for the first time, on their efforts to address the needs of our youngest children.

The Child Care Bureau greatly appreciates the level of detail that States and Territories have provided in the Child Care and Development Fund Plans. These contributions bring to light an array of unique and innovative initiatives to serve children and families. The Child Care Bureau, the ACF Regional Offices and our technical assistance partners are dedicated to supporting the steadfast work of States and Territories as they advance opportunities for children and families to have a promising future.

Sincerely,

Shannon Christian
Associate Director
Child Care Bureau

# Table of Contents

# Table of Contents for Charts and Tables

# Executive Summary

In Fiscal Year (FY) 2006, the Child Care and Development Fund (CCDF) provided $5 billion in Federal block grants to States, Territories and Tribes to improve the affordability, supply and quality of child care in the United States. CCDF helps low-income families obtain child care subsidies that enable them to work, attend training or enroll in education programs. CCDF funding also supports delivery of early care and education services to more than 1.7 million children each month.

Every 2 years, States, Territories and Tribes are required to submit biennial plans outlining how they will implement their share of the CCDF block grant for the next 2 fiscal years. This report presents an overview of CCDF-funded child care assistance programs as they are described in State and Territorial CCDF Plans approved by the Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services for the period October 1, 2005, through September 30, 2007. This report is not a catalog of all activities undertaken by Lead Agencies using CCDF funds and also will not reflect any amendments that States have the flexibility to make anytime during the biennial period.

## Administration

Lead Agencies are the agencies designated to receive CCDF funds and to administer child care assistance programs in their respective States and Territories. As such, they are permitted to administer some or all portions of their programs through other governmental or non-governmental entities. CCDF State Plans for FY 2006-2007 indicate that Lead Agencies work in partnership with multiple Federal, State, Tribal and local entities, including private sector partners, to administer their programs. Only four States and three Territories directly administer and implement all child care services, programs and activities funded under CCDF without partnerships or other funding sources.

In the FY 2006-2007 CCDF Plans, States and Territories provide details about several other key administrative trends:

- Several States keep administrative costs at or below 2 percent of their CCDF allocation, lower than the 5 percent allowed for administrative costs.
- Some States and Territories assign administrative responsibility to local jurisdictions or contractors, most notably regarding eligibility determination and child care referral services for parents. Lead Agencies are more likely to determine eligibility for families receiving Temporary Assistance for Needy Families (TANF) than for non-TANF families.
- States use private donated funds to meet part of the CCDF Matching Fund requirement.
- States use prekindergarten expenditures to meet a portion of the CCDF Maintenance of Effort and/or Matching Fund requirements, changed slightly from FY 2004-2005 CCDF Plans, and the number of States using prekindergarten expenditures at the maximum level permitted continues to grow.

- States and Territories have implemented strategies to prevent and reduce improper payments, including automated data systems; training for providers, parents and agency staff; strict processes for authorization of services and outreach to inform clients and providers. States and Territories follow strategies to identify and measure improper payments, including reviews of client caseloads, monitoring of provider records, monitoring or auditing of Lead Agencies and contractors and establishing monitoring requirements for contractors, Lead Agencies, field offices and local agencies.

- States and Territories use multiple strategies to collect overpayments, and penalize clients and child care providers when it is established that improper payments are the result of fraudulent activities. Strategies include establishing repayment plans, reducing future payments, tax intercepts, provider and client sanctions and criminal prosecution.

## Developing the Child Care Program

States and Territories coordinate with a wide range of entities in the ongoing development and implementation of early childhood initiatives to increase resources for early childhood services and deliver integrated services to children and families. Many combine this coordination with consultation when preparing CCDF Plans.

States and Territories have launched a variety of child care program development initiatives:

- States and Territories carry out consultation activities directly related to the development of their CCDF Plans and public hearing process, while others consider coordination and consultation to be long-term endeavors.

- State Departments of Health, Head Start, special needs programs, Departments of Education, TANF, employment/workforce development agencies and Tribes and Tribal organizations are frequently noted as coordination partners by Lead Agencies. Other organizations that are identified include prekindergarten, child care resource and referral agencies, higher education, school-age programs, local agencies, advocacy organizations, school readiness programs and statewide organizations.

- Many States conduct both coordination and consultation through State commissions, advisory councils and boards.

- States and Territories are at various stages of progress in developing plans for coordination across early childhood programs, in accordance with *Good Start, Grow Smart*.[1]

- An increasing number of States post CCDF Plans and notices of public hearings on their web sites. Some States and Territories post notices of public hearings in newspapers, and a few conduct video conferencing of public hearings to increase participation.

[1] *Good Start, Grow Smart* is President Bush's initiative to help States and local communities strengthen early learning for young children. The goal of *Good Start, Grow Smart* is to help young children enter kindergarten with the skills they need for reading and other early learning activities.

- Child care resource and referral agencies, higher education, foundations and trusts, businesses, nonprofit organizations and United Way agencies are among the entities identified in public-private partnerships. The partnerships work toward developing school readiness initiatives and Quality Rating Systems, raising public awareness, increasing employer involvement with availability and accessibility of early care and education, building systems and supporting facility start-up and enhancement initiatives.

## Child Care Services Offered

States and Territories administer the bulk of CCDF service funds through child care certificates, but many Lead Agencies also negotiate contracts or grants for direct services or reserve slots for specific populations. They award contracts or grants for a variety of purposes, including before- and after-school child care, services to children with special needs, wraparound care for children in Head Start and prekindergarten programs and child care targeted to teen parents, migrant workers and TANF participants.

States and Territories also provide the following information about child care services offered:

- The majority of States and Territories offer child care services, including certificates, throughout the State or Territory, while the remaining States offer some contracts only in targeted areas.

- Many States limit the use of in-home care to families in which a minimum number of children are in care in order to comply with minimum wage laws and the Fair Labor Standards Act. Other limitations include care for children with special needs or medical conditions.

- To ensure families receiving child care assistance have equal access to comparable care purchased by private-paying parents, States and Territories conduct a local Market Rate Survey every 2 years and use its results to explain how payment rates are adequate to ensure equal access.

- States and Territories use rate differentials for care that is more difficult to find or more expensive to provide. Some States and Territories maintain a tiered reimbursement system, either paying higher rates for higher-quality care that meets standards beyond minimum licensing requirements, and/or paying higher rates for care provided to children with special needs, infant or toddler care or care during nontraditional hours or weekends.

- State income eligibility limits for child care assistance range from 34 percent to 85 percent of State Median Income (SMI),[2] with an overall average of 61 percent of SMI, up slightly from the 60 percent average reported in the FY 2004-2005 CCDF Plans.

[2] Not all States use the most current SMI; the SMI used ranges from 1990 to 2006. States identify the most current SMI differently; some define it as FY 2005, while others identify FY 2006.

- A few States use a tiered income eligibility threshold, permitting families to earn more than when they first apply, while continuing to receive child care assistance and make progress toward self-sufficiency.

- In addition to the Federal requirement that all States and Territories give priority to families with very low incomes and families of children with special needs, Lead Agencies often define additional service priorities, such as including families with children receiving protective services, teen parents or families transitioning off TANF. When demand for child care assistance exceeds available funding, some States and Territories maintain waiting lists of parents who have applied for the subsidy and serve families in priority order as funding becomes available.

- Families share in the cost of subsidized child care through a sliding fee scale based on family size and income. States and Territories rely on additional factors besides family size and income to determine a family's copayment. For example, some reduce the copayment for part-time care and waive copayments for families receiving protective services, foster and adoptive families, teen parents and families who have children with special needs. Some States and Territories prohibit child care providers from charging families for the unsubsidized portion of providers' normal fees in addition to their copayment responsibilities.

## Processes with Parents

CCDF Lead Agencies continue to refine processes with parents to build awareness of, and promote access to, child care assistance. States and Territories have implemented the following initiatives and procedures:

- Lead Agencies use their web sites to provide information about child care options, services and assistance. In some States, these web sites feature tools to estimate eligibility and enable applicants to request or complete applications online.

- States and Territories reduce barriers to initial or continuing eligibility by extending office hours to ease families' access to child care subsidies, establishing multiple locations to reduce barriers to subsidy eligibility and simplifying application and/or redetermination procedures.

- Some States do not require, or minimize, the number of in-person visits necessary to determine eligibility, a modification (of policy or procedures) which particularly aids low-income working parents.

- Some States and Territories authorize child care subsidy payments for eligible families for 12 months, with some extending the eligibility period for families whose children also are enrolled in a collaborative Head Start child care program.

- States and Territories continue to track and report complaints filed against child care programs and make such information available to parents. A number of States have automated tracking of complaint information, while others use the Internet to allow parents to request, review or receive complaint information.

- States and Territories are taking steps to afford parents unlimited access to their children in care. Typically, parents are informed directly of related requirements at the time of application or through consumer education materials.

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

By statute, States and Territories must spend no less than 4 percent of their CCDF allocation for quality activities.[3] States and Territories may use these funds for a variety of quality initiatives and, on average, they estimate that 7.5 percent of their CCDF allocation is designated for these purposes. In addition, the U.S. Congress has earmarked portions of CCDF to be spent on quality and to improve services for infants and toddlers, child care resource and referral services and school-age child care.

States and Territories use CCDF funds to support the following quality initiatives:

**Services for Infants and Toddlers**

- Lead Agencies use earmark funds to support classroom assessments based on the Infant/Toddler Environment Rating Scale, as well as an infant and toddler credential to provide appropriate and effective training for infant and toddler caregivers. Other initiatives supported through the infant and toddler earmark include quality improvement grants, infant and toddler specialists or health consultants and evaluation and planning. States and Territories take steps to combine all infant and toddler initiatives in a comprehensive effort, often linking planning and evaluation, program supports and direct services, with a focus on systemic change.

**Resource and Referral**

- All States and Territories provide child care resource and referral services, including dissemination of consumer information and referrals, development of new child care homes and centers and training or technical assistance to child care providers. States offer some or all of these services through contracts with public or private community-based organizations, although a small number also provide child care resource and referral services directly. A few States use child care resource and referral set-aside funds to establish or upgrade data collection systems.

[3] According to the Child Care and Development Block Grant Act of 1990 (42 USC 9801 et seq.), Secs. 658E(c)(3)(B), 658G, quality activities that count toward the set-aside include those for infants and toddlers, child care resource and referral services, school-age child care, comprehensive consumer education, grants, loans to providers to assist in meeting State and local standards, monitoring compliance with licensing and regulatory requirements, training and technical assistance, compensating child care providers and other activities that increase parental choice or improve the quality and availability of child care.

**School-Age Child Care**

- States and Territories use school-age child care funds to support training, fund technical assistance activities or grants with the school-age child care set-aside or offer start-up or expansion grants. A small number of States use the School-Age Care Environment Rating Scale to measure quality improvement.

**Consumer Education**

- States and Territories conduct comprehensive consumer education to improve child care quality, including campaigns to promote greater awareness of the importance of early care and education. A growing number of States use Quality Rating Systems and web sites to educate consumers.

**Grants and Loans to Providers**

- States and Territories use CCDF funds to support child care start-up or expansion grants and loans to providers, including school districts and community-based organizations. States and Territories target funds for quality improvement grants or provide grants or loan programs to support providers pursuing accreditation. A small number of States established grant programs to help early childhood programs improve their star or quality rating level in the State's Quality Rating System.

**Regulatory Compliance**

- States and Territories use CCDF funds, including designating portions of the infant and toddler and school-age child care set-asides, to support licensing staff. A number of States use CCDF quality funds to help pay for new or upgraded automation systems to track compliance with licensing standards.

**Professional Development Activities**

- States and Territories use CCDF quality funds to help build or support a professional development system which, in many States, serves as a framework for a host of training, technical assistance and other quality improvement initiatives.

- States and Territories have launched professional development efforts in partnership with institutions of higher education.

- The number of States that use CCDF funds for T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood®, a scholarship program that links increased education with increased compensation, continues to grow, as does the number of States that are engaged in cross-system training.

- Many States and Territories have programs or incentives designed to increase participation in professional development, and some address how assessments will guide planning, trainings, initiatives or systems.

**Provider Compensation**

- States use CCDF funds to plan or implement strategies aimed at addressing practitioner compensation, describing initiatives such as wage supplements, one-time bonuses or quality awards, linking the wage initiative to a Quality Rating System or supporting child care staff benefit initiatives.

**Language and Literacy**

- States and Territories carry out activities to support development of early language, literacy, pre-reading and numeracy. Lead Agencies are reaching out to partners in other sectors, including libraries, Head Start and Early Head Start agencies and faith-based organizations. States and Territories conduct activities aimed at aligning State early learning guidelines with the professional development system core body of knowledge, Quality Rating Systems or other quality improvement efforts.

**Inclusive Child Care**

- States and Territories are involved in cross-system planning and coordination toward improving early care and education services for children with special needs. Some States and Territories support training to help practitioners serve children with special needs, fund inclusion specialists or have health, mental health or nurse consultants who work with programs to promote inclusion.

**Promoting Healthy Development**

- As part of the Healthy Child Care America initiative, many States engage in cross-system planning to develop coordinated child services delivery systems, and report developing networks of nurse or health consultants. Some States use Healthy Child Care America resources for childhood obesity prevention.

**Other Activities**

- States and Territories have implemented a wide range of other activities to improve child care quality, including development of Quality Rating Systems, support for practitioner accreditation, enhanced coordination with Head Start, Early Head Start and Tribal child care and interagency and local planning.

**Early Learning Guidelines**

- More than half the States and Territories have an implementation plan or are actively implementing early learning guidelines. States and Territories develop trainings specifically designed to support effective use of standards in early education programs and link with other professional development initiatives to increase access to training. A number of States have relationships with community colleges and institutions of higher education to help practitioners gain the core competencies needed to support children's learning effectively.

- States and Territories have an increased focus on child assessment linked to early learning guidelines. Some States conduct evaluations of programs linked to early learning guidelines or evaluations of early learning guidelines training.

**Professional Development Plans**

- All States and Territories are undertaking some level of effort to plan, develop, implement or refine their professional development plans. In all cases, the Lead Agency plays a key role in supporting State or Territory early childhood professional development.

- Professional development efforts in many States and Territories include a specific link to early learning guidelines. Some States and Territories provide early learning guidelines training and technical assistance to center- and home-based early childhood staff, while others have professional development plans that include support, access and outreach strategies for family, friend and neighbor caregivers.

## Health and Safety Requirements

Many States require all facilities, even those that may otherwise be exempt, to meet licensing requirements to receive CCDF funds. The number of States that subject relative providers to some or all of the health and safety requirements that other child care providers must meet remains constant.

States and Territories also address health and safety requirements in child care:

- In many States, child care providers are subject to unannounced monitoring visits, and in all States providers are subject to background checks.

- Providers in all Territories are subject to the same health and safety requirements other child care providers must meet.

- Child care providers in all Territories also are subject to unannounced monitoring visits, requiring providers to have background checks and requiring them to report serious injuries that occur while a child is in care.

## Conclusion

The FY 2006-2007 CCDF Plans highlight the efforts of Lead Agencies across the country as they work to improve the effectiveness, affordability and supply of child care for low-income families, while making quality investments. The information presented in the CCDF Plans lends useful insight for crafting collaborative action that will be responsive to current and emerging needs of child care administrators, parents, providers and the public, and will increase our national capacity to offer quality care that makes a difference in the lives of children and families.

# Introduction

Child care assistance supports low-income families by enabling them to work or participate in education or training. In addition, it advances efforts to improve the quality and supply of child care nationwide. The Child Care and Development Fund (CCDF) provides $5 billion in block grants to States, Territories and Tribes to subsidize the cost of child care for low-income families. This funding helps deliver early care and education services to more than 1.7 million children in the United States each month, enhancing their potential to enter school ready to learn.[1]

Although States and Territories have a great deal of flexibility under CCDF to develop child care policies and programs that best suit the needs of children and parents, States and Territories must spend a percentage of their CCDF funds to improve the quality of care through activities such as consumer education, technical assistance and training and grants and loans to providers. In addition, CCDF stipulates specially earmarked funds for school-age care, resource and referral services and services to infants and toddlers.

## Purpose of This Report

States and Territories must submit a biennial plan as part of the process of applying for CCDF funds.[2] Lead Agencies submitted Fiscal Year (FY) 2006-2007 CCDF Plans on July 1, 2005, which were approved to take effect October 1, 2005. The *Child Care and Development Fund Report of State and Territory Plans FY 2006-2007* summarizes CCDF Plans as approved by the Administration for Children and Families, U.S. Department of Health and Human Services, and provides an overview of State and Territory efforts at the beginning of FY 2006.[3] The report also identifies trends in policies and activities funded through CCDF, making it a valuable resource for understanding this important block grant program.

## Report Development

The *Child Care and Development Fund Report of State and Territory Plans FY 2006-2007* was prepared by the National Child Care Information Center (NCCIC) under the supervision of program, policy and administration experts from the Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. NCCIC reviewed copies of approved CCDF Plans and relevant attachments submitted by Lead Agencies and, in some instances, conducted follow-up queries of Lead Agencies via the Child Care Bureau.

Throughout the report, the number of States and Territories reporting particular information in the CCDF Plans is identified. Information is provided from 51 States and five Territories, as

---

1 After including Temporary Assistance for Needy Families (TANF) Direct, Social Services Block Grant and excess Maintenance of Effort (State dollars), 2.3 million children are served each month (based on CCDF administrative data [ACF-801] and financial data from CCDF [ACF-696], TANF and Social Services Block Grant programs).

2 CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

3 For this report, data from FY 2004-2005 CCDF Plans are used for the following States and Territories: American Samoa, Massachusetts and the Virgin Islands.

identified in the chart below. The District of Columbia is categorized as a State. The five Territories included in this report are American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico and the Virgin Islands. Charts and tables present combined data from States and Territories, rather than separate counts for each. In previous reports, Territories were not fully incorporated into summary data, although Puerto Rico was included and counted as a State in summary data. In this report, when comparisons are made to data in earlier CCDF Plans, counts have been revised to reflect current State and Territory designations.

The report uses the following abbreviations to identify States and Territories:

| State/Territory | Abbreviation | State/Territory | Abbreviation |
|---|---|---|---|
| Alabama | AL | Missouri | MO |
| Alaska | AK | Montana | MT |
| American Samoa | AS | Nebraska | NE |
| Arizona | AZ | Nevada | NV |
| Arkansas | AR | New Hampshire | NH |
| California | CA | New Jersey | NJ |
| Colorado | CO | New Mexico | NM |
| Commonwealth of the Northern Mariana Islands | CNMI | New York | NY |
| Connecticut | CT | North Carolina | NC |
| Delaware | DE | North Dakota | ND |
| District of Columbia | DC | Ohio | OH |
| Florida | FL | Oklahoma | OK |
| Georgia | GA | Oregon | OR |
| Guam | GU | Pennsylvania | PA |
| Hawaii | HI | Puerto Rico | PR |
| Idaho | ID | Rhode Island | RI |
| Illinois | IL | South Carolina | SC |
| Indiana | IN | South Dakota | SD |
| Iowa | IA | Tennessee | TN |
| Kansas | KS | Texas | TX |
| Kentucky | KY | Utah | UT |
| Louisiana | LA | Vermont | VT |
| Maine | ME | Virgin Islands | VI |
| Maryland | MD | Virginia | VA |
| Massachusetts | MA | Washington | WA |
| Michigan | MI | West Virginia | WV |
| Minnesota | MN | Wisconsin | WI |
| Mississippi | MS | Wyoming | WY |

The information presented in the report reflects *some* of the activities and strategies planned to be undertaken by States and Territories that were presented in the approved CCDF Plans. The report is not a catalog of all activities undertaken by Lead Agencies using CCDF funds since States and Territories might not have included all activities in their CCDF Plans, which also may be amended during the biennial period.

To highlight the variety of activities undertaken by Lead Agencies, the report includes examples that have been excerpted from the CCDF Plans. The examples are cited for illustrative purposes only.

## Report Format

The *Child Care and Development Fund Report of State and Territory Plans FY 2006-2007* is organized into seven parts, which correspond to the format established in the CCDF Plan Preprint[4] (Form ACF-118):

- Part 1: Administration
- Part 2: Developing the Child Care Program
- Part 3: Child Care Services Offered
- Part 4: Processes with Parents
- Part 5: Activities and Services to Improve the Quality and Availability of Child Care
- Part 6: Health and Safety Requirements for Providers
- Part 7: Health and Safety Requirements in the Territories

The parts are divided into sections that cover information provided by Lead Agencies to comply with CCDF statute and Federal regulations. Lead Agencies are required to respond to questions based on guidance that accompanies the preprint (ACYF-PI-CC-05-05). The preprint and guidance are available on the Child Care Bureau's web site at http://www.acf.hhs.gov/programs/ccb/policy1/current/pi0505/pi0505.htm.

In addition, a list of common acronyms and a glossary of key terms appear at the end of the report. CCDF Lead Agency contact information is listed in Appendix 1, page 311, and a summary of terms specifically related to eligibility and priority for child care services is provided in Appendix 2, page 319.

[4] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint, FFY 2006-2007*. Retrieved November 23, 2005, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/preprint_2006_final.htm.

## For Additional Information

CCDF Plans are public information and are part of the public record. Current Plans, including amendments, are available from CCDF Lead Agencies. In addition, NCCIC provides links to CCDF Plans on the Web at http://nccic.acf.hhs.gov/pubs/stateplan/state-urls.html.

NCCIC also provides the following:

- A complete list of all State and Territory TANF definitions at http://nccic.acf.hhs.gov/pubs/stateplan2006-07/index.html.
- A complete list of all State and Territory eligibility and priority terminology for child care services at http://nccic.acf.hhs.gov/pubs/stateplan2006-07/index.html.
- A list of CCDF Lead Agency contacts at http://nccic.acf.hhs.gov/statedata/dirs/display.cfm?title=ccdf.
- Electronic versions of the *Child Care and Development Fund Report of State and Territory Plans FY 2006-2007* as well as previous plan period reports at http://nccic.acf.hhs.gov/pubs/stateplan/stateplan-intro.html.

# PART 1 ADMINISTRATION

All States and Territories designate a Lead Agency to oversee administration of the Child Care and Development Fund (CCDF). In Part 1 of the CCDF Plan, the Lead Agency provides information about the funds available for child care, including Temporary Assistance for Needy Families and private-donated funds. Information also is provided on the administration and implementation of child care services, including determination of eligibility, payments to providers and policies to prevent and reduce improper payments.[1]

## Section 1.1 and 1.2 – Lead Agency Information and State Child Care (CCDF) Contact Information

In their Child Care and Development Fund (CCDF) Plans, States and Territories identify their CCDF Lead Agency, the agency that *"… has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto.* **(658D, 658E)***"*[2, 3] States and Territories also provide contact information for the Lead Agency. The designated Lead Agency for each State and Territory, and contact information, are included as Appendix 1, page 311. This list is also available at http://nccic.acf.hhs.gov/statedata/dirs/display.cfm?title=ccdf.

## Section 1.3 – Estimated Funding

*The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2005 through September 30, 2006.* **(§98.13(a))**

This section provides information on the State and Territory funds available for child care activities from the Child Care and Development Fund (CCDF), Temporary Assistance for Needy Families (TANF) and State sources. The amounts listed are for informational purposes only and represent the first year of the Fiscal Year (FY) 2006-2007 CCDF Plan period (October 1, 2005, through September 30, 2006). Table 1.3 lists estimated amounts for Federal CCDF, Federal TANF transfer to CCDF, direct Federal TANF spending on child care, State Maintenance of Effort Funds and State Matching Funds.[4]

---

1 Data provided for American Samoa, Massachusetts and the Virgin Islands are from Fiscal Year 2004-2005 CCDF Plans.

2 CCDF Plan Preprint text appears in italics throughout this report. References to relevant laws and regulations appear in bold.

3 Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint, FFY 2006-2007*. Retrieved November 23, 2005, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/preprint_2006_final.htm.

4 After State and Territory CCDF Plans were submitted and approved, the Child Care Bureau issued FY 2006 CCDF allocation and earmark amounts for States and Territories. See Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, June). *FY 2006 CCDF allocations and earmarks for states and territories*, which is available at http://www.acf.hhs.gov/programs/ccb/policy1/current/allocations2006/allocations.htm.

## TABLE 1.3
### Estimated Funding for Child Care Services, Federal CCDF, TANF and State Monies[1]

| State/Territory | CCDF | TANF Transfer to CCDF | Direct Federal TANF Spending | State Maintenance of Effort | State Matching Funds | Total Funds Available |
|---|---|---|---|---|---|---|
| Alabama | $80,373,676 | $20,800,000 | $0 | $6,896,417 | $9,207,558 | $117,277,652 |
| Alaska | $11,323,802 | $13,100,000 | $15,973,356 | $3,544,811 | $3,682,512 | $47,624,485 |
| American Samoa*† | $2,646,159 | NA | NA | NA | NA | $2,646,159 |
| Arizona | $99,629,148 | $0 | $8,020,300 | $10,032,936 | $14,736,676 | $132,419,060 |
| Arkansas | $43,793,956 | $6,000,000 | $0 | $1,886,543 | $4,635,671 | $56,316,170 |
| California | $509,416,600 | $384,250,000 | $351,300,000 | $85,593,200 | $194,509,900 | $1,525,069,700 |
| Colorado | $58,200,000 | $30,000,000 | NK | $8,900,000 | $24,000,000 | $121,100,000 |
| Commonwealth of the Northern Mariana Islands† | $1,717,364 | NA | NA | NA | NA | $1,717,364 |
| Connecticut | $49,890,681 | $0 | $0 | $18,738,357 | $16,699,890 | $85,328,928 |
| Delaware | $13,648,974 | $0 | $0 | $5,179,325 | $3,883,131 | $22,711,430 |
| District of Columbia | $10,273,074 | $18,521,963 | $11,000,000 | $ 4,566,974 | $ 2,427,498 | $46,789,509 |
| Florida | $235,016,088 | $122,549,158 | $111,727,724 | $33,415,872 | $54,628,997 | $557,337,839 |
| Georgia | $158,230,685 | $29,700,000 | $0 | $22,182,651 | $30,559,821 | $240,673,157 |
| Guam† | $4,104,980 | NA | NA | NA | NA | $4,104,980 |
| Hawaii | $19,254,197 | $19,780,000 | $0 | $4,971,630 | $4,263,616 | $48,269,443 |
| Idaho | $22,086,034 | 7,692,000 | $0 | $1,175,819 | 3,233,984 | $33,690,300 |
| Illinois | $201,760,989 | $0 | $120,000,000 | $56,873,825 | $309,365,186 | $688,000,000 |
| Indiana | $100,447,494 | $5,000,000 | $0 | $15,356,947 | $19,350,900 | $140,155,341 |
| Iowa | $40,426,890 | $21,806,560 | $0 | $5,078,586 | $7,730,754 | $75,042,790 |
| Kansas | $42,803,227 | $17,510,175 | $0 | $6,673,024 | $12,440,798 | $79,427,224 |
| Kentucky | $71,660,479 | up to $54,386,300 | up to $17,000,000 | $7,274,537 | $8,284,139 | $158,605,455 |
| Louisiana[2] | $109,010,740 | $27,721,711 | $28,380,576 | $5,219,488 | $9,733,632 | $180,066,147 |
| Maine | $15,321,898 | $7,784,613 | $8,000,000 | $1,749,818 | $2,889,142 | $35,747,471 |
| Maryland | $78,237,087 | $10,285,667 | $0 | $23,301,407 | $27,931,211 | 140,481,331 |
| Massachusetts* | $103,775,824 | $91,874,224 | $92,000,000 | $44,973,373 | $30,946,749 | $363,570,170 |
| Michigan | $143,300,000 | $0 | $171,110,000 | $24,400,000 | $39,500,000 | $378,310,000 |
| Minnesota | $74,000,000 | $36,000,000 | $0 | $19,700,000 | $24,800,000 | $154,500,000 |
| Mississippi | $54,869,565 | $19,000,000 | NK | NK | $4,582,591 | $78,452,156 |
| Missouri | $91,554,701 | $20,712,684 | $0 | $16,548,755 | $16,969,626 | $145,785,766 |
| Montana | $12,958,259 | $7,287,356 | $0 | $1,313,990 | $1,674,404 | $23,234,009 |
| Nebraska | $31,386,626 | $9,000,000 | $0 | $6,498,998 | $12,044,203 | $58,929,827 |
| Nevada | $27,833,448 | $0 | $0 | $2,580,421 | $9,426,937 | $39,840,806 |
| New Hampshire | $15,539,682 | $3,021,021 | $0 | $4,581,870 | $6,055,091 | $29,197,664 |
| New Jersey | $108,500,000 | $65,200,000 | $0 | $26,400,000 | $48,800,000 | $248,900,000 |
| New Mexico | $30,906,996 | $31,992,700 | $0 | $2,895,259 | $3,451,707 | $69,246,662 |
| New York[3] | $306,000,000 | NK | NK | $ 102,000,000 | $110,000,000 | NK |
| North Carolina | $177,270,328 | $81,292,880 | $35,331,547 | $37,927,282 | $24,492,354 | $356,314,391 |

**TABLE 1.3**
**Estimated Funding for Child Care Services, Federal CCDF, TANF and State Monies[1]**

| State/Territory | CCDF | TANF Transfer to CCDF | Direct Federal TANF Spending | State Maintenance of Effort | State Matching Funds | Total Funds Available |
|---|---|---|---|---|---|---|
| North Dakota | $9,086,112 | $0 | $1,136,707 | $1,017,036 | $1,404,377 | $12,644,232 |
| Ohio | $197,529,280 | $0 | $240,443,351 | $45,403,943 | $39,216,653 | $635,849,227 |
| Oklahoma | $67,800,000 | $29,500,000 | $45,900,000 | $10,600,000 | $7,500,000 | $161,300,000 |
| Oregon | $59,336,139 | $0 | $0 | $11,714,966 | $11,224,000 | $82,275,105 |
| Pennsylvania | $174,342,949 | $178,511,000 | $35,056,000 | $46,629,051 | $56,664,000 | $491,203,000 |
| Puerto Rico† | $38,641,309 | $3,591,046 | NA | NA | NA | $42,232,355 |
| Rhode Island | $17,400,000 | $13,700,000 | $0 | $5,321,126 | $4,017,000 | $77,000,000 |
| South Carolina | $67,205,998 | $1,300,000 | $0 | $4,085,269 | $8,507,426 | $81,098,693 |
| South Dakota | $18,259,863 | $0 | $0 | $802,914 | $1,697,932 | $20,760,709 |
| Tennessee | $112,058,800 | $63,911,600 | $0 | $18,975,800 | $16,589,900 | $211,536,100 |
| Texas | $405,085,748 | $0 | $0 | $27,745,141 | $43,682,956 | $478,513,845 |
| Utah | $37,699,563 | $0 | $0 | $4,474,923 | $1,100,000 | $43,274,486 |
| Vermont | $9,774,049 | $9,224,074 | $2,796,735 | $2,666,323 | $1,682,466 | $26,143,647 |
| Virgin Islands*† | $2,094,534 | NA | NA | NA | NA | $2,094,534 |
| Virginia | $97,989,616 | $5,000,000 | $0 | $21,328,762 | $36,424,645 | $160,743,023 |
| Washington | $105,813,726 | $95,000,000 | $46,000,000 | $38,707,605 | $30,359,606 | $315,880,937 |
| West Virginia | $30,172,296 | $0 | $20,000,000 | $2,971,392 | $2,821,588 | $55,965,276 |
| Wisconsin | $81,379,619 | $63,155,400 | $159,398,800 | $16,449,400 | $18,772,350 | $339,155,569 |
| Wyoming | $7,923,927 | $3,600,000 | $0 | $1,553,707 | $1,922,008 | $14,999,642 |

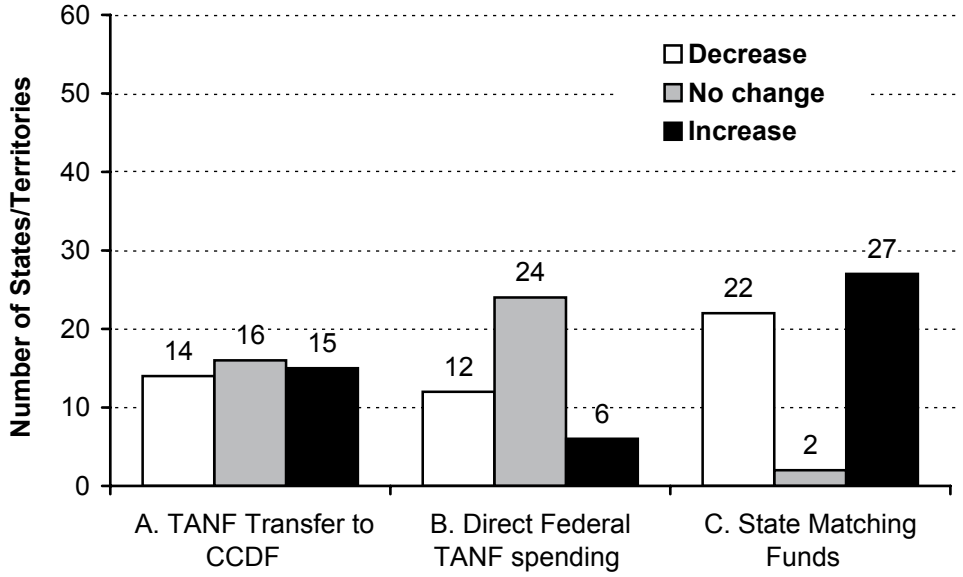
Key: NA=Not Applicable; NK=Not Known.

* Data provided for AS, MA and VI are from the FY 2004-2005 CCDF Plans.
† AS, CNMI, GU and VI only receive CCDF Discretionary Funds. PR receives TANF Transfer Funding.

[1] This table presents estimated funding amounts as reported by the States and Territories; calculation inaccuracies were not corrected to avoid data interpretation.
[2] **Louisiana:** Direct TANF spending includes Louisiana standards for programs serving 4-year-olds and the accompanying grade level expectations (which includes Starting Points): $17,000,000; parent education: $732,660; parent/child enrichment: $1,674,603; public awareness: $473,313 and non-public school 4-year-olds program: $8,500,000.
[3] **New York:** Federal TANF transfer to CCDF, direct Federal TANF spending on child care and total funds available will not be known until enactment of the State Fiscal Year (SFY) 2005-2006 and SFY 2006-2007 budgets and FY 2005-2006 Federal budget.

Chart 1.3 illustrates the change in state-estimated funding from these funding streams between FY 2004 and FY 2006.

**CHART 1.3**
**FY 2004 to FY 2006**
**Change in State and Territory Estimated Funding for Child Care Services by Type of Fund**




| | |
|---|---|
| A | AK, CA, FL, HI, IA, ID, KS, LA, NJ, NM, OK, SC, VA, WY |
| | AR, AZ, CO, CT, DC, DE, GU, NE, NV, OH, OR, TX, VT, WA, WI, WV |
| | AL, GA, IN, KY, MD, ME, MN, MO, MT, NC, NH, PA, PR, RI, TN |
| B | CA, FL, LA, MI, OK, OR, PA, SD, TN, VA, WA, WV |
| | AL, AR, CT, DC, DE, GA, GU, HI, IA, KS, KY, MD, MN, MO, MT, NH, NJ, NM, NV, RI, SC, TX, VT, WY |
| | AK, AZ, ME, NC, OH, WI |
| C | AR, CT, DC, DE, IA, IN, KY, ME, MN, MO, ND, NH, NM, NV, OH, OK, OR, RI, SC, SD, VT, WA |
| | GU, HI |
| | AK, AL, AZ, CA, CO, FL, GA, ID, IL, KS, LA, MD, MI, MS, MT, NC, NE, NJ, NY, PA, TN, TX, UT, VA, WI, WV, WY |

Several States and Territories are not included in the counts because data are not available for either FY 2004 or FY 2006.

Fourteen States (AK, CA, FL, HI, IA, ID, KS, LA, NJ, NM, OK, SC, VA, WY) report a decrease in the amount of TANF transfer funds to CCDF.

Fifteen States (AR, AZ, CO, CT, DC, DE, NE, NV, OH, OR, TX, VT, WA, WI, WV) and one Territory (GU) report no change in the amount of TANF transfer funds to CCDF.

Fourteen States (AL, GA, IN, KY, MD, ME, MN, MO, MT, NC, NH, PA, RI, TN) and one Territory (PR) report an increase in the amount of TANF transfer funds to CCDF.

Twelve States (CA, FL, LA, MI, OK, OR, PA, SD, TN, VA, WA, WV) report a decrease in the amount of direct Federal TANF spending.

Twenty-three States (AL, AR, CT, DC, DE, GA, HI, IA, KS, KY, MD, MN, MO, MT, NH, NJ, NM, NV, RI, SC, TX, VT, WY) and one Territory (GU) report no change in the amount of direct Federal TANF spending.

Six States (AK, AZ, ME, NC, OH, WI) report an increase in the amount of direct Federal TANF spending.

Twenty-two States (AR, CT, DC, DE, IA, IN, KY, ME, MN, MO, ND, NH, NM, NV, OH, OK, OR, RI, SC, SD, VT, WA) report a decrease in the amount of State Matching Funds.

One State (HI) and one Territory (GU) report no change in the amount of State Matching Funds.

Twenty-seven States (AK, AL, AZ, CA, CO, FL, GA, ID, IL, KS, LA, MD, MI, MS, MT, NC, NE, NJ, NY, PA, TN, TX, UT, VA, WI, WV, WY) report an increase in the amount of State Matching Funds.

## Section 1.4 – Estimated Administration Cost

*The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed five percent).* **(658E(c)(3), §§98.13(a), 98.52)**

Administrative costs are capped at five percent of the State and Territory Child Care and Development Fund (CCDF) allocation, as required by the CCDF Final Rule.[5] Table 1.4 identifies the amounts and percentages States and Territories estimate they will spend on administration of the block grant.

The national average percentage of the CCDF allocation spent on administration costs remained the same between Fiscal Year (FY) 2004 and FY 2006 (4 percent); however, in 25 States, expenditures on administration costs changed.

Twelve States (CO, IA, IN, KS, ME, MO, NC, NJ, OK, RI, SD, WV) report a decrease in the estimated costs of CCDF administration.

Twenty-four States (AL, AR, AZ, CT, DC, DE, FL, GA, HI, ID, KY, MD, MI, MT, NM, NV, NY, OR, SC, TX, VA, WA, WI, WY) and two Territories (GU, PR) report no change in the estimated costs of CCDF administration.

Thirteen States (AK, CA, LA, MN, MS, ND, NE, NH, OH, PA, TN, UT, VT) report an increase in the estimated costs of CCDF administration.

[5] CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

## TABLE 1.4
### Estimated Costs of CCDF Administration

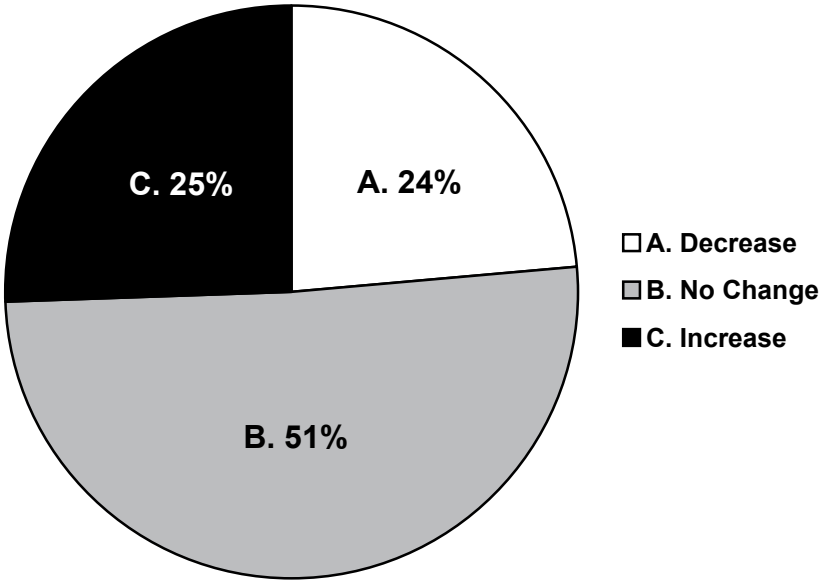
| State/Territory | Estimated Amount of CCDF | Estimated Percent of CCDF |
|---|---|---|
| Alabama | $5,519,062 | 5.00% |
| Alaska | $1,200,000 | 4.27% |
| American Samoa* | $132,308 | 5.00% |
| Arizona | $6,219,938 | 5.00% |
| Arkansas | $2,189,698 | 5.00% |
| California | $13,676,000 | 1.10% |
| Commonwealth of the Northern Mariana Islands | $85,868 | 5.00% |
| Colorado | $2,400,000 | 2.20% |
| Connecticut | $981,000 | 2.00% |
| Delaware | $863,754 | 5.00% |
| District of Columbia | $1,439,752 | 5.00% |
| Florida | $22,280,000 | 5.00% |
| Georgia | $10,924,525 | 5.00% |
| Guam | $205,249 | 5.00% |
| Hawaii | $2,165,300 | 5.00% |
| Idaho | $1,266,000 | 5.00% |
| Illinois | $11,600,000 | 4.00% |
| Indiana | $3,144,680 | 2.00% |
| Iowa | $1,500,000 | 2.00% |
| Kansas | $1,546,833 | 2.13% |
| Kentucky | $3,583,024 | 5.00% |
| Louisiana | $3,000,000 | 2.40% |
| Maine | $550,000 | 3.00% |
| Maryland | $7,107,006 | 5.00% |
| Massachusetts* | $3,800,000 | 1.70% |
| Michigan | $3,100,000 | 2.00% |
| Minnesota | $3,300,000 | 2.50% |
| Mississippi | $1,403,821 | 4.23% |
| Missouri | $1,085,243 | 0.80% |
| Montana | $1,096,001 | 5.00% |

| TABLE 1.4<br>Estimated Costs of CCDF Administration | | |
|---|---|---|
| **State/Territory** | **Estimated Amount of CCDF** | **Estimated Percent of CCDF** |
| Nebraska | $2,316,541 | 4.00% |
| Nevada | $1,992,040 | 5.00% |
| New Hampshire | $1,230,789 | 5.00% |
| New Jersey | $9,200,000 | 3.70% |
| New Mexico | $1,862,698 | 5.00% |
| New York | $20,800,000 | 5.00% |
| North Carolina | $7,090,813 | 2.50% |
| North Dakota | $524,524 | 5.00% |
| Ohio | $11,812,297 | 5.00% |
| Oklahoma | $7,300,000 | 4.50% |
| Oregon | $2,966,806 | 5.00% |
| Pennsylvania | $4,881,000 | 1.90% |
| Puerto Rico | $1,932,065 | 5.00% |
| Rhode Island | $1,300,000 | 3.70% |
| South Carolina | $3,785,671 | 5.00% |
| South Dakota | $549,589 | 3.00% |
| Tennessee | $3,000,000 | 1.60% |
| Texas | $22,438,435 | 5.00% |
| Utah | $1,884,978 | <5.00% |
| Vermont | $1,045,746 | 5.00% |
| Virgin Islands* | $104,726 | 5.00% |
| Virginia | $6,970,713 | 5.00% |
| Washington | $11,550,000 | 5.00% |
| West Virginia | $1,649,694 | 5.00% |
| Wisconsin | $16,957,780 | 5.00% |
| Wyoming | $576,196 | 5.00% |

* Data provided for AS, MA and VI are from the FY 2004-2005 CCDF Plans.

Chart 1.4 illustrates the percentage of States and Territories experiencing change in the estimated expenditure to administer the child care program funded by CCDF.

**CHART 1.4**
**FY 2004 to FY 2006**
**Change in State and Territory Estimated Costs of CCDF Administration**




| | |
|---|---|
| A | CO, IA, IN, KS, ME, MO, NC, NJ, OK, RI, SD, WV |
| B | AL, AR, AZ, CT, DC, DE, FL, GA, GU, HI, ID, KY, MD, MI, MT, NM, NV, NY, OR, PR, SC, TX, VA, WA, WI, WY |
| C | AK, CA, LA, MN, MS, ND, NE, NH, OH, PA, TN, UT, VT |

N=51 (Data are not available for AS, CNMI, IL, MA or VI.)

## Section 1.5 – Administration of the Program

Child Care and Development Fund (CCDF) Plans for Fiscal Year (FY) 2006-2007 indicate that Lead Agencies continue to work in partnership with multiple Federal, State, Tribal and local entities, including private sector partners, to administer the program. Most CCDF Lead Agencies contract with non-governmental entities to implement all or some portions of the program. Child care resource and referral services and quality improvement activities are the most common services implemented through contracts with other agencies.

*Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?*

Four States (AR, KY, NM,[6] OK) and three Territories (AS, CNMI, GU) respond that the Lead Agency directly administers and implements all services, programs and activities funded under the CCDF Act.

Forty-seven States (AK, AL, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NV, NY, OH, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and two Territories (PR, VI) report that the Lead Agency does not directly administer and implement all services and activities.

*The following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies:* **(658D(b)(1)(A), §98.11)**

States and Territories identify several strategies through which the Lead Agency maintains overall control when services or activities are provided through other agencies and/or entities. Lead Agencies in several States and Territories have established environmental control strategies, such as an emphasis on competence or assignment of authority and responsibility. Lead Agencies report that overall control activities are in place to ensure accountability and effective achievement of program goals, with ongoing monitoring to examine and evaluate contractor and grantee performance.

Seventeen States (AK, CA, CO, DC, HI, KS, LA, MA, ME, MT, NC, ND, PA, TN, TX, VT, WI) report that the Lead Agency provides technical assistance and/or training to all contractors and grantees to help maintain and improve job competency. These States also report that periodic evaluation and meetings help identify problem areas.

**Montana's** program staff develops and writes program policy and rules, provides training and technical assistance, develops and monitors CCDF program operations and budget, prepares and submits reports to the Federal government and oversees the State child care system.

**North Carolina's** Lead Agency provides training and technical assistance to local purchasing agency personnel, helps them interpret State child care subsidy policies and conducts onsite monitoring of the subsidized child care program to ensure funds are spent appropriately.

Sixteen States (DC, DE, GA, HI, KS, MD, MI, MO, NE, NJ, NY, OR, TX, UT, VA, WA) indicate the Lead Agency establishes memoranda of understanding or coordinates with other State agencies.

**Delaware's** Lead Agency maintains a memorandum of understanding with the Department of Services for Children, Youth, and Their Families to improve the quality of child care by establishing and enforcing requirements and standards for licensed child care providers. The agency conducts provider training, which is coordinated with early childhood education to create career development opportunities.

[6] The Lead Agency reports that the New Mexico Human Services Department determines eligibility for Temporary Assistance for Needy Families (TANF).

Eighteen States (AK, AZ, CO, HI, IA, IL, IN, MA, ME, MT, NC, ND, NJ, OH, PA, TX, WA, WV) indicate the Lead Agency establishes rules and policies for all child care services and provides policy manuals and/or procedural guides to contractors and grantees.

> In **Washington**, the Department of Social and Health Services is the point of contact regarding the administration of funds, determines use and priorities for block grant expenditures, promulgates administrative rules and regulations, submits required reports, ensures compliance with the Plan and Federal requirements, oversees expenditures to subgrantees and contractors, monitors programs and resources and fulfills responsibilities related to complaints, compliance, hearings and appeals.

Twenty-three States (AK, CO, DC, DE, FL, IL, IN, KS, MA, ME, MO, MS, NC, NH, NJ, NY, OR, TN, TX, VA, WI, WV, WY) report that the Lead Agency specifies performance indicators or measurements in contracts with other entities.

> In **Colorado**, contracts for CCDF-funded services feature the CCDF Final Rule as an exhibit. Contracts also include contractor work plans that stipulate performance indicators, outcome measures, products, deliverables and performance standards which relate to increasing the quality, availability and affordability of child care.

Twenty-nine States (AK, AL, CO, DC, FL, HI, ID, IL, IN, LA, MA, ME, MI, MO, MS, MT, NC, NH, NJ, NV, OR, PA, RI, TN, TX, UT, WI, WV, WY) specify that the Lead Agency monitors contractors to ensure compliance with agreements.

> **Idaho** maintains overall control of contracts through monthly monitoring by the Lead Agency contracts and external resource management team to ensure compliance. Additional control mechanisms include amending contracts to reflect changing circumstances, assisting with negotiations, reviews of vendor records to ensure compliance with record keeping provisions and contract performance standards and researching contract-related questions from the vendor or State management.

Twenty-seven States (AK, AZ, CA, CO, DC, DE, FL, GA, HI, ID, IL, IN, MA, MD, ME, MN, MS, NC, OH, RI, SC, SD, TX, VA, WA, WI, WV) and one Territory (VI) indicate that the Lead Agency oversees and monitors financial compliance.

> The Lead Agency in **Mississippi** has internal management tools to help ensure all obligation and liquidation deadlines are met. Monthly fiscal reports depicting obligations and expenditures, organized by priority populations and designated agencies, are prepared and submitted to the Office for Children and Youth Director for review. Fiscal reports generated by each designated agency on the Child Care Information System serve as supporting documentation for the statewide report submitted to the Office for Children and Youth Director. To maintain the highest possible level of data integrity, Office for Children and Youth fiscal staff reviews the transactional aspects incurred in each priority population and, before preparing the statewide report, consults with the appropriate designated agent regarding the validity of those transactions.

**Rhode Island's** Department of Human Services Financial Management staff monitors for compliance with approved budgets and expenditures. Annual audits are required for expenditures under the contract budget.

Twenty-six States (AK, AL, AZ, CA, CO, CT, DE, FL, GA, IL, MA, MN, MT, NH, NJ, OH, RI, SC, SD, TN, TX, VA, VT, WA, WV, WY) and one Territory (VI) report that the Lead Agency monitors contractors and/or local government agencies to ensure compliance with Federal and State rules.

In **Alabama**, child care management agencies and quality enhancement agencies are monitored yearly by the Lead Agency to determine compliance with contracts, applicable Federal and State laws and regulations and Department policies and procedures.

The **Colorado** Board of Human Services adopts regulations that counties must adhere to when administering the child care program. Under these regulations, counties are given flexibility to set county-specific policies as long as they do not conflict with State or Federal regulations. State child care assistance program staff monitor counties throughout the year to ensure program compliance.

Fifteen States (AZ, CA, CO, DC, MA, MS, NJ, NY, OH, PA, SC, VA, WA, WI, WV) and one Territory (VI) indicate the Lead Agency monitors programs and services provided by contractors.

Where contracts are in place in **New Jersey**, a prescriptive list of requirements for child care resource and referral agencies and contracted providers help ensure grantees comply with all policies and procedures of the Division of Family Development. The Division of Family Development meets quarterly with all child care resource and referral agency directors and bi-monthly with the contracted center Policy Development Board, and sends representatives to monthly Child Care Advisory Council and New Jersey Association of Child Care Resource and Referral Agency meetings to discuss relevant initiatives and policies and be apprised of issues that need immediate attention. The Division of Family Development conducts periodic monitoring of child care resource and referral agencies and center-based contract child care centers to ensure policy and procedures are followed.

While Lead Agencies assume primary responsibility for administering funds for child care and related services, States and Territories report contracting with at least one other entity to administer funds designed to improve the quality and availability of child care, including child care resource and referral agencies, State TANF agencies, State or Territory Departments of Education and other State or Territory agencies, child care providers and family child care networks, universities and colleges, Tribal agencies and organizations and others.

Examples of agencies that assist States and Territories in administering CCDF funds appear in Table 1.5.

## TABLE 1.5
### Other Agencies That Assist in Administering CCDF Funds

| State/Territory | Agency |
|---|---|
| Alabama | – Regional child care management agencies<br>– Quality enhancement agencies |
| Alaska | – Local government entities or nonprofit organizations |
| Arizona | – MAXIMUS, Inc. (in a specified portion of Maricopa County)<br>– Governor's Office for Children, Youth and Families<br>– Child care resource and referral agencies, non-governmental community-based organizations<br>– Other State organizations |
| California | – Local child care and development agencies<br>– Child care resource and referral agencies<br>– County welfare departments<br>– Other private and State agencies |
| Colorado | – County departments of human services, Colorado Child Care Assistance Program<br>– Private, for-profit independent agency<br>– Non-governmental community organization<br>– Child care resource and referral agencies |
| Connecticut | – Other agencies (government, private and nonprofit community-based organizations) |
| Delaware | – Department of Services for Children, Youth, and Their Families<br>– Interagency Resource Management Committee<br>– Private, nonprofit organization |
| District of Columbia | – DC Department of Parks and Recreation<br>– DC Public Schools<br>– Level II providers<br>– Washington Child Development Council |
| Florida | – Local Early Learning Coalitions (quasi-governmental community agencies incorporated as private, nonprofit organizations) and other contracted service providers<br>– Other State agencies |
| Georgia | – County departments of family and children services<br>– Local county departments<br>– Division of Family and Children Services, Regional Accounting Offices<br>– Private for-profit contractors<br>– Bright From the Start: Georgia Department of Early Care and Learning<br>– MAXIMUS, Inc. |
| Hawaii | – Child care subsidy contractors<br>– Department of Human Services Training Office<br>– People Attentive to Children, a nonprofit child care resource and referral agency |
| Idaho | – University of Idaho Center on Disabilities and Human Development (contractor for statewide child care resource and referral services) |

## TABLE 1.5
### Other Agencies That Assist in Administering CCDF Funds

| State/Territory | Agency |
|---|---|
| Illinois | – Child care resource and referral agencies<br>– Governmental agencies<br>– Professional organizations<br>– Colleges and universities<br>– Child care agencies |
| Indiana | – Local non-governmental, multi-service agencies<br>– Child care resource and referral agencies<br>– School districts<br>– Local governmental agencies<br>– For-profit corporations |
| Iowa | – Child care resource and referral agencies<br>– Other agencies |
| Kansas | – Department of Health and Environment<br>– Kansas Association of Child Care Resource and Referral Agencies<br>– eFunds Corporation<br>– Kansas Early Head Start<br>– Other State agencies |
| Louisiana | – Child care resource and referral agencies |
| Maine | – Community-based, private and nonprofit organizations |
| Maryland | – Department of Business and Economic Development<br>– Maryland Committee for Children, a nonprofit agency<br>– Maryland State Department of Education |
| Massachusetts | – Child care providers<br>– Child care resource and referral agencies<br>– Department of Transitional Assistance<br>– Department of Social Services<br>– Other agencies |
| Michigan | – Michigan Community Coordinated Child Care Association Community (4C Association)<br>– Regional Community Coordinated Child Care Councils<br>– Department of Community Health<br>– Department of Consumer and Industry Services<br>– Head Start Association<br>– Michigan Department of Education<br>– Michigan State University Extension |
| Minnesota | – County social services agencies<br>– Tribal social service agencies<br>– Regional child care resource and referral agencies |
| Mississippi | – Head Start programs<br>– Mississippi Planning and Development Districts<br>– Municipalities and local businesses<br>– Public and nonprofit agencies<br>– Institutions of higher learning |
| Missouri | – Department of Health and Senior Services<br>– Department of Elementary and Secondary Education |

## TABLE 1.5
### Other Agencies That Assist in Administering CCDF Funds

| State/Territory | Agency |
|---|---|
| Montana | – Institutions of higher learning<br>– Child care resource and referral agencies<br>– Non-governmental community organization<br>– Montana Early Childhood Advisory Council |
| Nebraska | – Nebraska Department of Education<br>– Other agencies |
| Nevada | – Nonprofit agencies<br>– Quality Control Section of the Welfare Division<br>– Other State agencies |
| New Hampshire | – Child care resource and referral agencies<br>– Other agencies |
| New Jersey | – County welfare agencies/boards of social services<br>– Child care resource and referral agencies<br>– Nonprofit community-based agencies |
| New York | – Local departments of social services<br>– State University of New York<br>– City University of New York<br>– New York State Department of Health<br>– Consortium for Worker Education (Liberty Zone)<br>– New York State Child Care Coordinating Council<br>– New York State Department of Agriculture and Markets |
| North Carolina | – County departments of social services (county departments of social services may subcontract their activities)<br>– Child care resource and referral agencies |
| North Dakota | – Regional representatives for Early Childhood Services (State licensing staff)<br>– Child care resource and referral agencies<br>– County departments of social services |
| Ohio | – County departments of job and family services<br>– Ohio Department of Education<br>– Child care resource and referral agencies<br>– Non-governmental agencies |
| Oregon | – Department of Human Services<br>– Center for Career Development in Childhood Care and Education<br>– Oregon Department of Education<br>– Oregon Child Care Resource and Referral Network<br>– Oregon Commission on Children and Families |
| Pennsylvania | – Local child care information service agencies<br>– Regional keys |
| Puerto Rico | – Administration for Family Socio Economic Development<br>– Other agencies |
| Rhode Island | – Child care resource and referral agency<br>– Other agencies |
| South Carolina | – Other agencies or organizations |

## TABLE 1.5
## Other Agencies That Assist in Administering CCDF Funds

| State/Territory | Agency |
|---|---|
| South Dakota | – Nonprofit organizations<br>– Child care resource and referral program |
| Tennessee | – Universities<br>– Community agencies |
| Texas | – Local workforce development boards<br>– Private nonprofit organizations<br>– Private for-profit organizations<br>– Faith- or community-based organizations<br>– Texas Health and Human Services Commission<br>– Texas Information and Referral Network<br>– Texas Department of Family and Protective Services |
| Utah | – Other State and nonprofit agencies |
| Vermont | – Community-based, private, nonprofit organizations |
| Virgin Islands | – Other agencies |
| Virginia | – Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services<br>– Virginia Department of Housing and Community Development<br>– Non-governmental community multi-service agencies<br>– Virginia Child Care Resource and Referral Network<br>– Local departments of social services |
| Washington | – Washington Statewide Child Care Resource and Referral Network<br>– Other agencies |
| West Virginia | – Child care resource and referral agencies<br>– Other private agencies |
| Wisconsin | – Wisconsin Works (W-2) agencies<br>– County and Tribal social and human services departments<br>– Child care resource and referral agencies<br>– Wisconsin Child Care Resource and Referral Network<br>– Child Information Center<br>– Wisconsin Early Childhood Association<br>– Wisconsin Department of Public Instruction<br>– United Migrant Opportunity Services, Inc.<br>– Other public and private agencies |
| Wyoming | – Child care resource and referral agency<br>– Other agencies and organizations |

Data are not available for AR, AS, CNMI, GU, KY, NM and OK; the Lead Agency for these States and Territories directly administers all services, programs and activities funded under the CCDF Act. Data provided for MA and VI are from the FY 2004-2005 CCDF Plans.

# Section 1.6 – Determining Eligibility[7]

States and Territories determine those eligible to receive assistance from the child care subsidy program. Fiscal Year (FY) 2006-2007 Child Care and Development Fund (CCDF) Plans indicate Lead Agencies are more likely to determine eligibility for families receiving TANF than for non-TANF families. FY 2006-2007 CCDF Plans also indicate more States and Territories make payments to providers, which might result from increased use of automated data systems.

## Determining Individual Eligibility of Non-TANF Families

*For child care services funded under* **§98.50** *(i.e., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself determine individual eligibility of non-TANF families?* **(§98.11)**

Twenty-five States (AR, DC, DE, GA, HI, IA, ID, KS, KY, LA, MD, MI, MO, NE, NH, NM, OK, RI, SC, SD, TN,[8] UT, VA, WA, WY) and five Territories (AS, CNMI, GU, PR, VI) indicate that the Lead Agency determines eligibility of non-TANF families.

Twenty-seven States (AK, AL, AZ, CA, CO, CT, FL, IL, IN, MA, ME, MN, MS, MT, NC, ND, NJ, NV, NY, OH, OR, PA, TN, TX, VT, WI, WV) indicate the Lead Agency does not determine eligibility of non-TANF families.

In **Indiana**, an intake agent is selected for each Bureau of Child Development region through a competitive Request for Funds process. The Request for Funds has specific requirements for the selection of the intake agent, but the type of entity selected varies from county to county. Typically, intake agents are local non-governmental, multi-service agencies that serve low-income families. However, some child care resource and referral agencies, school districts and local government units also are agents.

## Determining Individual Eligibility of TANF Families[9]

*For child care services funded under* **§98.50** *(i.e., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself determine individual eligibility of TANF families?* **(§98.11)**

Thirty States (AK, AR, DC, DE, GA, HI, IA, ID, IN, KS, KY, LA, MD, ME, MI, MO, MT, NE, NH, NV, OK, PA, RI, SC, SD, TN, UT, VA, WA, WY) and two Territories (GU, VI) report the Lead Agency determines eligibility for TANF families.

---

7 In some States and Territories that indicate the Lead Agency determines eligibility for Temporary Assistance for Needy Families (TANF) and non-TANF families, assists parents with locating care and/or makes payments to providers, the Lead Agency conducts these activities in conjunction with other private entities.

8 Tennessee reports the Lead Agency determines eligibility of non-TANF families for child care assistance in four urban counties (Chattanooga, Davidson, Knox and Shelby). In the other 91 counties, the Lead Agency uses contract agencies that operate under the Lead Agency's policies and procedures to determine eligibility for non-TANF families.

9 American Samoa and the Commonwealth of the Northern Mariana Islands do not have a TANF program and are not included in the following three counts.

Twenty-one States (AL, AZ, CA, CO, CT, FL, IL, MA, MN, MS, NC, ND, NJ, NM, NY, OH, OR, TX, VT, WI, WV) and one Territory (PR) report the Lead Agency does not determine eligibility for TANF families.

The **Texas** Health and Human Services Commission determines eligibility for TANF assistance and refers TANF applicants and recipients to the Workforce Commission Board's contractor for participation in Choices—TANF employment and training services. For clients participating in Choices, a case manager with the Board's employment and training contractor determines the family's eligibility for child care. For TANF families who do not participate in Choices, but who are potentially eligible for child care services, the Health and Human Services Commission makes the referral to the Workforce Commission Board's child care contractor. In this case, the child care contractor determines the parent's eligibility for child care services.

## Assisting Parents in Locating Child Care

*For child care services funded under* **§98.50** *(i.e., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself assist parents in locating child care?* **(§98.11)**

Fifteen States (AR, DC, GA, HI, IA, KS, KY, MA, MS, NE, NM, OK, SC, TN,[10] VA) and five Territories (AS, CNMI, GU, PR, VI) indicate the Lead Agency directly assists parents with locating child care.

Thirty-seven States (AK, AL, AZ, CA, CO, CT, DE, FL, ID, IL, IN, LA, MD, ME, MI, MN, MO, MT, NC, ND, NH, NJ, NV, NY, OH, OR, PA, RI, SD, TN, TX, UT, VT, WA, WI, WV, WY) indicate the Lead Agency does not directly assist parents with locating child care.

Local early learning coalitions in **Florida**, which are quasi-governmental community agencies incorporated as private, nonprofit organizations, provide assistance to parents in locating child care through child care resource and referral services.

## Making Payments to Providers

*For child care services funded under* **§98.50** *(i.e., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself make payments to providers?* **(§98. 11)**

Thirty-eight States (AK, AL, AR, AZ, CA, CT, DC, DE, HI, IA, ID, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, ND, NE, NH, NM, OK, OR, PA, RI, SC, SD, TN, UT, VA, VT, WA, WI, WY) and four Territories (AS, CNMI, GU, PR) report the Lead Agency makes payments to child care providers.[11]

[10] The Tennessee Lead Agency assists parents on the certificate program who reside in four urban counties in locating child care. In the other 91 counties, the Lead Agency uses contract agencies that operate under the Lead Agency's parent consumer education policies and procedures to assist parents in locating child care.

[11] Lead Agencies in California, Maine and Pennsylvania make payments to direct service providers but share this responsibility with other agencies such as county welfare departments, voucher management agencies or child care information services agencies.

Sixteen States (CA, CO, FL, GA, IL, IN, ME, MS, NC, NJ, NV, NY, OH, PA, TX, WV) and one Territory (VI) report the provider payment function is performed by another agency.

In **West Virginia**, provider payment is a joint process. The six child care resource and referral agencies receive invoices from child care providers. Child care resource and referral personnel audit the invoice and enter data into the Family and Children's Tracking System, which was developed and is managed by the Lead Agency. The system calculates payment and deducts parent copayments. Family and Children's Tracking System staff pulls that information from the system to pay providers.

## Section 1.7 – Non-Governmental Entities

In some cases, a non-governmental entity determines eligibility, implements child care services and/or administers services. According to the Child Care and Development Fund (CCDF) Plan Preprint Guidance, "A non-governmental entity is one that is controlled by private sources completely unrelated to Federal, State or local government. A public-private partnership would be considered a governmental entity. Private organizations and nonprofit organizations would be considered non-governmental entities."[12]

*Is any entity named in response to section 1.6 a non-governmental entity?* [13] **(658D(b), §§98.10(a), 98.11(a))**

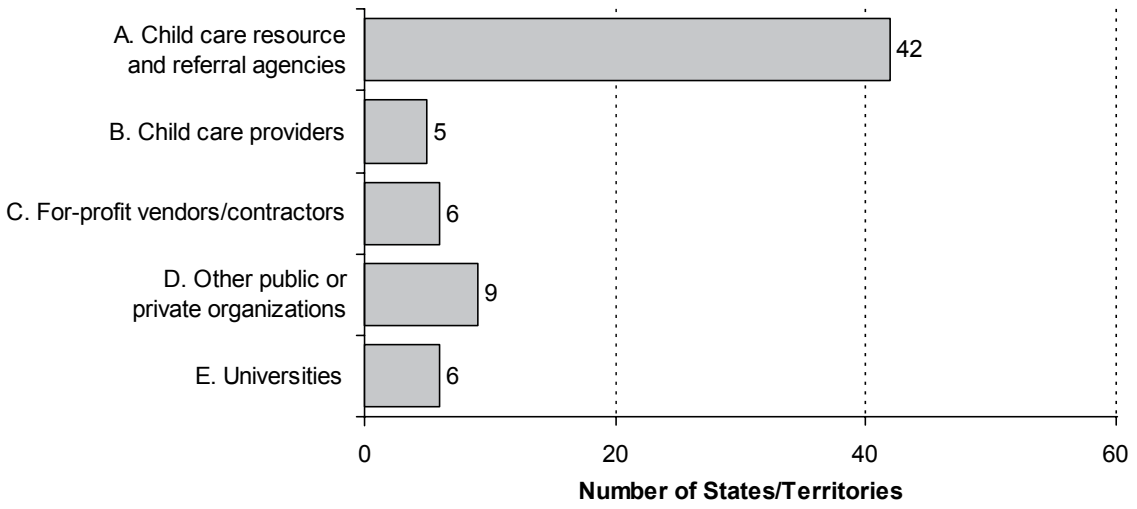
Forty-one States (AK, AL, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NV, NY, OH, OR, PA, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and two Territories (PR, VI) indicate the agencies that determine eligibility, assist parents with locating child care or make payments to providers under §98.50 are non-governmental agencies.

As shown in Chart 1.7, States and Territories contract with a variety of non-governmental entities, most often with child care resource and referral agencies.

[12] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. *CCDF state and territories plan preprint guidance, FFY 2006-2007*. Retrieved April 17, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/guidance_2006_final.htm.

[13] Types of non-governmental entities are identified in part 1.6 of the *CCDF State and Territories Plan Preprint Guidance, FFY 2006-2007*, available on the Child Care Bureau's web site at http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/guidance_2006_final.htm.

**CHART 1.7**
**Other Entities That Administer and Implement State and Territory Child Care Services**




| | |
|---|---|
| **A** | AK, AL, AZ, CA, CO, CT, DC, DE, FL, HI, IA, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NH, NJ, NV, NY, OH, OR, PA, RI, SC, SD, TX, UT, VA, VT, WA, WI, WV, WY |
| **B** | CT, DC, IL, MA, NJ |
| **C** | AZ, CO, DC, GA, IN, TX |
| **D** | CA, LA, MS, PA, TN, VA, VI, WA, WV |
| **E** | ID, LA, MI, MS, NY, TX |

Data provided for MA and VI are from the FY 2004-2005 CCDF Plans.

## Section 1.8 – Use of Private Donated Funds

Lead Agencies use private donated funds to maximize services provided to children and families. The same States report using private donated funds to meet part of their matching requirement in the Fiscal Year (FY) 2006-2007 Child Care and Development Fund (CCDF) Plans as in the FY 2004-2005 CCDF Plans.

*Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to* **§98.53(e)(2)** *and* **(f)***?*

Thirteen States (CO, FL, MA, MS, MT, NV, NY, OK, OR, SD, TX, UT, VA) indicate in FY 2004-2005 and in FY 2006-2007 that they use private donated funds to meet part of their matching requirement pursuant to §98.53 of the CCDF Final Rule.[14]

- Eight of these States (MA, MT, NY, OR, SD, TX, UT, VA) designate the State agency to receive donated funds.
- Three of these States (MS, NV, OK) designate a statewide nonprofit organization to receive donated funds.
- The remaining two States (CO, FL) select other types of organizations to receive donated funds.

## Section 1.9 – Use of State Prekindergarten Expenditures for CCDF-Eligible Children

The number of States that count investments in prekindergarten programs to meet the Child Care and Development Fund (CCDF) and State Maintenance of Effort (MOE) and Matching Fund requirements is approximately the same in Fiscal Year (FY) 2006-2007 CCDF Plans as it was in FY 2004-2005 CCDF Plans. For MOE, the number of States decreased from 15 to 14; for Matching Funds, the number of States increased from 16 to 19.

### Section 1.9.1 – Prekindergarten Spending and State MOE

*During this plan period, will State expenditures for Pre-K programs be used to meet <u>any</u> of the CCDF maintenance of effort (MOE) requirement?*

*The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to* **§98.53(h)(1)**.

*Estimated percentage of the MOE requirement that will be met with pre-K expenditures. (It may not exceed 20%.)*

*If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care.* **(§98.53(h)(4))**

In 14 States (AL, AR, CT, FL, HI, MI, OK, OR, SC, TN, TX, VA, WA, WI), expenditures on prekindergarten are used to meet part of the CCDF State MOE requirement, a slight decrease from the FY 2004-2005 CCDF Plan period during which 15 States reported using prekindergarten expenditures to meet MOE.

[14] In FY 2002-2003 CCDF Plans, only five States (Massachusetts, Nevada, New York, South Dakota and Texas) reported using private donated funds to meet part of the match requirement.

- Twelve of these States (AR, CT, FL, MI, OK, OR, SC, TN, TX, VA, WA, WI) report using prekindergarten expenditures to meet more than 10 percent of the MOE requirement, reaching the maximum permitted (20 percent). In the FY 2004-2005 CCDF Plans, 11 of 15 States reported using the maximum permitted.

  The **Michigan** Department of Education requires that applicants for State funding streams for the Michigan School Readiness Program, which is the State prekindergarten program, conduct a needs assessment to ensure the prekindergarten program aligns with child care options in the local area. Priority is given to those applicants who propose wraparound child care either within the program or by coordinating with local child care providers.

  In **Oregon**, the Child Care Division and Department of Human Services collaborate with prekindergarten programs, and CCDF funds are used to match prekindergarten expansion grants awarded for full-day, full-year child care for working parents.

## Section 1.9.2 – Prekindergarten Spending and State Match

*During this plan period, will State expenditures for Pre-K programs be used to meet <u>any</u> of the CCDF Matching Fund requirement?* **(§98.53(h))**

*Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (It may not exceed 20%.)*

*If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care.* **(§98.53(h)(4))**

Nineteen States (AL, AR, AZ, CO, FL, HI, MA, MD, MI, NJ, NV, OK, OR, SC, TN, TX, VA, WA, WI) report using prekindergarten expenditures to meet the Child Care and Development Fund (CCDF) State Matching Fund requirement.

- Seventeen of these States (AR, AZ, CO, FL, MA, MD, MI, NJ, NV, OK, OR, SC, TN, TX, VA, WA, WI) meet more than 10 percent of CCDF match with prekindergarten expenditures, and 16 of them report using the 20 percent maximum match permitted, reflecting an increase from the Fiscal Year (FY) 2004-2005 CCDF Plans in which 14 of 16 States reported using the maximum permitted. Of the States not using the maximum, one State (NJ) reports using prekindergarten funds for 15 percent of match and two States (AL, HI) report using prekindergarten expenditures for 10 percent of match.

  **Colorado** is working through county quality and availability improvement grants and Consolidated Child Care Pilot programs to coordinate prekindergarten and child care services and to expand the availability of child care, including full-year services.

  In **Texas**, prekindergarten and child care coordination occurs at both the State and local levels. At the State level, the Texas Education Agency and the Texas Workforce Commission

work with the State Center for Early Childhood Development to meet the needs of working families by increasing the availability and integration of full-day, full-year child care services. Coordination at the State level focuses on removing administrative barriers to integration in order to enhance collaboration, resulting in full-day, full-year child care services.

## Section 1.9.3 – Coordinating Prekindergarten and Child Care Services to Meet the Needs of Working Families

*The following describes State efforts to ensure that pre-K programs meet the needs of working parents.* **(§98.53(h)(2))**

Child Care Lead Agencies and State departments of education continue to coordinate prekindergarten and child care services to ensure there are quality programs to meet the needs of working families. States have forged new approaches and developed innovative strategies to accomplish these goals.

The following examples illustrate how some States meet family needs through coordination.

The Agency for Workforce Innovation, Office of Early Learning in **Florida** works to expand the availability of child care by ensuring regional early learning coalitions successfully implement the school readiness program and the Voluntary Prekindergarten Education Program. It also works to expand availability by establishing a uniform payment rate for 4-year-olds in school readiness programs, and monitoring both the school readiness and Voluntary Prekindergarten Education programs. Florida statute mandates that local early learning coalitions provide extended-day and extended-year services to the maximum extent possible to meet the needs of parents who work, that programs have expanded access to community services and resources to help families achieve economic self-sufficiency and that there is a system to provide direct enhancement services to families and children.

The **Oklahoma** Department of Human Services Division of Child Care and the Oklahoma Department of Education share a commitment to serving families with high-quality care and education for 4-year-olds. The State superintendent for public instruction and the assistant superintendent consistently urge school districts to collaborate with child care and Head Start to provide full-day, full-year services. In some districts, State-funded prekindergarten teachers teach at licensed child care centers and provide mentoring and consultation to other teachers. In other districts, State prekindergarten funding is provided contractually to the child care provider.

In **South Carolina**, the Department of Education employs education associates in the Office of Early Childhood Education to work with communities in forging partnerships among schools, Head Start programs and child care providers. The Department of Social Services supplies the Department of Education with data regarding child care services available to working parents whose children participate in prekindergarten programs. State-funded prekindergarten programs

also receive information about the child care voucher program so they may assist parents in accessing wraparound services that allow them to work. Prekindergarten programs are encouraged to participate in the ABC Child Care Program to be reimbursed for extended-day services. The Department of Social Services encourages collaborations that blend funding, including allocations for prekindergarten and Head Start funds as well as child care subsidies.

The prekindergarten program in **Tennessee** is managed by the Department of Education in collaboration with the Lead Agency and receives State funding to meet a portion of the Child Care and Development Fund Maintenance of Effort. The State prekindergarten program is expanding statewide with funding awarded competitively to local education agencies. In partnership with the child care industry, the program will continue to expand availability of enhanced educational opportunities for 4-year-olds, including wraparound child care services, to increase the availability of full-day, full-year child care. A portion of the funds is used to coordinate certification and reporting of prekindergarten expenditures.

In **Washington**, individual Early Childhood Education Assistance Programs that are part of the State's prekindergarten program and offer part-day programs are encouraged to link with full-day, community-based child care programs. Many Head Start and Early Childhood Education Assistance Programs provide technical assistance over a period of years to help child care providers become subcontractors for full-day prekindergarten services. A package of services delivers child care, medical exams, home visits and family support activities through collaborative funding and service delivery among kindergarten through 12th grade, Head Start/Early Childhood Education Assistance Programs, health services and child care providers. Head Start and Early Head Start programs also provide resources for professional development for the child care staff in programs that partner to provide full-day, full-year services.

## Section 1.10 – Improper Payments[15]

The Improper Payments Information Act of 2002 requires Federal agencies to report an annual estimate of improper payments for some Federal programs and activities, and identify steps being taken to reduce these payments and improve program integrity. The Child Care and Development Fund has been identified as a Federal program that falls within the terms of the Act. In their Fiscal Year (FY) 2006-2007 Child Care and Development Fund Plans, all States and Territories identify strategies to prevent, measure, identify, reduce and/or collect improper payments.

[15] Data for Section 1.10 are not available for American Samoa or the Virgin Islands. However, FY 2006-2007 data for Massachusetts are available for this section.

## Section 1.10.1 – Defining Improper Payments

*How does the Lead Agency define improper payments?*

States and Territories use a variety of terms in their definition of improper payments. The vast majority include terms such as overpayment, underpayment, provider and client error and/or fraud.

Nine States (HI, IL, ME, NH, NY, PA, RI, SC, WA) use all or part of the definition of improper payments established in the Improper Payments Information Act of 2002, which states the following:

> An erroneous payment is any payment that should not have been made or that was made in an incorrect amount under statutory, contractual, administrative, or other legally applicable requirement. Incorrect amounts are overpayments and underpayments (including inappropriate denials of payment or service). An erroneous payment includes any payment that was made to an ineligible recipient or for an ineligible service. Erroneous payments are also duplicate payments, payments for services not received, and payments that do not account for credit for applicable discounts.[16]

Ten States (AL, AR, CT, FL, KY, MN, MO, NH, NM, OH) include "fraud," and three States (AL, MN, MO) include "nonfraud" in their definition of improper payments.

Eleven States (AL, AR, CT, GA, IN, MI, MO, NH, NJ, TN, WI) include "intentional error," and seven States (AL, GA, IN, MI, MO, NJ, TN) include "unintentional error" in their definition of improper payments.

> **Alabama's** definition states that improper payments result from an intentional or unintentional violation of subsidy policy by the provider or parent, or misapplication of subsidy policy by the agency. Improper payments are classified as fraud when there is suspected willful misrepresentation of fact by the parent or provider to gain, or have the effect of gaining, payments or services for which the parent or provider would not be eligible otherwise. Nonfraud improper payments include administrative errors on the part of agency staff or unintentional errors on the part of the parent or provider.

Nineteen States (CA, CT, DC, DE, GA, HI, KS, KY, ME, MS, NM, PA, RI, SC, VA, WA, WI, WV, WY) and one Territory (PR) use the term "underpayment," and 21 States (CA, CO, CT, DC, DE, GA, HI, KS, KY, ME, MN, MS, NM, PA, RI, SC, VA, WA, WI, WV, WY) and one Territory (PR) use the term "overpayment" in their definition of improper payments.

> **Connecticut** uses the phrase "benefit error" to describe improper payments that are either overpayments or underpayments. Underpayments occur when the parent does not receive all entitled benefits due to an administrative error. Errors by the family and/or child care

[16] The terms "erroneous payment" and "improper payment" have the same meaning. Office of Management and Budget. (2003, May 1). *Implementation guidance for the Improper Payments Information Act of 2002, P.L. 107-300.* Retrieved December 1, 2005, from http://www.whitehouse.gov/omb/memoranda/text/m03-13.html.

provider not reporting correct information are not considered underpayments, except for provider billing errors when the agency is notified within 30 days of the payment date. Overpayments occur when the amount paid exceeds the benefit that would have been issued if payments were calculated correctly and based on accurate information that was reported, verified and processed in a timely manner. Overpayments are classified as administrative, parent or provider error. Overpayments caused by parents or providers are further classified as intentional or unintentional. No overpayment exists if the amount is less than 10 dollars in any month.

Thirty-eight States (AK, AL, AR, AZ, CT, DC, DE, FL, GA, IA, ID, IN, KS, LA, MD, ME, MI, MN, MO, MT, NC, ND, NJ, NM, NY, OK, OR, PA, RI, SC, SD, TN, UT, VA, VT, WA, WI, WY) and three Territories (CNMI, GU, PR) include parent error/fraud in their definition of improper payments.

- Ten of these States (AR, CT, DE, FL, GA, IA, MN, MO, NJ, NM) and one Territory (GU) specify parent error/fraud associated with parents failing to report changes in a timely manner.

- Eight of these States (AR, AZ, CT, GA, IA, MO, NJ, VT) specify parent error/fraud associated with falsification of documents and/or misrepresentation of information.

- Three of these States (AZ, DE, ID) specify parent error/fraud concerning parents using care for unauthorized hours or activities.

  In **New Jersey**, overpayment related to the parent/applicant includes nonreporting/underreporting of income, a client receiving payment in more than one jurisdiction, incorrect reporting of household size and incorrect information on a client's compliance with program requirements, such as participating in required activity.

Forty-three States (AK, AL, AR, AZ, CT, DC, DE, FL, GA, IA, ID, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NJ, NM, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WY) and three Territories (CNMI, GU, PR) include provider error/fraud in the definition of improper payments.

- Seven of these States (AZ, DE, IA, MO, NJ, NM, VT) and one Territory (CNMI) specify provider error/fraud associated with incorrect reports of child attendance.

- Seven of these States (AZ, IA, ID, MO, ND, NM, SD) cite provider error/fraud in reporting number of hours the child is in their care.

Two States (MN, MO) include in their definition collusion of interest between parent and provider to commit fraud.

As required by statute in **Minnesota**, "when both the family and the provider acted together to intentionally cause the overpayment, both the family and the provider are jointly liable for the overpayment regardless of who benefited from the overpayment."

**Missouri** includes parent "complicity with provider to receive overpayment" in its definition of improper payments.

Eighteen States (AL, CT, DE, FL, GA, KS, LA, MA, MI, MN, MO, NC, TN, TX, VA, VT, WV, WY) and two Territories (CNMI, GU) identify administrative errors in their definition of improper payments.

**Kansas** classified administrative errors leading to overpayment as follows:

A. Agency–Provider

- Provider is assigned an incorrect payment;
- Payments continue to a provider after the termination date or end date of the purchase of service agreement; and
- Misapplication of policy.

B. Agency–Client

- Prompt action is not taken on a change reported by the household;
- Household's income is incorrectly computed or household is otherwise assigned an incorrect allotment;
- Benefits continue to a household after its review period expires without reapplication determination; and
- Misapplication of policy.

## Section 1.10.2–1.10.3 – Strategies to Prevent, Measure, Identify, Reduce, and/or Collect Improper Payments and Identify Errors in Determination of Client Eligibility

*Has your State developed strategies to prevent, measure, identify, reduce and/or collect improper payments?* **(§98.60(i), §98.65, §98.67)**

*Has your State developed strategies to identify errors in the determination of client eligibility?*

The majority of States and Territories report strategies to address improper payments, including automated data systems; training for providers, parents and agency staff; and stricter processes for authorizations and outreach activities.

Fifty-one States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) report that they developed strategies to prevent, measure, identify, reduce and/or collect improper payments.[17]

Forty-nine States (AK, AL, AR, AZ, CA, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) report that they developed strategies to identify errors in the determination of client eligibility.

Two States (CO, KS) have plans underway to determine and implement strategies to identify errors in determination of client eligibility.

## Preventing and Reducing Improper Payments

States report using automated data systems, strict processes for authorization of services, outreach and training for providers and agency staff to prevent and reduce incidences of improper payments.

### Automated Data Systems

Sixteen States (AZ, CT, DE, ID, MD, ME, NE, NJ, NV, OR, RI, SD, TN, VT, WA, WI) report that data systems used by the Lead Agency have the capacity to share, review or match data from other government programs (e.g., Child and Adult Care Food Program, Temporary Assistance for Needy Families [TANF], Medicaid, Food Stamps, Child Support Enforcement and Unemployment Insurance).

> In **Arizona**, the Lead Agency prevents, identifies and reduces improper payments by routinely sharing and reviewing systems data with the State's Financial Accounting Management Information System (for TANF, Food Stamps and Medical Assistance cases) and the Unemployment Insurance Base Wage automated system to identify and resolve discrepant income or household information reported by clients to other assistance programs, or reported as wages by employers for State Unemployment Insurance tax purposes. The Lead Agency also routinely accesses Department of Economic Security, Division of Child Support Enforcement online child support payment histories and disbursement schedules for known child care clientele.

Twenty-five States (AR, AZ, CT, DE, GA, IA,[18] ID, IL, KS, ME, MI, MS, NE, NJ, NM, NY, OK, PA, RI, SC, SD, TX, VT, WA, WI) report using a child care program data system that can detect errors during eligibility determination and/or can be used to run reports that flag possible improper payments.

---

[17] Data are not available for American Samoa or the Virgin Islands.

[18] Iowa reports it will develop a new child care management information system. The system will include new case management tools to help the Lead Agency identify potential issues and resolve errors before they cause overpayments (i.e., matching electronically submitted invoices to eligibility files, cross-referencing units of care with parent work/school schedules and flagging items that appear inconsistent or uncharacteristic).

**Georgia** increased case management system automation to assist workers in minimizing opportunities for improper payments. The Lead Agency has reports (in the Social Service Payment System) for workers and offices to identify possible improper payments, including possible overpayments or underpayments. The Lead Agency has a payment review process to identify overpayments through the use of algorithms and to establish and collect overpayments.

Eleven States (AK, AZ, CO, DC, DE, IN, KS, OK, RI, VT, WI) report using an automated system to collect information from providers regarding child attendance and provider billing, and for automated provider payment.

In **Wisconsin**, attendance data are entered into the Child Care Provider Information system by providers or local workers. Attendance periods are prescribed 2-week time periods for which providers receive attendance report forms, prefilled with children's names. Providers indicate the number of hours the child was in care each day of the attendance period and send the form to the county agency, which enters the data, monitoring the form for anomalies. Providers can elect to enter their own attendance through the Child Care Provider Information Web system.

Ten States (AR, HI, IN, MD, ME, MS, PA, VT, WI, WV) report using an automated data system for eligibility determination.

**Mississippi's** Child Care Information System contains several parameters and audit checks designed to reduce the occurrence of improper payments. Database features include the following:

- The system automatically assigns a unique family identification number to each parent;
- The system does not allow a parent or child's Social Security Number to be entered more than once;
- Once all necessary income information for a client is entered, the system calculates household income and automatically assigns the correct copayment fee to each child;
- When birth date information is entered, the child's age is calculated automatically, ensuring the correct daily or weekly rate is applied to the child's certificate; and
- The system performs an automatic audit on the beginning and ending date for a certificate.

## Outreach and Training

Sixteen States (AZ, CO, GA, IA, LA, MA, MD, MI, NC, NE, OH, OK, PA, RI, SC, WV) report that outreach or training activities are conducted to inform clients and child care providers of requirements for participating in child care assistance programs and the rules regarding billing and payment.

In **North Carolina**, recipients and providers are required to sign documents acknowledging they received and understood information about the consequences of misrepresentation to obtain services or payments. Failure to provide accurate information or not notifying the local purchasing agency of changes can affect eligibility or payment rate.

**Oklahoma** requires licensed providers who wish to receive payment from the Department of Human Services on behalf of eligible families to have an approved child care provider contract. The provider is required to attend training on contract requirements, Electronic Benefits Transfer payment requirements and processes and other child care provider issues prior to being given the opportunity to formalize a contract with the department.

Providers approved to accept payments in the **Rhode Island** child care assistance program must attend a mandatory 2½- to 3-hour introductory training session on program rules and provider responsibilities before they can receive their first reimbursement check.

Eighteen States (AZ, CO, GA, HI, IL, LA, MD, ME, MN, MT, NC, ND, NY, OH, RI, TX, UT, WV) report that the Lead Agency provides training for agency, field office and local government staff, as well as contractors.

**Arizona** conducts comprehensive child care policy and systems training deployment for new and continuing child care administrative staff. Child care case managers are required to participate in the Child Care Basic Skills course upon being hired by the Department of Economic Security Child Care Administration. Additionally, the administration conducts refresher trainings and training sessions on new policy and systems initiatives to provide ongoing support to case managers.

In **Illinois**, training is delivered periodically to child care resource and referral agency staff to ensure they are knowledgeable in child care program policy and are applying procedures correctly.

In **North Carolina**, training and technical assistance are provided to strengthen understanding of State policies and help local staff identify potential problem areas.

Thirteen States (AL, AR, CA, CT, IL, KS, LA, MI, NY, RI, UT, WI, WV) report that the Lead Agency uses policy manuals, procedural guides and other resource materials to help child care staff reduce improper payment errors.

Improper payment prevention is addressed in **Alabama** in written policy that defines eligibility conditions, categories and procedures for reporting and monitoring client changes. Written policy also covers provider registration, rates and billing procedures.

The **California** Department of Education conducted an error rate study in the winter of 2004-2005, focusing on errors in determining eligibility and the need for care in calculating family copayment and provider payment. Recommendations for reducing error rates in those areas were presented to the legislature, including strategies such as regulatory improvements and provider

visits, which are contingent upon the appropriation of funds, similar to those required by the Federal Child and Adult Care Food Program. The Lead Agency also established a Program Monitoring and Integrity Unit to conduct annual reviews of alternative payment programs. Best practices were compiled from a survey of stakeholders that examined program integrity practices.

### Service Authorization Process

Nine States (CO, CT, FL, LA, MA, MN, NC, NE, RI) identify communication with parents about rules and responsibilities as a strategy to prevent and reduce improper payments.

In **Colorado**, clients must complete and sign a client responsibility agreement as part of the low-income eligibility process. The agreement outlines reporting requirements.

Ten States (KY, MA, MD, MN, ND, NV, NY, VT, WI, WV) and two Territories (CNMI, GU) indicate strict policies are in place to verify client documentation to prove eligibility, and thus prevent and reduce improper payments.

In **Kentucky**, workers follow up documentation with phone, fax or e-mail contact. Home visits are conducted at annual recertification and application, if necessary. Fraud investigations are initiated when warranted.

Nine States (DE, FL, MA, MD, MN, NM, NY, TN, UT) report their eligibility redetermination process is used to check for improper payments.

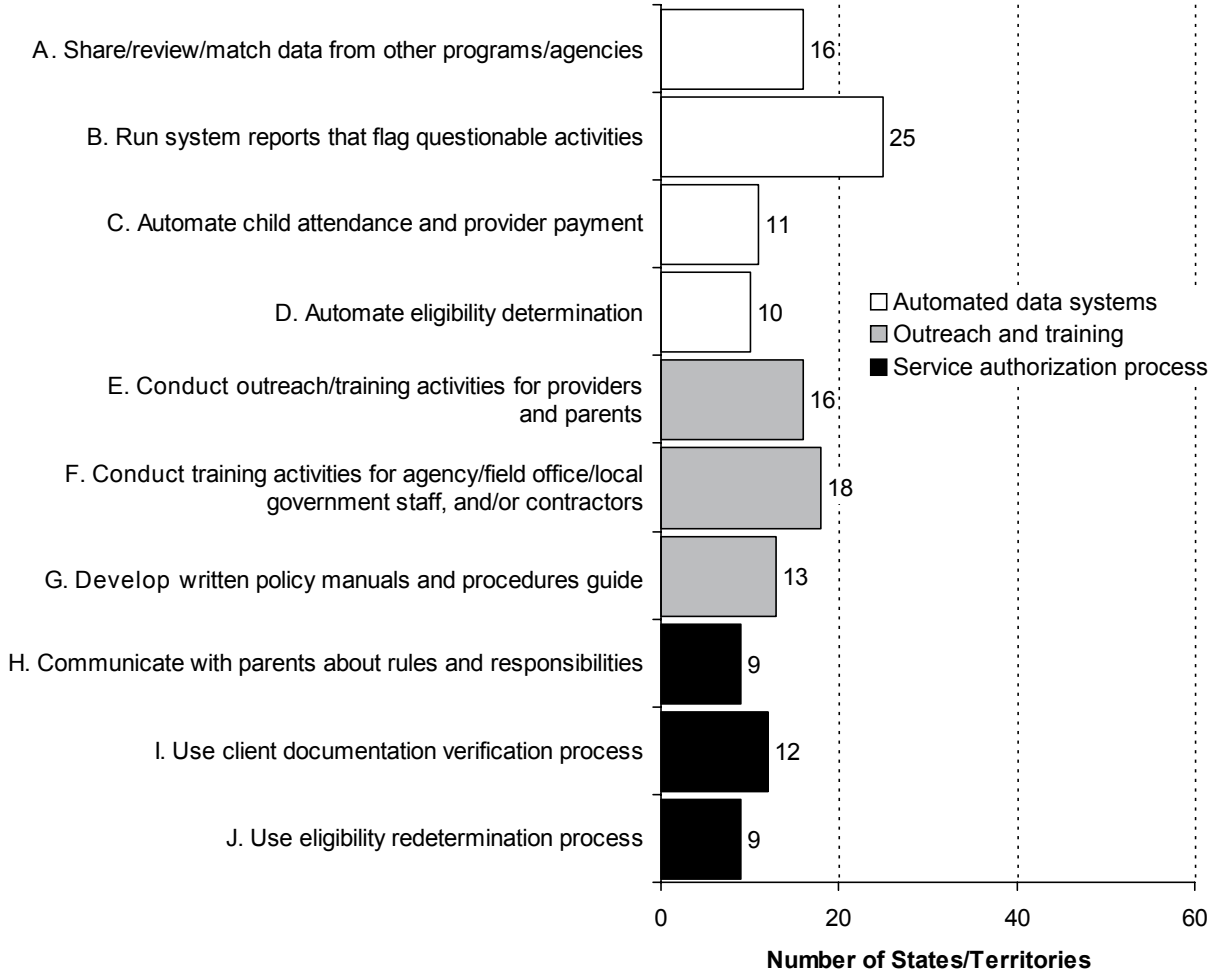
**Utah's** recertification process requires child care staff to review past child care services to verify the client was eligible for child care assistance. Whenever an improper payment is discovered, a referral is made to a payment specialist for calculation. The Lead Agency also has a collections unit to adjudicate and collect improper payments.

As Chart 1.10-A shows, States and Territories use a variety of strategies to prevent and reduce improper payments.

## Identifying and Measuring Improper Payments

States and Territories identify several strategies to identify and measure improper payments, including reviewing client caseload, monitoring provider records, monitoring/auditing grantees and contractors and establishing monitoring requirements for contractors, grantees, field offices and local agencies. Strategies to monitor client caseload are mentioned by 42 States and Territories. Monitoring and/or auditing of provider attendance sheets and billing records are mentioned by 26 States and Territories. Strategies to monitor contractors, grantees and/or field office staff also are mentioned by 48 States and Territories.

## CHART 1.10-A
### Strategies to Prevent and Reduce Improper Payments




| | |
|---|---|
| **A** | AZ, CT, DE, ID, MD, ME, NE, NJ, NV, OR, RI, SD, TN, VT, WA, WI |
| **B** | AR, AZ, CT, DE, GA, IA, ID, IL, KS, ME, MI, MS, NE, NJ, NM, NY, OK, PA, RI, SC, SD, TX, VT, WA, WI |
| **C** | AK, AZ, CO, DC, DE, IN, KS, OK, RI, VT, WI |
| **D** | AR, HI, IN, MD, ME, MS, PA, VT, WI, WV |
| **E** | AZ, CO, GA, IA, LA, MA, MD, MI, NC, NE, OH, OK, PA, RI, SC, WV |
| **F** | AZ, CO, GA, HI, IL, LA, MD, ME, MN, MT, NC, ND, NY, OH, RI, TX, UT, WV |
| **G** | AL, AR, CA, CT, IL, LA, KS, MI, NY, RI, UT, WI, WV |
| **H** | CO, CT, FL, LA, MA, MN, NC, NE, RI |
| **I** | CNMI, GU, KY, MA, MD, MN, ND, NV, NY, VT, WI, WV |
| **J** | DE, FL, MA, MD, MN, NM, NY, TN, UT |

Data are not available for AS or VI.

Forty States (AL, AZ, CA, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MT, NC, ND, NE, NJ, NM, NV, NY, OK, OR, PA, RI, TN, TX, UT, VA, VT, WA, WI, WV, WY[19]) and two Territories (GU, PR) report monitoring client/caseload as a strategy to identify and measure improper payments.

**Maine's** program evaluators review all, or a statistically valid sample of, eligibility files held by voucher management agencies and contracted slots programs. The files must include documentation to support eligibility decisions.

**Nevada's** Lead Agency conducts several levels of caseload review: management evaluations (administrative staff reviews a sampling of cases to ensure documentation supports case decisions), quality control (administrative staff review a sampling of cases and perform independent verifications to determine case eligibility) and supervisory reviews (contractor staff reviews a sampling of cases to ensure case actions are in accordance with policy, and the eligibility decision and benefit level are correct).

In **Utah,** new workers have 100 percent of cases audited for the first 3 months, before benefits are authorized. During the fourth through eleventh months, new workers have 50 percent of their cases audited. Experienced workers are audited six times a month by their supervisor, targeted for child care, Food Stamps or financial assistance. Audits are selected at random, and one supervisor case a month is reviewed to ensure supervisory audits are conducted correctly.

Twenty-five States (AL, CT, DC, DE, HI, IA, IL, IN, KS, LA, MA, MO, MT, ND, NE, NM, NY, OR, SC, SD, TN, TX, VA, WI, WV) and one Territory (PR) report that the Lead Agency monitors provider attendance sheets and/or audits provider records and conducts onsite monitoring visits to view provider records.

**Delaware** conducts announced and unannounced onsite visits to monitor provider compliance with the child care contract, with a review of facility attendance and payment records. Monitors receive a system-generated max day report that lists providers who report children attending maximum payment days 2 months in a row, which is an alert to potential provider fraud.

To identify provider benefit error or fraud, **Missouri** reviews billing practices of facilities receiving payments of $25,000 or more per month, randomly reviews billing of any provider in the subsidy program and conducts random license capacity checks of licensed facilities.

**New York** monitors providers either through onsite visits or based on complaints or random selection.

[19] Wyoming reports its Lead Agency will implement a new statewide computer system, the Integrated Resource and Information System, which has enhanced features for improved monitoring and collection of improper payments and reduced errors.

In **Oregon**, approximately 200 billing forms are selected randomly each month for a desk audit. Providers submit attendance logs, which are checked against the amount billed and client case record information. This has led to discovery of overpayments, but the Department of Human Services believes the main value is preventative since it alerts providers that they may be audited.

Fifteen States (AL, CA, FL, IL, IN, MA, MT, NC, NH, NJ, NV, PA, TX, VA, WV) report that the Lead Agency conducts onsite monitoring of contractors and grantees.

In **Illinois**, Lead Agency staff from the Bureau of Child Care and Development and the Office of Contract Administration monitor contracted child care resource and referral agencies, contracted site-administered child care programs and child care providers who receive child care assistance payments through the certificate program to ensure services billed to the child care program are legitimate. Monitoring review schedules vary by type of program.

**Pennsylvania's** strategies include monitoring checks, audits and an automated computer database, the Child Care Information System, which determines eligibility and reduces the possibility of human error. In addition, the Lead Agency monitors the program by reviewing a sample of individual case records and income documentation, and by assessing whether the eligibility agent used correct family size and income information to determine eligibility and copayments. The department's subsidy coordinators conduct an annual sample review of records.

Eleven States (AK, AL, CA, FL, GA, MA, MN, MT, NV, TX, WV) report established monitoring requirements for contractors and grantees.

**Alabama's** Child Care Management Agency staff monitors provider attendance sheets. When irregularities are noted, staff members are authorized to conduct onsite monitoring visits to view more detailed attendance and financial records maintained by the provider.

**West Virginia** requires child care resource and referral agencies to audit billing forms and compare work and school schedules to times shown on the sign-in and sign-out form to verify that child care usage complies with time approved.

Six States (AK, AZ, GA, MI, NC, UT) indicate that the Lead Agency developed monitoring tools for grantees and contractors to help prevent and reduce improper payments.

**Alaska's** Lead Agency has a monitoring tool for grantees and contractors who determine client eligibility, which is being piloted and will be revised and adopted.

In **Georgia**, the eligibility determination section of the Child Care Case Accuracy Review has responsibility to review the child care application, standard of promptness, need for care, residency, eligible children, income, family unit size and certification period. A review of the fee assessment also is conducted. The Child Care Case Accuracy Review helps the county

office evaluate error and deficiency trends. Once trends are identified, training to address errors or deficiencies can be conducted.

Six States (AK, CA, GA, NY, VA, WI) report establishing monitoring requirements for field offices and local agencies.

In **Virginia**, Lead Agency subsidy program staff conduct periodic monitoring reviews of local departments to ensure policies are applied correctly and prevent improper payments. Program staff also provides training on the correct application of policy and purchase of service procedures.

**Wisconsin's** Lead Agency requires county agencies that administer the child care payment system to establish a Child Care Monitoring Plan, which relates to the child care payment process (authorization, attendance and payment). Several reports and online tools identify data anomalies, which helps county agencies focus on monitoring.

Chart 1.10-B illustrates that States and Territories use a variety of strategies to identify and measure improper payments.

## Collecting Improper Payments and Administering Penalties

States and Territories report using multiple strategies to collect overpayment and to penalize clients and child care providers when it is established that improper payment resulted from fraudulent activities. Sixteen States and Territories report that the Lead Agency has designated a staff member and/or established a fraud/quality assurance unit to investigate and identify improper payments. Strategies for collecting overpayment, such as repayment plans, reduction of future payments and tax intercepts, were mentioned by 33 States and Territories. Provider and client sanctions and/or criminal prosecution were mentioned by 22 States and Territories.

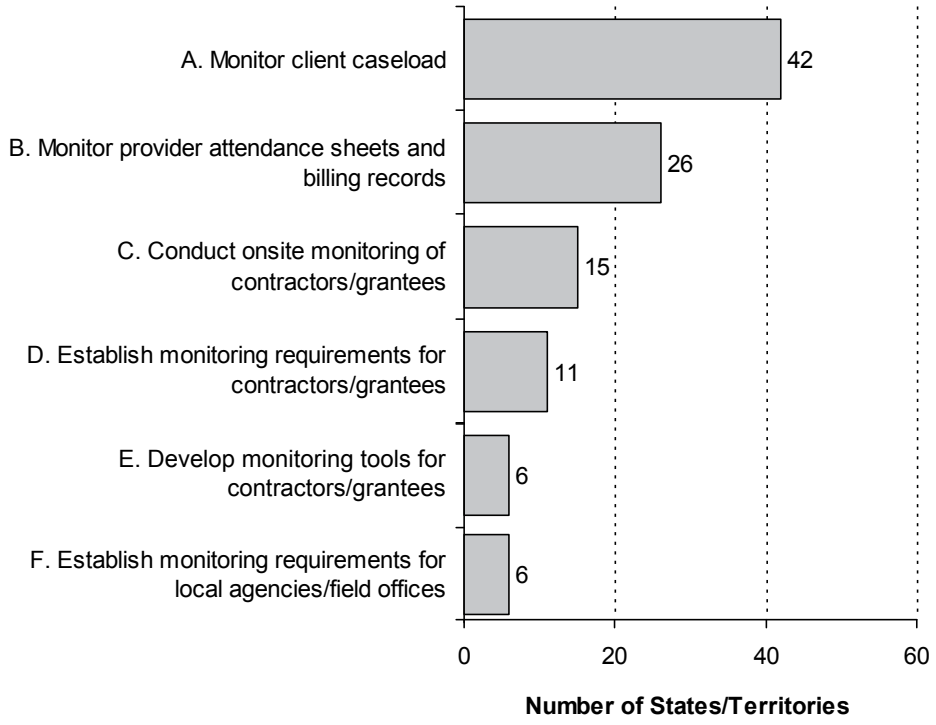
### Investigation

Twenty-six States (AK, AZ, CT, DC, FL, GA, IA, ID, IL, IN, KS, MA, MD, MI, MN, MO, NE, NH, OK, PA, RI, SD, TX, UT, VA, WI) and two Territories (CNMI, GU) report that the Lead Agency coordinates with or makes referrals to the fraud/improper payments unit to investigate records identified as possible improper payments.

In **Florida**, when fraud is suspected, a Suspected Fraud Referral Record is completed and forwarded to the Agency for Workforce Innovation's Office of Inspector General, Office of Early Learning, and the Florida Department of Law Enforcement. Fraud referrals are investigated by the Florida Department of Law Enforcement.

Sixteen States (AK, AR, CA, CT, FL, GA, ID, IL, KS, MA, MI, NH, NJ, RI, UT, WV) report that the Lead Agency has designated a staff member and/or established a fraud/quality assurance unit to investigate improper payments.

## CHART 1.10-B
### Strategies to Identify and Measure Improper Payments




| | |
|---|---|
| **A** | AL, AZ, CA, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MT, NC, ND, NE, NJ, NM, NV, NY, OK, OR, PA, PR, RI, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| **B** | AL, CT, DC, DE, HI, IA, IL, IN, KS, LA, MA, MO, MT, ND, NE, NM, NY, OR, PR, SC, SD, TN, TX, VA, WI, WV |
| **C** | AL, CA, FL, IL, IN, MA, MT, NC, NH, NJ, NV, PA, TX, VA, WV |
| **D** | AK, AL, CA, FL, GA, MA, MN, MT, NV, TX, WV |
| **E** | AK, AZ, GA, MI, NC, UT |
| **E** | AK, CA, GA, NY, VA, WI |

Data are not available for AS or VI.

In **Alaska**, a child care licensing position is being reclassified to a position responsible for conducting and monitoring initial investigations of unusual child care payments.

The **Arkansas** Division of Child Care and Early Childhood Education employs four full-time staff members in its Compliance Unit to investigate and analyze provider and client suspicious activity. In addition, the Division pays for two full-time fraud investigators, one full-time auditor and one full-time attorney.

Six States (CT, MD, OH, OR, SC, TX) report they have one or more hotlines for the public to report alleged improper payments and/or fraud.

**Ohio's** Lead Agency has posters and a brochure that inform the public that child care fraud is illegal and has consequences. Policy requires termination of child care services if the family or provider does not enter into and comply with a repayment agreement. A hotline for reporting welfare fraud has been advertised as accepting reports of child care program fraud.

### Recovery of Overpayments

Thirty-one States (AL, CO, CT, DC, DE, FL, GA, HI, IN, KS, LA, MD, ME, MI, MO, MS, MT, NC, NE, NJ, NY, OH, PA, RI, SC, TN, UT, VA, VT, WI, WY) and two Territories (CNMI, GU) report using repayment plans, reduction of future payments, tax intercepts and other strategies to recover overpayments.

- Eleven States (AL, HI, IN, KS, LA, MT, NE, NJ, NY, SC, VT) and two Territories (CNMI, GU) report that the Lead Agency recoups improper payments through repayment plans.

  In **Nebraska**, once the Issuance and Collections Center Unit has determined that there is an overpayment, the provider has the opportunity to appeal. If the Lead Agency is upheld in the appeal, the provider may repay the entire amount or enter into a repayment agreement. If the provider fails to make arrangements for repayment, the Lead Agency may pursue other legal options, such as filing a civil suit to seek recovery of funds.

  **Vermont's** procedures for recovering overpayment include progressive repayment plans, which are mutually agreed to by the provider and the Child Development Division.

- Twelve States (DC, GA, KS, MD, ME, MI, MO, MS, MT, SC, TN, WI) and two Territories (CNMI, GU) indicate that the State may reduce the amount of provider payment until the entire amount of overpayment is recovered.

  In **South Carolina**, information is entered into an automated adjustment system that allows future child care payments to be reduced until all overpayments have been recovered. If the provider is not owed any further child care payments, the outstanding debt is sent to the Accounts Receivable Department for collection.

  In **Wisconsin**, collection of improper payments is completely automated. Once the overpayment is calculated manually and entered into the Client Assistance for Re-employment and Economic Support database, overpayment and repayment notices are mailed automatically to the provider or parent. The recovery of the overpayment also is tracked in the database. Provider overpayments are collected directly from the provider's future issuance when the provider remains active in the child care subsidy program. The provider is given notice that collection of the overpayment will begin in 2 weeks. At that time, up to 50 percent of the provider's future issuance is recouped until the entire

overpayment has been repaid. When providers are no longer active in the child care subsidy program, the overpayment is collected through the database benefit recovery system.

- Five States (CO, IN, MI, SC, WI) and one Territory (CNMI) report that recovery of improper payments can be carried out through State tax intercepts if the provider fails to comply with repayment agreements.

  In the **Commonwealth of the Northern Mariana Islands**, if a parent for whom a collection action has been initiated fails to make a payment for any month in the calendar tax year, the child care program may refer debts exceeding $25 to the comptroller of the State for tax offset.

  When a child care provider does not respond to notification that money is owed to the **South Carolina** Department of Social Services, a request is sent to the Department of Revenue to withhold future tax refunds (this applies to sole proprietors only). The Division of Finance is working on strengthening processes for charging interest and enforcing tax intercepts for nonpayment of debts.

- Three States (MI, MT, WI) charge a fine/penalty fee in addition to collection of the overpayment.

  In **Montana**, a parent or provider who makes an overclaim or has an identified overpayment, which resulted from an intentional program violation, is assessed an additional payment penalty. For the first intentional program violation, an additional 10 percent penalty is added to the overpayment or taken away from the overclaim. For the second intentional program violation, an additional 25 percent penalty is added to the overpayment or taken away from the overclaim. For the third intentional program violation, the parent or provider loses eligibility to participate in the program for 7 years.

Five States (AR, CT, LA, MD, MN) and one Territory (GU) report a threshold for the total of improper payments before they pursue collection.

In **Maryland**, once the amount of an overpayment is determined, a demand letter is sent stating the amount of the debt and the reason for the claim. The person is allowed to negotiate the repayment schedule, within limits. Overpayment thresholds are $10 or 10 percent (whichever is greater) for nonfraud, and $20 or 20 percent for fraud. Second and third demand letters are sent at 30-day intervals if needed. The third demand letter advises the debtor of the consequences of failure to respond in a positive manner, and the overpayment information is sent to the Central Collections Unit if the debtor does not respond. In no event does liquidation of the debt by installment payments exceed a period of 3 years.

**Minnesota** counties initiate civil court proceedings to recover the overpayment when it is greater than $50, unless the county's costs to recover it will exceed the amount of the overpayment.

## Penalties

Twenty-two States (AL, AR, AZ, CA, CT, DC, DE, IL, LA, MD, MI, MN, NC, NM, NV, NY, PA, RI, TN, VA, VT, WV) report that the Lead Agency has established client and provider sanctions to prevent and reduce improper payments.

- Eleven States (AR, CT, MD, MN, NC, NM, NV, NY, RI, VA, VT) specify client disqualification.
- Eleven States (AL, AR, CT, MN, NC, NM, NV, RI, TN, VT, WV) specify provider disqualification.
- Four States (AR, CT, NC, VT) specify provider exclusion from the child care assistance program.
- Two States (AR, CT) specify child care license revocation.
- Ten States (AL, AR, AZ, CA, CT, DC, MI, NY, PA, RI) specify criminal prosecution.

In **Connecticut**, provider penalties may include lifetime disqualification and State license forfeiture.

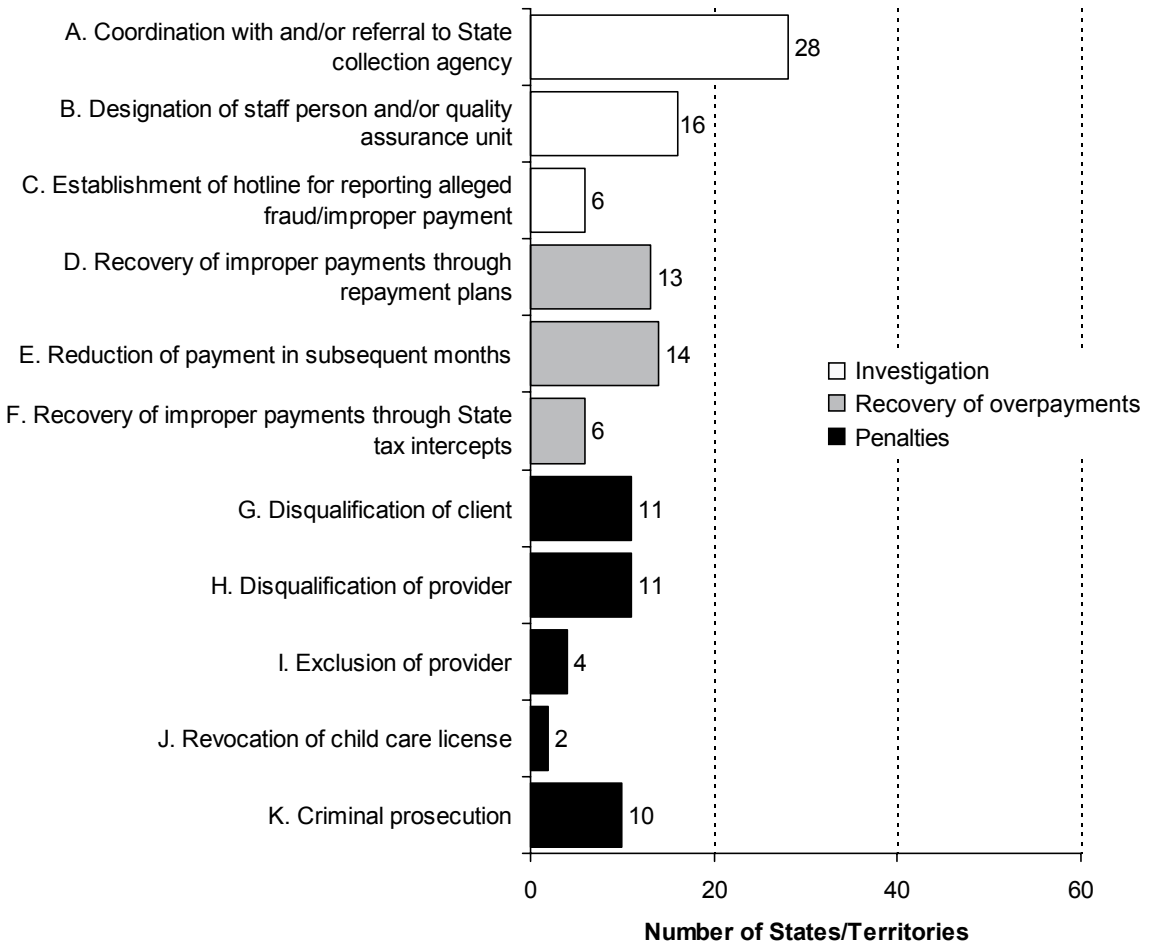
**North Carolina's** Division of Child Development has the authority to impose sanctions on recipients or providers when fraud has occurred, if a county or local agency submits such a request. Sanctions may be imposed in addition to requiring repayment of the child care subsidy or funds received in error. When a sanction is imposed on a recipient, the individual is ineligible to receive subsidized child care services for 12 months in any county. If a second instance occurs, the recipient becomes permanently ineligible. Sanctions imposed on providers are the same.

In **Pennsylvania**, suspected fraud from an individual is reported to the Office of the Inspector General, where the improper payment is pursued along with potential prosecution.

**Vermont** is revising regulations to allow for permanently disallowing benefits to families who receive benefits based on purposeful misrepresentation of their eligibility.

Chart 1.10-C illustrates that States and Territories use multiple strategies to collect or penalize improper payments.

## CHART 1.10-C
## Strategies to Collect and Penalize Improper Payments




| | |
|---|---|
| **A** | AK, AZ, CNMI, CT, DC, FL, GA, GU, IA, ID, IL, IN, KS, MA, MD, MI, MN, MO, NE, NH, OK, PA, RI, SD, TX, UT, VA, WI |
| **B** | AK, AR, CA, CT, FL, GA, ID, IL, KS, MA, MI, NH, NJ, RI, UT, WV |
| **C** | CT, MD, OH, OR, SC, TX |
| **D** | AL, CNMI, GU, HI, IN, KS, LA, MT, NE, NJ, NY, SC, VT |
| **E** | CNMI, DC, GA, GU, KS, MD, ME, MI, MO, MS, MT, SC, TN, WI |
| **F** | CNMI, CO, IN, MI, SC, WI |
| **G** | AR, CT, MD, MN, NC, NM, NV, NY, RI, VA, VT |
| **H** | AL, AR, CT, MN, NC, NM, NV, RI, TN, VT, WV |
| **I** | AR, CT, NC, VT |
| **J** | AR, CT |
| **K** | AL, AR, AZ, CA, CT, DC, MI, NY, PA, RI |

Data are not available for AS or VI.

# PART 2 DEVELOPING THE CHILD CARE PROGRAM

States and Territories consult and coordinate with many organizations, such as departments of education and child care resource and referral agencies, in the ongoing development and implementation of early childhood initiatives that serve children and families. Some States and Territories report activities linked specifically to development of Child Care and Development Fund (CCDF) Plans, while others report consultation and/or coordination activities to support long-term endeavors. States and Territories also are engaged in public-private partnerships to improve the quality of child care through systems-building efforts, such as development and implementation of Quality Rating Systems.[1]

## Section 2.1 – Consultation and Coordination

### Section 2.1.1 – Lead Agency Consultation and Coordination Activities[2]

*Lead Agencies are required to consult with appropriate agencies and coordinate with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services* **(§98.12, §98.14(a),(b), §98.16(d))**. *Indicate the entities with which the Lead Agency has consulted or coordinated.*[3]

***Consultation*** *involves the participation of an appropriate agency in the development of the State Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments.*[4]

***Coordination*** *involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). At a minimum, Lead Agencies must coordinate with (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health), (3) employment services/workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds.*

As reported in CCDF Plans for Fiscal Year (FY) 2006-2007, all Lead Agencies consulted and coordinated with entities required by CCDF statute and Federal regulations.[5] In addition, most States and Territories consulted and/or coordinated with entities specified in the CCDF Plan Preprint, such as Tribal organizations, Head Start programs, State prekindergarten programs,

---

1 Data provided for American Samoa, Massachusetts and the Virgin Islands are from Fiscal Year (FY) 2004-2005 CCDF Plans.

2 Data for Section 2.1.1 are not available for American Samoa, Massachusetts or the Virgin Islands.

3 Child Care and Development Fund (CCDF) Plan Preprint text appears in italics throughout this report. References to relevant laws and regulations appear in bold.

4 According to the Child Care Bureau's *CCDF State and Territories Plan Preprint Guidance, FY 2006-2007*, "For purposes of this requirement, a general purpose local government is a political subdivision of a State whose authority is general and not limited to only one function or combination of related functions. **(658D(b)(2); §98.12(b); 98.14(b))**" This resource is available on the Child Care Bureau's web site at http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/guidance_2006_final.htm.

5 CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

programs that promote inclusion for children with special needs and other public and private entities. Table 2.1.1 illustrates the number of States and Territories that consulted and/or coordinated with organizations specified in the CCDF Plan Preprint.

## Consultation

Some States and Territories report consultation activities related specifically to the development of the State or Territory CCDF Plan; other States and Territories describe extended, ongoing consultation beyond the minimum requirements.

### Local Government

The following examples describe State and Territory consultation activities with representatives of local governments, which is a requirement for Lead Agencies.[6]

Fifty States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) report consultations with local government representatives.

Community Network Teams in **Arizona** assess Department of Economic Security local service delivery, provide oversight and input for local operations, identify and address service gaps and make recommendations for improvements. Membership includes consumers; neighborhood, community and faith-based organization leaders; private agencies such as United Way, universities and nonprofit providers; business and employment leaders; local elected and appointed officials; human service delivery system representatives; health care provider representatives; education community representatives; law enforcement representatives and prevention service providers.

The **California** Department of Education supports coordination of child care services through Child Care and Development Local Planning Councils in each of the State's 58 counties, under the auspices of county boards of supervisors and county superintendents of schools. Determined by local government, membership is composed equally of child care providers, community representatives, consumers, public agency representatives and individuals serving at the discretion of the appointing agency. Child Care and Development Local Planning Councils coordinate activities with as many as 41 different agencies and maintain partnerships with all First 5/Children and Families county commissions and many other agencies.

[6] CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

## TABLE 2.1.1
### State and Territory Consultation and Coordination with Organizations Identified in the CCDF Plan Preprint*

| Type of Organization | Consultation | | Coordination | |
|---|---|---|---|---|
| | Number of States/ Territories | State/Territory Name | Number of States/ Territories | State/Territory Name |
| Representatives of local governments | 53 | AK, AL, AR, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY | 22 | AL, CT, DC, FL, GU, ID, IN, KY, LA, MI, MN, NC, ND, NE, NH, PA, PR, SC, SD, VA, VT, WA |
| Indian Tribes/Tribal organizations | 16 | AL, AZ, CO, FL, ID, LA, MI, MN, NE, NM, OK, SC, SD, TX, WA, WI | 25 | AK, AZ, CA, HI, IA, ID, KS, LA, ME, MI, MN, MS, MT, NC, ND, NE, NV, OK, PR, RI, SC, SD, UT, WA, WY |
| Other Federal/State/ local/Tribal and private agencies | 24 | AL, AZ, CT, CNMI, DC, GA, GU, HI, IL, KY, NE, NH, NM, NY, PA, SC, SD, TN, VA, VT, WA, WI, WV, WY | 53 | AK, AL, AR, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| Public health | 18 | AZ, CNMI, CT, DE, GA, GU, IL, KY, NE, NH, OR, PA, SC, SD, VA, VT, WA, WV | 53 | AK, AL, AR, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| Employment services | 15 | AZ, CNMI, CT, GA, GU, LA, NE, NH, NY, PA, SC, SD, VA, WA, WI | 53 | AK, AL, AR, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| Public education | 22 | AL, AZ, CNMI, CT, DC, DE, GA, GU, IL, LA, MI, NE, NH, NY, PA, SC, SD, VA, VT, WA, WI, WV | 53 | AK, AL, AR, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |

## TABLE 2.1.1
### State and Territory Consultation and Coordination with Organizations Identified in the CCDF Plan Preprint*

| Type of Organization | Consultation | | Coordination | |
|---|---|---|---|---|
| | Number of States/ Territories | State/Territory Name | Number of States/ Territories | State/Territory Name |
| TANF | 19 | AL, AZ, CT, DE, GA, GU, LA, NE, NH, NY, PA, SC, SD, TN, VA, VT, WA, WI, WV | 52 | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| State prekindergarten programs | 18 | AL, AZ, CT, DC, DE, GA, IL, LA, MI, MT, NE, OH, PA, SC, VT, WA, WI, WV | 42 | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, NC, NE, NJ, NM, NV, NY, OK, OR, PA, PR, SC, TN, TX, VA, VT, WA, WI, WV, WY |
| Head Start programs | 24 | AL, AZ, CNMI, CT, DC, DE, GA, GU, ID, IL, LA, MI, NE, NH, NM, PA, SC, SD, UT, VA, VT, WA, WI, WV | 51 | AK, AL, AR, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, VA, VT, WA, WI, WV, WY |
| Programs that promote inclusion for children with special needs | 21 | AL, CNMI, CT, DC, DE, GA, GU, IL, LA, NE, NH, OH, PA, SC, SD, UT, VA, VT, WA, WI, WV | 50 | AK, AL, AR, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, PR, RI, SC, SD, TN, TX, VA, VT, WA, WV, WY |
| Other Organizations | 16 | CT, DE, FL, IL, LA, MA, MN, NC, NH, NM, OK, SC, SD, WI, WV, WY | 30 | AZ, CA, CO, CT, DC, FL, GA, IA, IL, IN, KS, KY, LA, ME, MI, MN, MO, MT, NH, NM, NV, NY, OH, RI, SC, SD, TX, VT, WV, WY |

* This table presents information which summarizes State and Territory responses to closed-ended yes/no questions included in the CCDF Plan Preprint. Data provided for AS, MA and VI are from the FY 2004-2005 CCDF Plans.

**Minnesota's** county agencies administering the child care assistance program must submit a biennial Minnesota County Child Care Plan for approval by the Lead Agency. To coordinate child care assistance with existing community-based programs and providers, the Plan must include strategies to coordinate and maximize public and private information sharing; outline responsibility and accountability for service; and specify program providers such as school districts, health care facilities, government agencies, neighborhood organizations and other early childhood development resources. In addition, the Plan must detail methods for disseminating the proposed CCDF Plan to those with an interest in child care policies such as parents, child care providers, culturally specific service organizations, child care resource and referral programs, interagency early intervention committees and potential partners and agencies that provide care and education for young children.

In **New York**, local governments must assess child care service needs, hold public hearings and consider ways to meet identified needs. In their assessments, local districts must involve all appropriate organizations including child care resource and referral agencies, child care associations, Head Start programs, economic development groups, prekindergarten programs and school districts.

**Vermont** has 12 regional Early Childhood Councils, which deliver services from the Agency of Human Services. The Early Childhood Councils are composed of direct service providers, consumers, community members and local officials, including school board members in some areas. The Child Development Division uses these Councils to consult and advise on grants and services in each region.

The following examples describe Lead Agency consultation activities with entities listed in Section 2.1.1 of the CCDF Plan Preprint.[7]

## Tribal Entities

Sixteen States (AL, AZ, CO, FL, ID, LA, MI, MN, NE, NM, OK, SC, SD, TX, WA, WI) report consultations with Indian Tribes or Tribal organizations that exist within their boundaries.

In **Oklahoma**, the Lead Agency shares information on quality initiatives and subsidy requirements with the Oklahoma Tribal State Child Care Network. The Lead Agency also contracts with the Cherokee and the Delaware Tribes to provide resource and referral services.

In **South Dakota**, each reservation has a CCDF Tribal child care coordinator as well as an infant and toddler Tribal coordinator. CCDF Tribal child care coordinators are invited by the CCDF State Lead Agency to an annual meeting to discuss CCDF Plans and share information. Tribal coordinators also receive periodic communications about changes to the

[7] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint, FFY 2006-2007*. Retrieved April 10, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/preprint_2006_final.htm.

State subsidy program and other initiatives. Quarterly regional meetings and annual State meetings provide a forum for infant and toddler coordinators to offer input on activities designed to improve the quality and availability of infant and toddler care on reservations.

### Other Federal, State and Private Entities

Twenty-two States (AL, AZ, CT, DC, GA, HI, IL, KY, NE, NH, NM, NY, PA, SC, SD, TN, VA, VT, WA, WI, WV, WY) and two Territories (CNMI, GU) report consultations with other Federal, State, local, Tribal and private agencies that provide child care and early childhood development services.

**Hawaii** consults and collaborates with representatives from the Good Beginnings Alliance, the Hawaii Association for the Education of Young Children, Alu Like, Head Start, PATCH, Child Care Business Coalition, Kamehameha Schools, the State Department of Health and the State Department of Education. Outcomes include plans for enhancing children's readiness for school and methods for encouraging parents to use high-quality child care, as well as plans for increasing low-income families' access to child care.

**New Mexico** consults extensively with child care providers, child care advocates and the early care and education community. The Lead Agency consults with agencies and others interested in child care issues through town hall meetings, meetings with child care providers, training and technical assistance programs, regional early care and education conferences and outreach workers conferences.

### Public Health

Sixteen States (AZ, CT, DE, GA, IL, KY, NE, NH, OR, PA, SC, SD, VA, VT, WA, WV) and two Territories (CNMI, GU) report consultations with State and Territory health departments.

The Lead Agency in **Arizona** consults with the Arizona Department of Health Services in developing the CCDF Plan and delivering early childhood services through ongoing communication about the licensing status of centers and homes, and coordinating services and system improvements through the State Early Childhood Comprehensive Systems grant, Healthy Child Care Arizona and other initiatives. [8]

In **Connecticut**, the Lead Agency funds licensing enforcement personnel at the Connecticut Department of Public Health, and has developed a protocol with the Department regarding the child care subsidy program.

[8] State Early Childhood Comprehensive Systems grants are funded by the U.S. Department of Health and Human Services Maternal and Child Health Bureau to support State maternal and child health agencies and partner organizations in collaborative efforts to strengthen State early childhood systems of services for young children and their families. Each grantee must address five focus areas: access to medical homes for all children, mental health and social-emotional development, early care and education services, parent education and family support services. For more information, visit Healthy Child Care America's web site at http://healthychildcare.org/ECCS.cfm.

### Employment Services/Workforce Development

Thirteen States (AZ, CT, GA, LA, NE, NH, NY, PA, SC, SD, VA, WA, WI) and two Territories (CNMI, GU) report consultations with employment services or workforce development agencies.

In **Nebraska**, State, regional and local consultations occur between Department of Labor and Work Investment Boards and Workforce Development Career Centers. At the local level, staff with the Department of Labor and Health and Human Services offer information and referral for coordinating support to families as they work to meet employment goals and increase financial stability.

### Public Education

Twenty States (AL, AZ, CT, DC, DE, GA, IL, LA, MI, NE, NH, NY, PA, SC, SD, VA, VT, WA, WI, WV) and two Territories (CNMI, GU) report consultations with State and Territory education departments.

The **Connecticut** Department of Social Services, the Lead Agency, consults with the Connecticut Department of Education, which oversees State Head Start funds, the Child Care and Adult Nutrition program, state-funded family resource programs and preschool programs. Department of Social Services staff provide technical assistance to licensed child care facilities and the Lead Agency, and the Department manages the State's school readiness preschool initiative.

**Michigan's** Lead Agency consults and coordinates with the Department of Education on the Early Childhood Standards of Quality for infants and toddlers and the Michigan After School Partnership to engage the public and private sectors in building and sustaining high-quality, out-of-school programs.

### TANF Entities

Eighteen States (AL, AZ, CT, DE, GA, LA, NE, NH, NY, PA, SC, SD, TN, VA, VT, WA, WI, WV) and one Territory (GU) report consultations with TANF entities.

In **Georgia**, child care and TANF units are housed within the Division of Family and Children Services in the Department of Human Resources. Consultation between TANF and child care is ongoing and, when possible, common requirements and regulations are established.

### State Prekindergarten Programs

Eighteen States (AL, AZ, CT, DC, DE, GA, IL, LA, MI, MT, NE, OH, PA, SC, VT, WA, WI, WV) report consultations with State prekindergarten programs.

The Lead Agency coordinates with **Georgia's** pre-K program to increase the number of high-quality child care settings and expand availability of services to eligible children. This collaboration results in cost-effective services and enhances developmental outcomes for children.

In **Michigan**, the Lead Agency consults and coordinates with the Office of Early Childhood Education and Family Services within the Department of Education on the Michigan School Readiness Program, the statewide preschool program for high-risk 4-year-olds.

## Head Start Programs

Twenty-two States (AL, AZ, CT, DC, DE, GA, ID, IL, LA, MI, NE, NH, NM, PA, SC, SD, UT, VA, VT, WA, WI, WV) and two Territories (CNMI, GU) report consultations with Head Start programs, Head Start associations and/or representatives from the Head Start Bureau.

**Delaware** was selected as a Partner in Excellence State through an opportunity funded by the Head Start Bureau and the Child Care Bureau.[9] Guided by a State Core Partner in Excellence team, Delaware proposed an infrastructure building design and spent the first year preparing trainers and health consultants engaged in professional development across the State. In addition, the State team expanded Partners in Excellence to include a continuum of social-emotional support. In January 2005, pilot implementation began for 32 sites across the State, affecting more than 1,600 children in Head Start, Early Head Start, State prekindergarten and child care programs.

The Lead Agency in **Pennsylvania** consults and coordinates with the Head Start program in determining child care policies and procedures. Involvement of key Head Start representatives is instrumental for aligning Head Start performance standards with Keystone STARS (Keystone Standards, Training, Assistance, Resources, and Support) performance standards and Early Learning Standards. Head Start performance standards were reviewed and adapted for incorporation into Keystone STARS performance standards.

## Programs That Promote Inclusion for Children with Special Needs

Nineteen States (AL, CT, DC, DE, GA, IL, LA, NE, NH, OH, PA, SC, SD, UT, VA, VT, WA, WI, WV) and two Territories (CNMI, GU) report consultations with inclusive special needs programs.

**Alabama** developed partnerships with United Cerebral Palsy to provide training, technical assistance and consultation to support providers in increasing the quality of care for children with special needs and assist parents as first teachers.

[9] Partners in Excellence is a training and support initiative designed and implemented by the Center for the Social and Emotional Foundations of Early Learning. This initiative works to increase the capacity of child care and Head Start training and technical assistance networks. This local, State and regional systems-change effort also supports implementation of evidence-based social-emotional development practices. For more information, visit http://csefel.uiuc.edu.

In **South Dakota**, inclusion specialists are being added to the Early Childhood Enrichment/ Resource and Referral system to work with licensing staff to help families with children with special needs locate suitable child care and address special training needs with child care providers. Data will be collected and analyzed to determine gaps, needs and next steps.

## Other Organizations

In addition to consulting with organizations listed in Section 2.1.1 of the CCDF Plan Preprint,[10] some States and Territories consult with other public and private organizations such as advocacy organizations, businesses and/or business organizations, child care resource and referral agencies, foundations and trusts, local school districts, State commissions and task forces and other State and local private organizations and associations.

Sixteen States (CT, DE, FL, IL, LA, MA, MN, NC, NH, NM, OK, SC, SD, WI, WV, WY) report consultations with other organizations.

In **Florida**, representatives from 18 entities, including providers, Tribes, State organizations and faith-based, Head Start and State agencies, were invited to participate in a work group to provide input for the FY 2006-2007 CCDF Plan. Work group members met twice to develop a Plan that reflected coordination and collaboration among all entities involved in early learning services.

**Illinois** State legislation required the Lead Agency to prepare a report for the Governor, and the State assembly outlined a plan to increase provider reimbursement rates for the Child Care Assistance Program. Nine community meetings were held throughout the State to gather input from parents, providers, community stakeholders, advocates and others to develop the Illinois Child Care Rates Report, which was released in January 2005.

In **New Hampshire**, multiple entities were consulted for developing the CCDF Plan: local government coordinators; licensed programs that were surveyed in October 2004 and the statewide Child Care Advisory Council, including representatives from public health, the Department of Education, TANF, Head Start, Early Supports and Services, Preschool Technical Assistance Network, New Hampshire legislature, the university system of New Hampshire, New Hampshire Association for the Education of Young Children, New Hampshire Community Loan Fund, New Hampshire Child Care Resource and Referral Network and New Hampshire Business and Industry Council. The New Hampshire Employment Program sponsored the public hearing.

In **New Mexico**, licensed and registered home care providers, training and technical assistance programs, home-sponsoring organizations and advocates attended town hall meetings to review State child care issues. The Child Care Services Bureau and the Office of Child Development met extensively with child care providers and training and technical

[10] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint, FFY 2006-2007*. Retrieved April 10, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/preprint_2006_final.htm.

assistance programs to discuss development and implementation of New Mexico's Reach for the Stars program, a Quality Rating System for licensed homes and centers. Input from these meetings contributed to development of the CCDF Plan.

## Coordination

Lead Agencies are required to work with representatives of local governments; Indian Tribes or Tribal organizations; other Federal, State, local, Tribal (if applicable) and private agencies that provide child care and early child development services; and State or Tribal agencies responsible for public health, employment services, workforce development, public education and TANF. Partner organizations can also include State prekindergarten programs, Head Start programs and programs that promote inclusion for children with special needs. The following examples describe coordination activities with these entities, in the same order they appear in the CCDF Plan Preprint.

### Local Government

Twenty States (AL, CT, DC, FL, ID, IN, KY, LA, MI, MN, NC, ND, NE, NH, PA, SC, SD, VA, VT, WA) and two Territories (GU, PR) report coordination with representatives of local governments.

In **Alabama**, the Lead Agency coordinates with local government agencies to identify local child care spending that could be used as State match. Surveys sent to the League of Municipalities and the Association of County Commissions help identify local child care organizations.

In **Florida**, some counties have established children's service councils, which are quasi-governmental entities. In addition, county commissions appoint one member to the local board and CCDF matching funds are often provided by local government entities.

In **Minnesota**, the Child Care Assistance Program is a state-supervised, county-administered program. The Lead Agency supervises county child care programs through standard setting, technical assistance, approval of county child care fund plans and distribution of public money for services to counties. In addition, the Lead Agency provides training and other support to counties for planning and implementing child care assistance programs.

In **North Dakota**, the Lead Agency administers the State child care licensing system; however, county social service offices conduct child care licensing studies, investigate complaints and issue correction orders. The Lead Agency provides partial funding for these services.

### Tribal Entities

Twenty-four States (AK, AZ, CA, HI, IA, ID, KS, LA, ME, MI, MN, MS, MT, NC, ND, NE, NV, OK, RI, SC, SD, UT, WA, WY) and one Territory (PR) report coordination with Indian Tribes or Tribal organizations that exist within their boundaries.

The Lead Agency in **Alaska** initiated quarterly teleconferences with Tribal organizations in 2004. Ongoing collaborative activities include updates on proposed regulation changes; development of a resource guide for child care resource and referral agencies, licensing offices, child care assistance offices, Head Start programs, CCDF Tribal programs and child care food programs; development of reports on collaborative activities of Tribal organizations; work toward a child care certification process that meets Tribal and State requirements and information sharing on training opportunities and upcoming events.

**Idaho** coordinates with representatives from the Nez Perce Tribe and the Shoshone-Bannock Tribe directly and through their participation on the Idaho Child Care Advisory Panel. The draft of the FY 2006-2007 CCDF Plan was submitted to the Advisory Panel for review and comment. In addition, the Coeur D'Alene Tribe received a child care grant from the Lead Agency to coordinate Tribal participation in the professional development system, Idaho State Training and Registry System (IdahoSTARS). The Shoshone-Bannock and Nez Perce Tribes are completing applications for a similar grant.

The Lead Agency in **Louisiana**, the Department of Social Services, entered into a written agreement with the Chitamacha Tribe for delivery of child care services.

Under **Mississippi's** Lead Agency, the Office for Children and Youth provides child care credentialing training for Tribal staff. Training materials are mailed to them quarterly, and they can access the Lead Agency's web site for a copy of the Child Care Policy Manual and other information.

The **Montana** Early Childhood Advisory Council hosts an annual meeting at which Tribal CCDF administrators and other Tribal representatives discuss early childhood coordination issues between Tribes and the State such as child care licensing and registration agreements, Tribal child care service areas, implications of Tribe-administered TANF programs for child care, using early learning guidelines in Tribal early childhood programs, training integration and articulation agreements between Tribal colleges and the State university system, background check processes and complementary subsidy programs and rate setting.

## Other Federal, State and Private Entities

Fifty States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) report coordination with other Federal, State, local, Tribal and private agencies that provide child care and early childhood development services.

In **Missouri**, the Office of Early Childhood was moved into the Children's Division and became the Early Childhood and Prevention Services Section. The reorganization helped merge quality early care and education principles with practices designed to increase children's well-being and prevent child abuse and neglect through appropriate child care for protective services children, background screening requirements for child care and foster

care providers, payment processes for child care providers with protective services children and child abuse and neglect prevention services. Missouri is one of seven States to receive a Strengthening Families Initiative technical assistance grant administered by the Center for the Study of Social Policy and funded by the Doris Duke Charitable Foundation.

In **South Dakota**, Child Care Services collaborated with Game, Fish and Parks to train school-age program staff in 2005, with follow-up training slated for the FY 2006-2007 CCDF Plan period. Game, Fish and Parks provides curriculum and training guides to participants, and receives mailing information from Child Care Services to facilitate other training opportunities for school-age program directors.

In **Texas**, the Lead Agency coordinated with the State Center on the Texas Early Education Model pilots, which integrated child care services and Head Start and prekindergarten programs in 11 pilot sites across the State. Based on pilot results, the Center is revising Texas prekindergarten guidelines and tailoring them for all early education and care settings

## Public Health

Fifty States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) report coordination with State and Territory health departments.

The Lead Agency in **Hawaii** coordinates with the Department of Health on various initiatives to provide healthy and safe environments for children, including the Healthy Child Care Hawaii project, which is the local chapter of Healthy Child Care America; the Keiki Care Project, which assists providers working with preschool-aged children who exhibit challenging behaviors in the classroom and the Inclusion Project, which supports families in choosing inclusive settings for their special needs children ages 0–3 years old.

In **Iowa**, collaboration between the Lead Agency and the Department of Public Health's Maternal and Child Health Program resulted in expansion of child care health consultation throughout the State. A Department of Public Health requirement by FY 2006-2007 is for Title V Child Health Clinics to employ (or make available to the community through interagency partnerships) a minimum half-time child care nurse consultant. There are currently 26 child health clinics providing statewide coverage. In addition, Healthy Child Care Iowa continues to partner with the 19 health specialists under Head Start, the child care resource and referral agencies and empowerment areas for a coordinated and expanded health consultation network.

The Lead Agency in **Michigan** and the Department of Community Health developed an interagency coordination agreement for public and mental health consultation services, Child Care Expulsion Prevention. Services are provided to regulated and enrolled/informal child care providers serving children ages 0–5, with a special emphasis on children ages 0–3, in designated areas of Michigan. Informal providers receive priority for services.

The **Rhode Island** Lead Agency, the Department of Human Services and the Department of Health fund and oversee the Child Care Support Network. The network is an onsite technical assistance program for regulated child care centers and family child care homes, administered by the Department of Health with emphasis on improving overall quality, health and safety; integrating special needs children in child care settings; developing positive relationships with families and supporting optimal social-emotional development of children in care.

The Lead Agency in **Wyoming** works with the State Early Childhood Comprehensive Systems grant to coordinate all early childhood programs in the State. The Child Care Program has worked with the Department of Health, which includes Part B and Part C services under the Individuals with Disabilities Education Improvement Act; the Department of Education, which includes the Child and Adult Care Food Program; the Department of Work Force Service; the Shoshone and Arapahoe Tribes; the Wyoming TANF program; Child Care Finder, which is Wyoming's child care resource and referral agency; local Head Start and Early Head Start agencies; the University of Wyoming; community colleges; child care providers; parents and advocacy groups.

## Employment Services/Workforce Development

Fifty States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) report coordination with employment services/workforce development agencies.

In **Montana**, collaboration among the Lead Agency's Childhood Services Bureau, Montana Department of Labor and Industry and the Early Childhood Career Development office at Montana State University-Bozeman and Western Montana College of the University of Montana resulted in the creation of a child care development specialist apprenticeship. This effort initially was funded through a grant from the U.S. Department of Labor and trained more than 100 child care development specialist apprentices. Through a formal partnership, the Lead Agency uses quality funds to support training and professional development for individuals in the apprenticeship program, and the Department of Labor and Industry provides program oversight and expertise in registered apprenticeships.

In **Pennsylvania**, Employment Advancement Resources Network Centers emerged from a collaboration between the Department of Public Welfare, which is the Lead Agency, and the Philadelphia Workforce Development Corporation. At network centers, employment and training contractors provide comprehensive services to those receiving TANF and other benefits administered by the Philadelphia County Assistance Offices. Child care parent counseling and child care resource and referral services are a core component of the centers' service package. Approximately 20 centers are planned throughout Philadelphia, and the model is expected to be duplicated statewide.

The Lead Agency in **Rhode Island** developed the Rhode Island Child Care Development Specialist Apprenticeship Program through a Federal grant in FY 2000, as part of the Harbor of Opportunities for Professional Excellence professional development initiative. The project, now sustained by CCDF quality funds, is supported by the Department of Labor and Training, Department of Education, Department of Health, Department for Children, Youth and Families and child care providers and is administered by the Community College of Rhode Island.

## Public Education

Fifty States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) report coordination with State and Territory education departments.

The Lead Agency in **Alabama** coordinates with the Alabama Department of Education to provide quality extended-day services for school-age children through grants awarded to Local Education Agencies. The program is designed to integrate strategies that enhance the quality of school-age care into the extended-day child care setting. Funds target rural areas and areas with low-performing schools.

**Florida's** Lead Agency, the Agency for Workforce Innovation, Office of Early Learning, coordinates with the Governor's initiative, Just Read! Florida, which provides training and technical assistance for family and early literacy efforts, and is a comprehensive, coordinated project to help children become successful independent readers. The Florida Department of Education has primary responsibility for the Governor's initiative.

In **Maine**, the Office of Child Care and Head Start coordinates with the Department of Education for revising Early Childhood Learning Guidelines, completing the U.S. Department of Education Early Childhood Educators Training grant application, creating the prekindergarten program development task force, developing a credential for teachers of children birth to 5 years and piloting Early Childhood Learning Guidelines.

In **North Dakota**, a planning/development/funding group, whose members represent the Lead Agency and the North Dakota Department of Public Instruction, has entered into an agreement with a writing team to draft the Early Learning Guidelines Birth to Five.

In **Pennsylvania**, the Office of Child Development works with public education by implementing cross-department strategies to ensure children consistently reap educational and social benefits whether programs are located in child care, Head Start or school settings. Pennsylvania uses a tripartite approach that establishes and supports consultation and coordination among State government departments, especially with the Pennsylvania Department of Education. Coordination and consultation, including joint representation on all committees working on early childhood policy and implementation issues, occur through the Governor's Early Learning Team.

## TANF Entities

Fifty States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and two Territories (GU, PR) report coordination with TANF entities.

In **Alabama**, the Lead Agency oversees the TANF program. The TANF and Job Opportunities and Basic Skills (JOBS) work and training programs are coordinated with workforce development and other employment and training programs administered through the Department of Labor, the Employment Service and the Alabama Department of Economic and Community Affairs. Coordination has produced more effective, efficient and seamless service delivery to parents.

In **Indiana**, the Lead Agency coordinates with the Indiana Department of Workforce Development to provide employment services for TANF families. Priority for child care services is given to TANF families to increase work participation rates.

In **Kansas**, the Lead Agency coordinates with TANF through a combined application for TANF cash, medical, child care and food assistance benefits. In addition, child care reviews are completed, when possible, in conjunction with scheduled TANF, food assistance and/or medical reviews.

The Lead Agency in **Minnesota** works with the Department of Education and the Department of Employment and Economic Development to coordinate services for TANF participants and other low-income families working toward self-sufficiency. Integrated service delivery models feature colocation of employment services, child care and cash assistance staff. Successful coordination has produced expedited services for families, a shorter child care assistance application for TANF families, reliable care for children and employment, or training leading to employment, for parents.

The Lead Agency in **North Carolina** coordinates with the Division of Social Services and local county departments to help maximize funds for TANF recipients and families at risk of needing TANF assistance. In State Fiscal Year (SFY) 2004-2005, more than $81 million in TANF funds were transferred into CCDF, and an additional $34.5 million in direct TANF funds were blended with other funds for child care.

In **Vermont**, the Lead Agency works with the Economic Services Division at the State and community levels to help TANF families gain access to child care. Activities include coordinating child care subsidy assistance and recruiting and training child care providers to improve access to care, especially during non-traditional work hours.

In addition to coordinating with required entities, Lead Agencies report coordination with a number of other partners, including organizations listed in the CCDF Plan Preprint, such as State prekindergarten programs, Head Start, inclusive special needs programs and others.

## State Prekindergarten Programs

Forty-one States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, NC, NE, NJ, NM, NV, NY, OK, OR, PA, SC, TN, TX, VA, VT, WA, WI, WV, WY) and one Territory (PR) report coordination with State prekindergarten programs.

In **Florida**, the School Readiness Act of 1999 consolidated several funding streams into one early learning funding stream, including State prekindergarten funds; therefore, prekindergarten no longer exists as a separate program. In November 2002, a constitutional amendment established voluntary prekindergarten education for all 4-year-olds, to be implemented in 2005, and a study was conducted to advise the Florida legislature on implementation of the Voluntary Pre-kindergarten Education Program. A January 2005 law gave the Lead Agency the powers and duties associated with operational requirements of the program, and the Department of Education the powers and duties associated with program accountability requirements.

The Lead Agency in **Nebraska** and the Nebraska Department of Education, which has responsibility for early education including prekindergarten programs, work closely on numerous teams. Development of voluntary early learning guidelines for all early care and education settings is one outcome of this collaboration. At the direction of the State Board of Education, the Department of Education launched a policy study of early childhood in Nebraska. The leadership team includes 60 representatives from the Department of Health and Human Services, child care, Head Start, schools, professional organizations, educational service units, parents, higher education and other stakeholder groups and agencies from across the State.

In **West Virginia**, coordination with Partners Implementing an Early Care and Education System resulted in development of a prekindergarten program policy that specifies local collaborative plans must be developed, at least 50 percent of programs must be offered in community collaborative programs such as child care and Head Start and child care centers must have the opportunity to assist in developing county plans. The West Virginia Department of Education and the Department of Health and Human Resources jointly hired staff to provide technical assistance to counties for developing their plans.

## Head Start Programs

Forty-eight States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) report coordination with Head Start programs, Head Start associations and/or Head Start collaboration offices.

The **Arizona** Head Start State Collaboration office, in conjunction with the Arizona School Readiness Board, focuses on eight priority areas: children with disabilities, child care, community service activities, education, family literacy, health care, services for children who are homeless and welfare. Arizona Head Start Association and Collaboration Office goals include creating a seamless system of early care and education services by integrating key elements of Head Start programs into development of a State early childhood system. The Lead Agency contracts with Head Start programs that provide child care.

**Minnesota** provides funding through Migrant Head Start programs to serve migrant children who do not meet Head Start eligibility requirements. Tri-Valley Opportunity Council, Inc. is a grantee of both the Minnesota Department of Education and the Lead Agency. The Council carries out ongoing assessment of family needs and develops an annual family service plan through Migrant Head Start/child care programs. The Department's Child Development Services and Department of Education's Early Learning Services and Head Start work together to monitor Migrant Head Start/child care programs statewide. They have decided to improve service delivery for migrant families by expanding service options, in addition to Migrant Head Start/child care centers.

The Lead Agency in **New Jersey** uses the Head Start Collaboration Project to advance shared efforts of Head Start grantees and child care providers. Lead Agency staff and Head Start grantees gained a common understanding of the Head Start system and mandate, and brainstormed ideas for local collaboration. A forum is planned for Head Start grantees to learn more about the child care assistance program and how to work with local child care providers as partners in a local early care system.

The **Virginia** Department of Social Services, Department of Education and Head Start have conducted an assessment of program availability, service gaps in services and deficiencies to collaborate in the expansion of quality early care and education. In preparation for the assessment, staff from State prekindergarten and Head Start programs and community partners participated in a forum and in focus groups held throughout the State to document working partnerships and offer strategies to address collaboration and service maximization. The Head Start Collaboration Office also has established an advisory board, which includes a subcommittee on early childhood program collaboration. The board includes representatives from the Lead Agency, the Virginia Department of Education, the Virginia Department of Health, community action agencies and groups representing populations with special child care needs.

## Programs That Promote Inclusion for Children with Special Needs

Forty-seven States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WV, WY) and three Territories (CNMI, GU, PR) report coordination with inclusive special needs programs.

In **Arizona**, contracts for child care slots are limited to specialized services for children with special needs, and are issued through a competitive Request for Proposal process open to all child care providers. Services available pursuant to this Request for Proposal are available at certain child care centers.

The Lead Agency in **Hawaii** provides funds to the Department of Health so special needs children ages 0–3 can attend inclusive child care settings. The Department of Human Services also licenses private preschools that partner with neighboring public schools' special education programs to provide an inclusive setting for children with special needs.

**Idaho's** Part C Early Intervention program, the Idaho Infant Toddler Program, is housed within the Lead Agency. The programs work together to increase early intervention referrals and provide parent education on developmentally appropriate child care. IdahoSTARS offers statewide training and technical assistance to give participating providers tools to include children with disabilities successfully in their child care settings, and a support network as they develop an inclusive approach in their homes or centers. Representatives from Medicaid Services, the University of Idaho, the Infant Toddler Program, the Division of Welfare and the Idaho Association for the Education of Young Children meet regularly to develop a process for enabling providers who care for children with disabilities to be trained and reimbursed for delivering Medicaid-reimbursable activities for children with disabilities.

The Map To Inclusive Child Care Team in **New Jersey** is a statewide initiative to enhance inclusion in child care settings for children ages birth to 13 with special needs. The Special Projects Manager in the Department of Human Services Office of Early Care and Education coordinates resources among State agencies, the private sector, parents and advocacy groups to increase the number of children served and improve the quality of care for children with special needs. The Special Projects Manager also provides guidance and information on Americans with Disabilities Act related issues to Department of Human Services divisions, and has developed resources for parents, providers and community agencies, including a CD titled, Resources for Including Children with Special Needs in Child Care.

## Other Organizations

In addition to coordinating with organizations listed in Section 2.1.1 of the CCDF Plan Preprint,[11] States and Territories work with other public and private organizations, such as advocacy organizations, businesses and/or business organizations, child care resource and referral agencies, nonprofit organizations, school districts, State commissions and task forces and other private organizations and associations to develop and implement child care initiatives.

[11] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint, FFY 2006-2007*. Retrieved April 10, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/preprint_2006_final.htm.

Thirty States (AZ, CA, CO, CT, DC, FL, GA, IA, IL, IN, KS, KY, LA, ME, MI, MN, MO, MT, NH, NM, NV, NY, OH, RI, SC, SD, TX, VT, WV, WY) report coordination with other organizations.

#### Advocacy Organizations

**Connecticut's** Lead Agency provides technical assistance to statewide advocacy organizations including the Connecticut School-age Child Care Alliance, Connecticut Association for Education of Young Children, Connecticut Family Day Care Association Network, Connecticut Early Childhood Education Council, Connecticut Association for Human Services, Connecticut Child Care Centers Directors Forum and Connecticut Voices for Children.

#### Businesses and Business Entities

In **Kentucky**, business and community leaders with an interest in early childhood serve on the Early Childhood Business Council, which was created to gain corporate and local government support for issues important to working families in the State.

#### Child Care Resource and Referral Agencies

The **Illinois** Lead Agency, in partnership with the Illinois Network of Child Care Resource and Referral Agencies, child care resource and referral agencies and other contractors, promotes healthy eating and exercise for children through the Childhood Obesity Project. Information about nutrition and ideas for healthy meals and snacks has been distributed. Additionally, a web site helps inform parents, child care providers and others about the problem of obesity in young children, and contains recipes, exercise suggestions and links to additional resources and relevant research.

In **Minnesota**, child care resource and referral agencies administer regional and statewide grants to child care centers, family child care providers, educational institutions, school-age care, Head Start, Tribal and other community programs for program start-up and improvement. Grants are designed to improve availability and quality of State and Tribal child care services, and are also available to culturally diverse communities. Additionally, the Lead Agency coordinates with the child care resource and referral system on a School Readiness Project to develop and implement a competency-based training continuum to be implemented through the child care resource and referral system.

#### Higher Education

In **Connecticut**, the Board of Trustees for State Community and Technical Colleges operates early childhood child care centers that serve as training laboratories, and provides scholarships for early caregivers to attend training required for licensure or to enhance their academic and/or professional development. Also, the Board of Trustees was designated by the Lead Agency to coordinate the State's voluntary career development system and coordinate

the Statewide Accreditation Facilitation Project to train and support providers in attaining national accreditation status.

In **Georgia**, the Lead Agency and Bright from the Start: Georgia Department of Early Care and Learning coordinate with the Georgia Department of Technical and Adult Education to promote child care provider professional development. The collaboration facilitates caregiver access to local educational opportunities using Georgia Helping Outstanding Pupils Educationally grants.

The Lead Agency in **West Virginia**, the Higher Education Policy Commission and the Department of Education, Division of Technical and Adult Education have blended funding to develop a model for an articulated career path for education professionals. A consultant developed models for articulation of credit.

#### Mental Health Organizations

The Lead Agency in **Vermont** manages the Children's Upstream Services Initiative program, which provides direct and consultative early childhood mental health services. Services are provided in addition to supportive child care centers for children with extremely challenging behaviors or emotional difficulties, and support children in integrated, community-based programs. Services are expected to minimize the need for special education services later in the children's education and stabilize child care placements for children experiencing significant stress or disruption in their lives. The Lead Agency works with the Division of Mental Health to support these services.

#### State Commissions, Advisory Councils, Task Forces and Boards

Lead Agencies report coordination activities leading to development of CCDF Plans through commissions, advisory councils, task forces and boards. The following examples illustrate the diverse functions, scope of work and composition of State coordination entities.

In **Georgia**, the First Lady's Children's Cabinet promotes resource sharing and removing barriers to service delivery. Membership includes leaders from every State agency responsible for serving children, including the Commissioner of the Department of Human Resources, Commissioner of the Department of Community Health, Commissioner of Bright from the Start: Georgia Department of Early Care and Learning, Director of the Children and Youth Coordinating Council and the State Superintendent of Schools. The Cabinet focuses on eliminating service gaps and duplication and reducing unnecessary expenditures by emphasizing prevention.

The **Illinois** Children's Mental Health Partnership includes members from the Lead Agency, other State officials and agency staff, local school districts, professional organizations, advocacy groups and community agencies. Legislation requires the partnership to develop a children's mental health plan that includes recommendations for comprehensive, coordinated mental health prevention, and early intervention and treatment services for children from

birth to 18 years. Also, the Governor and general assembly created the Illinois Early Learning Council in FY 2004 to develop a quality early learning system for children ages birth to 5 years. This involves expansion, improvement and collaboration among programs already available to young children, such as prekindergarten, child care, Head Start, health care and parental supports.

In **New Mexico**, the Lead Agency gains valuable input from a variety of stakeholders through the Early Childhood Action Network, which includes child care advocacy groups, private child care providers, Native American Tribes, academicians, other State agencies, local governments, legislators and the business community. The group has produced a number of important documents, including *Report Card on the Well-Being of New Mexico's Children – Birth to Five*, which outlines several key outcomes including raising the quality of child care in the State. The group also has performed a comprehensive inventory of programs funded through the government that serve children birth to 5 years. The group's work helps guide programmatic decisions by highlighting strengths and weaknesses in the State's early childhood development system.

#### Child Welfare Services

**Missouri** is one of seven States to receive a Strengthening Families Initiative technical assistance grant through the Center for the Study of Social Policy and funded by the Doris Duke Charitable Foundation. The Strengthening Families Initiative is designed to prevent and reduce child abuse and neglect using evidence-based early childhood strategies. The initiative will link early childhood and child welfare practices to have a positive impact on reducing child abuse and neglect incidents in the State.

## Section 2.1.2 – State Plan for Early Childhood Program Coordination[12]

Good Start, Grow Smart *encourages States to develop a plan for coordination across early childhood programs. Indicate which of the following best describes the State's efforts in this area.*

- *Planning. Indicate whether activities are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.*
- *Developing. A plan is being drafted.*
- *Developed. A plan has been written but has not yet been implemented.*
- *Implementing. A plan has been written and is now in the process of being implemented.*
- *Other (describe).*

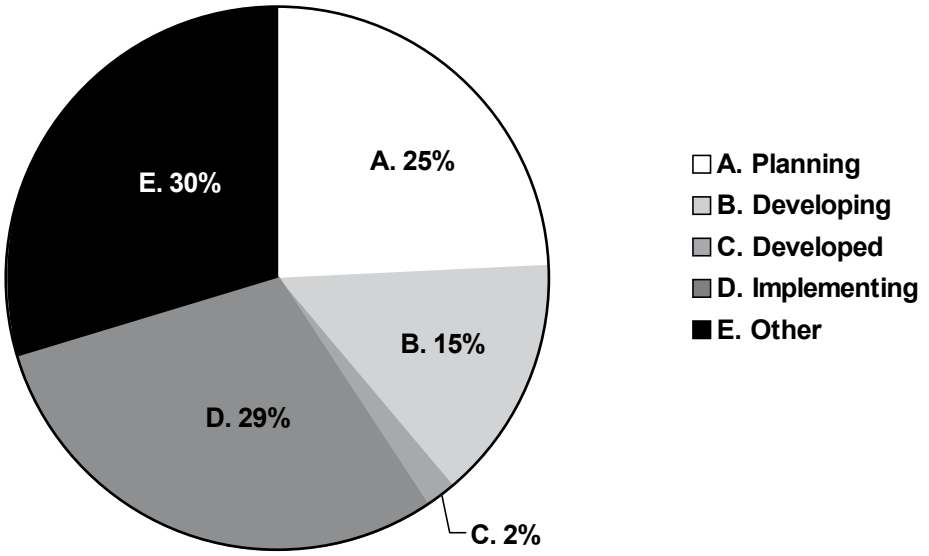
[12] Section 2.1.2 includes Fiscal Year (FY) 2006-2007 data for Massachusetts. FY 2006-2007 data for American Samoa and the Virgin Islands are not available for this section.

## Planning Efforts

*Describe the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2004-2005 State Plan.*

Chart 2.1.2-A identifies the percentage of States and Territories in different stages of plan development: planning, developing, developed, implementing or other.

**CHART 2.1.2-A**
**Status of State and Territory Plans for Early Childhood Program Coordination**




| | |
|---|---|
| A | AK, CT, HI, IL, LA, ND, NH, NM, NV, NY, UT, VA, WY |
| B | CO, GA, ME, MI, NE, OR, PR, SC |
| C | ID |
| D | AZ, CNMI, DE, FL, GU, IA, KS, KY, MD, MN, OH, PA, RI, SD, TX, VT |
| E | AL, AR, CA, DC, IN, MA, MO, MS, MT, NC, NJ, OK, TN, WA, WI, WV |

N=53 (Data are not available for AS or VI.)

Thirteen States (AK, CT, HI, IL, LA, ND, NH, NM, NV, NY, UT, VA, WY) indicate planning is underway to develop a plan for early childhood program coordination.

Seven States (CO, GA, ME, MI, NE, OR, SC) and one Territory (PR) are developing an early childhood program coordination plan.

One State (ID) has developed an early childhood program coordination plan.

Fourteen States (AZ, DE, FL, IA, KS, KY, MD, MN, OH, PA, RI, SD, TX, VT) and two Territories (CNMI and GU) are implementing an early childhood program coordination plan.

Sixteen States (AL, AR, CA, DC, IN, MA, MO, MS, MT, NC, NJ, OK, TN, WA, WI, WV) report other information about the status of an early childhood program coordination plan.

**Alabama** reports multiple agency coordination on three initiatives: the State Early Childhood Comprehensive Systems grant to increase the availability of quality child care, Temporary Assistance for Needy Families (TANF) to increase accessibility of child care and consistency of eligibility and wraparound services for Head Start children. As a State plan is developed, coordination and support of these initiatives and partnerships are expected to continue.

In **Missouri**, the *Good Start, Grow Smart* initiative is a multi-agency, collaborative initiative, with the Missouri Department of Elementary and Secondary Education taking the lead and more than 13 other entities involved in developing prekindergarten standards.

In **Oklahoma**, early learning guidelines were developed cooperatively and adopted by the State Board of Education for prekindergarten programs. Two committees are working on the professional development plan, focusing on alignment and implementation.

**Tennessee** reports a system of early childhood coordination has been implemented. Multiple organizations collaborate regularly to help ensure ongoing professional development of early childhood educators, improve the quality of early childhood services and confirm early childhood services are coordinated and comprehensive.

**West Virginia** systematically has been planning for coordination for several years through the Governor's Early Childhood Implementation Commission and the Partners Implementing an Early Care and Education System Advisory Council. The Council has strengthened its strategic plan for the Birth through Five Early Care and Education System.

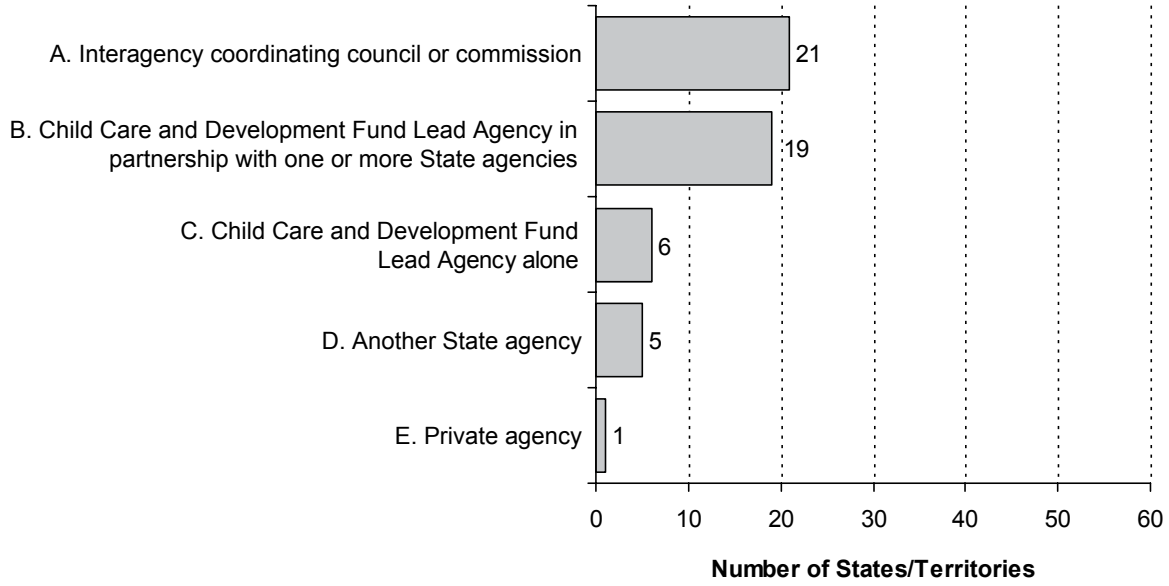
Twelve States (AR, DC, IL, KS, MN, MS, NH, OH, SC, TX, VT, WA) and one Territory (GU) identify progress on initiatives related to school readiness and early learning guidelines development or implementation.

## Responsible Entity

*Indicate whether there is an entity that is responsible for ensuring that such coordination occurs.*

As shown in Chart 2.1.2-B, a variety of entities are responsible for ensuring early childhood program coordination.

## CHART 2.1.2-B
### Entity Responsible for Ensuring Early Childhood Program Coordination




| | |
|---|---|
| **A** | AR, AZ, CO, GU, IA, IL, KS, KY, LA, MA, MD, ME, MT, NC, NH, NM, OK, RI, TX, VT, WV |
| **B** | CA, CT, DC, IN, MI, MN, MO, NE, NJ, NV, NY, OH, PA, SD, TN, UT, VA, WI, WY |
| **C** | CNMI, FL, GA, ND, SC, WA |
| **D** | AL, DE, ID, MS, PR |
| **E** | HI |

N=52 (Data are not available for AS, OR or VI; AK indicates that there is not one entity responsible for ensuring such coordination occurs, but coordination occurs at the policy level as well as at the program level in varying ways around the State. Data provided for MA are from the FY 2004-2005 CCDF Plan.)

Forty-nine States (AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) indicate there is an entity responsible for ensuring such coordination occurs.

Twenty States (AR, AZ, CO, IA, IL, KS, KY, LA, MA, MD, ME, MT, NC, NH, NM, OK, RI, TX, VT, WV) and one Territory (GU) indicate the responsible entity is an interagency coordinating council or commission.

- In five States (AR, AZ, LA, NM, RI), the interagency body responsible for program coordination is associated with the Governor's Office.
- One State (IL) indicates the interagency commission or council is established by statute.

Nineteen States (CA, CT, DC, IN, MI, MN, MO, NE, NJ, NV, NY, OH, PA, SD, TN, UT, VA, WI, WY) identify the Child Care and Development Fund (CCDF) Lead Agency, in partnership with one or more other State agencies, as responsible for ensuring program coordination occurs.

Five States (FL, GA, ND, SC, WA) and one Territory (CNMI) identify the CCDF Lead Agency as the sole entity responsible for ensuring coordination across early childhood programs.

Four States (AL, DE, ID, MS) and one Territory (PR) indicate there is another State agency responsible for ensuring program coordination occurs.

One State (HI) indicates a private agency is responsible for ensuring coordination across early childhood programs.

## Programs/Funding Streams Coordinated

*Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.*

As seen in Chart 2.1.2-C, a variety of organizations are partners in coordinating programs or funding streams.

### Federal Funding Streams

Forty States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, KS, LA, MA, ME, MN, MO, MS, MT, NC, ND, NJ, NV, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV) and two Territories (GU, PR) report coordinating with Head Start and Early Head Start.

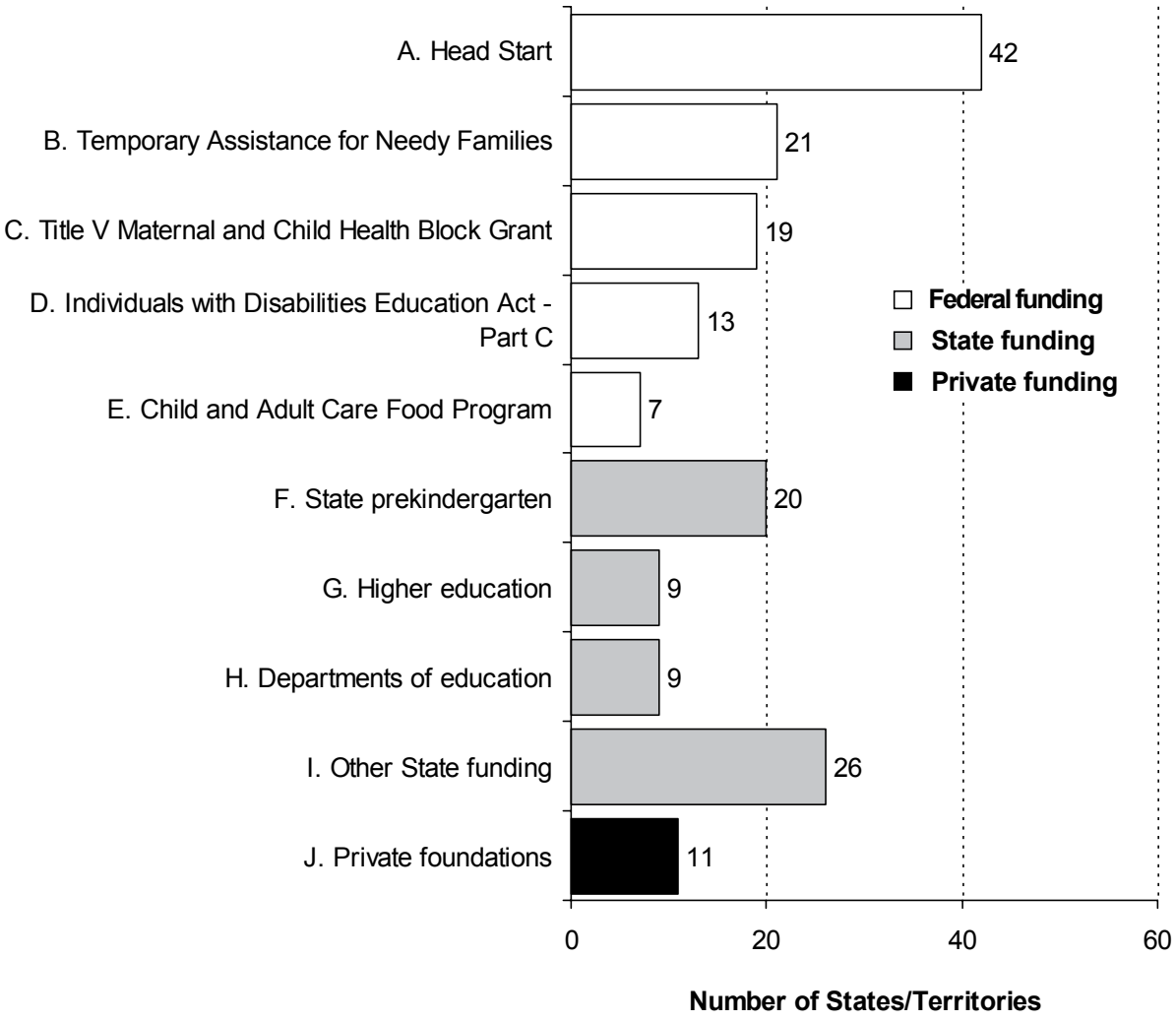
Nineteen States (AR, AZ, CA, DC, DE, KS, KY, LA, ME, MT, NJ, NY, OH, OK, PA, RI, SD, WV, WY) and two Territories (GU, PR) report coordination with TANF.

Nineteen States (AL, AR, AZ, CO, DC, ID, IN, KS, MO, MT, NC, ND, NJ, NY, RI, UT, VA, WI, WY) report coordinating with State Early Childhood Comprehensive Systems grants, funded by the Maternal and Child Health Bureau through Title V.

Thirteen States (AR, CO, DC, FL, IN, MN, MO, ND, NV, PA, RI, TX, UT) report coordination with Individuals with Disabilities Education Improvement Act (IDEA) of 2004 Part C programs, and four States (AR, MN, ND, TX) report coordination with IDEA Part B programs.

Seven States (AK, AR, AZ, GA, KS, MT, WV) report coordination with the Child and Adult Care Food Program.

## CHART 2.1.2-C
## Most Common Program Coordination Partners




| | |
|---|---|
| **A** | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, ID, IL, IN, KA, LA, MA, ME, MN, MO, MS, MT, NC, ND, NJ, NV, NY, OH, OK, PA, PR, RI, SC, SD, TN, TX, UT, VA, WA, WV |
| **B** | AR, AZ, CA, DC, DE, GU, KS, KY, LA, ME, MT, NJ, NY, OH, OK, PA, PR, RI, SD, WV, WY |
| **C** | AL, AR, AZ, CO, DC, ID, IN, KS, MO, MT, NC, ND, NJ, NY, RI, UT, VA, WI, WY |
| **D** | AR, CO, DC, FL, IN, MN, MO, ND, NV, PA, RI, TX, UT |
| **E** | AK, AR, AZ, GA, KS, MT, WV |
| **F** | AL, AR, CO, DC, DE, GA, IL, MA, ME, MO, NC, NJ, NV, NY, OH, OK, TX, VA, WA, WV |
| **G** | AR, CA, HI, MN, MS, MT, NC, NY, WV |
| **H** | AR, CA, ID, LA, MN, MO, MS, NJ, PR |
| **I** | AR, AZ, CA, CT, DC, DE, FL, GA, HI, ID, IN, KS, KY, MN, MO, MT, NC, NY, OK, SC, SD, TN, UT, VA, WA, WV |
| **J** | AR, AZ, DC, ID, IN, KS, MO, MT, ND, PA, VA |

Data provided for MA are from the FY 2004-2005 CCDF Plan.

### State Funding Streams

Twenty States (AL, AR, CO, DC, DE, GA, IL, MA, ME, MO, NC, NJ, NV, NY, OH, OK, TX, VA, WA, WV) report coordinating with State prekindergarten.

Nine States (AR, CA, HI, MN, MS, MT, NC, NY, WV) coordinate with higher education.

Eight States (AR, CA, ID, LA, MN, MO, MS, NJ) and one Territory (PR) coordinate with State departments of education.

Twenty-six States (AR, AZ, CA, CT, DC, DE, FL, GA, HI, ID, IN, KS, KY, MN, MO, MT, NC, NY, OK, SC, SD, TN, UT, VA, WA, WV) report coordinating with other State funding. Of these, five States (MO, OK, SD, TN, UT) report coordination with State mental health departments and programs on social-emotional initiatives and three States (DC, MO, MT) report coordination with State child welfare or child protective services.

### Other Funding Streams

Eleven States (AR, AZ, DC, ID, IN, KS, MO, MT, ND, PA, VA) coordinate with private foundations. Other partners coordinating funds with CCDF include local governments (AR, MI, MS, SD), Tribes (AK, MN, ND), the Build Initiative[13] (NJ, PA) and other entities (DC, DE, GA, ID, KS, NC).

## Program Coordination Expected Results

*Describe the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.*

Ten States (AZ, CT, HI, IA, ID, KS, KY, MA, MT, NE) report progress toward the development of a strategic plan for early childhood services as a result or expected result of coordination.

In **Hawaii**, development of a statewide strategic plan will prompt improvement in the early childhood system. Established services and service gaps will be identified so connections can be made and services coordinated to enhance outcomes for young children.

The **Kansas** Early Childhood Program Coordination Plan will present a vision for the development and implementation of a system infrastructure for a continuum of services for all Kansas children. Plan implementation will be guided by the Governor's priorities to expand programs serving 4-year-old children, teacher training for programs serving 4-year-old children, evaluation of existing programs and health insurance coverage for 40,000 to 60,000 young children.

[13] The Build Initiative, created by the Early Childhood Funders' Collaborative, is a multi-state partnership that helps States construct a coordinated system of programs, policies and services to ensure children are safe, healthy and ready for school. For more information about Build, visit http://www.buildinitiative.org.

## School Readiness Results

Thirty-three States (AK, AL, AR, AZ, CA, DE, FL, GA, IL, KY, LA, ME, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NY, OH, OK, PA, RI, SC, SD, TN, WI, WV, WY) and one Territory (GU) identify developing or implementing early learning guidelines as a result or expected result of coordination.

In **Alaska**, adoption of early learning guidelines will be the foundation for outcomes for all early childhood programs and will be incorporated into their standards and regulations as feasible.

The Lead Agency in **California** is developing prekindergarten content standards in language and literacy and mathematics. Prekindergarten content standards in science and history and social science are scheduled to be completed in 2006.

**Georgia**'s Early Learning Standards provide guidelines that promote the cognitive, physical and social-emotional development of children from birth through 3 years old. The standards link to prekindergarten standards, Head Start standards and Georgia Performance Standards for K–12th grade.

In **Illinois**, training on the Early Learning Standards will be part of the Illinois Trainers Network administered through the Illinois Network of Child Care Resource and Referral Agencies.

In **Maine**, expected results of coordination include implementation of early learning guidelines across programs, training and guidelines on the use of the guidelines and specific training on literacy and numeracy available throughout the State.

In **Nebraska**, additional training on each domain of the early learning guidelines will be developed as well as a draft of guidelines for children ages 0–3. Also, developing parent components or companion pieces for the guidelines are identified for upcoming work.

In **Ohio**, coordination is expected to align the Early Learning Content Standards to curriculum planning and ongoing child assessment across Head Start, child care and public prekindergarten settings.

In **South Carolina**, the work of the *Good Start, Grow Smart* Task Force is expected to generate development of early learning guidelines for 3-year-olds. A draft has been completed for language and literacy, numeracy, approaches to learning, physical development and social-emotional development.

The Lead Agency in **South Dakota**, in partnership with the Department of Education and the University of South Dakota, is developing early learning guidelines, which will be embedded in the Pathways to Professional Development and a Quality Rating System.

Sixteen States (AR, AZ, CA, CO, IN, MD, ME, MN, MO, NJ, NM, OH, OK, PA, RI, TX) report developing or improving school readiness indicators, assessment standards and outcomes as a result or expected result of coordination.

**Arkansas** was part of a 17 State project that developed school readiness indicators. The Arkansas School Readiness Initiative Report was released and indicators of school readiness for children, families, schools and communities will be tracked annually and used in making policy decisions.

**Maryland** conducts an annual assessment of children's readiness for school. Over the past 3 years, assessment results indicate the State's focus on early learning skills and activities generated a 4 percent statewide increase in the number of children who are fully ready for school, and this number is expected to grow with continued coordination and training.

In **Oklahoma**, outcomes for children will be monitored with the development and tracking of benchmarks by the Oklahoma Partnership for School Readiness.

Three States (IL, KS, NC) report expanded prekindergarten programs as a result or expected result of coordination.

**North Carolina** has implemented the More at Four Pre-Kindergarten Program, administered locally at the county's Smart Start partnership or the local education agency. More at Four classrooms are integrated into public schools, Head Start and private child care programs.

Three States (AL, DE, MN) identify school readiness initiatives as a result or expected result of coordination.

**Minnesota** has developed five child, family and community outcomes as a result of coordination. One of the outcomes, school readiness, will be tracked through collection of child outcomes data.

Two States (IL, NY) report implementing universal prekindergarten as a result or expected result of coordination.

The Early Learning Council in **Illinois** is developing plans for Preschool For All, a high-quality, voluntary, universal preschool model for children age birth to 5 years.

## Provider and Program Results

Twenty-one States (AR, AZ, HI, IL, IN, KS, LA, MA, ME, MN, MO, MS, MT, NJ, NY, OK, RI, TN, WA, WI, WV) report improved qualifications of early childhood professionals as a result or expected result of coordination.

Through a more coordinated system for caregiver professionals, **Indiana** anticipates increased numbers of caregivers participating in a minimum of one training series or program and increased achievement of certification, credentials and/or degrees in early childhood.

The **New Jersey** Professional Development Center for Early Care and Education developed an online service, the New Jersey Registry for Childhood Professionals, which will keep track of professional development achievements.

Thirteen States (AR, DE, IL, IN, KS, MA, MD, ME, MT, NJ, NY, TN, WI) and two Territories (PR, VI) identify increased or improved training opportunities as a result or expected result of coordination.

In **Puerto Rico**, two videos will be produced on literacy in early childhood for Head Start and child care service providers, parents and early childhood college students.

Ten States (DE, MA, MT, NC, NE, PA, RI, SD, TN, WI) identify developing or implementing Quality Rating Systems as a result or expected result of coordination.

In **Pennsylvania**, the Keystone STARS quality program expanded participation to include more than 55 percent of certified centers and 14 percent of family day care homes.

In **Tennessee**, coordination across State, private and nonprofit organizations has enhanced resources to promote quality child care programs. The Tennessee Evaluation and Report Card Program shows a statistically significant increase between year one and year three in the number of child care programs with improved overall ratings.

In **Wisconsin**, as a result of the Lead Agency working with other State and child care organizations, a recommendation was made to establish a Quality Rating System.

Eight States (AL, AR, CO, IL, KY, ND, SD, VA) and two Territories (GU, PR) report implementation of a professional development plan as a result or expected result of coordination.

The **Arkansas** Early Childhood Professional Development System is fully operational and a steering committee oversees activities to strengthen professional development.

In **Colorado**, under the State Early Childhood Comprehensive Systems grant, the Professional and Workforce Development Task Force is planning for an Office of Professional Development to address systems issues related to professional development.

Eight States (IA, MI, MO, MT, NE, NY, WA, WY) identify improved or enhanced early childhood mental health services as a result or expected result of coordination.

In **Nebraska**, the Lead Agency and the Department of Education, in collaboration with the University of Nebraska Public Policy Center, launched a pilot project to develop integrated systems of care for young children.

In **Wyoming**, training for early childhood professionals will draw on Wyoming Early Childhood Readiness Standards to provide information on positive social-emotional development of young children.

Eight States (AZ, IA, KS, MI, MN, MT, NM, NY) cite initiatives to promote child health as a result or expected result of coordination.

**Montana** expects to improve nutrition information available to child care facilities using the Child and Adult Care Food Program's benchmarks and outcomes and measuring the number of centers that meet recommended dietary guidelines and offer nutrition-based training.

In **New Mexico**, the Children's Cabinet developed a Done by One campaign to encourage early immunizations.

Four States (CA, MO, NJ, NY) and one Territory (VI) anticipate increased services for children with special needs as a result or expected result of coordination.

Two States (MT, NY) identify expanded school-age initiatives as a result or expected result of coordination.

One State (MT) plans to address recruitment, retention and/or compensation of early childhood professionals as a result or expected result of coordination.

### Delivery System Results

Eight States (AL, AZ, CO, IL, IN, LA, MA, NE) report developing or improving a coordinated, consistent and cost-efficient early care and education delivery system as a result or expected result of coordination.

The Lead Agency in **Alabama** reports its coordination efforts are expected to bring existing early childhood services into an effective system that optimizes healthy development and school readiness, and will guide the process of coordinating existing education and professional development systems for providers.

Eight States (AK, DE, LA, MA, MI, MO, MT, NM) and three Territories (GU, PR, VI) plan to increase availability and accessibility of quality child care as a result or expected result of coordination.

**Montana** sets benchmarks and expected outcomes that are updated annually. A recent benchmark is the increase in child care quality achieved by offering incentives that raise the number of providers who are engaged in early childhood training. The expected result is a 10 percent increase in the number of providers accredited by nationally recognized early childhood organizations. Another benchmark is greater affordability of child care for working low-income families. The expected result is a 7 percent increase in the number of working families receiving sliding fee child care services.

In **New Mexico**, the Governor set standards that include increasing the availability of child care to parents transitioning from public assistance to employment and removing administrative barriers to obtaining public assistance.

Seven States (AZ, IA, MN, MT, NE, TN, WY) and one Territory (VI) cite increased parent engagement as a result or expected result of coordination.

**Nebraska** issued a Public Awareness Report and Recommendations, leading to a Request for Proposal for creation of a public awareness campaign.

Four States (AR, MA, MT, UT) and one Territory (PR) report using State Early Childhood Comprehensive Systems grants to improve coordination of services for young children as a result or expected result of coordination.[14]

Three States (AZ, IL, MA) and one Territory (AS) plan to promote service integration across human services programs as a result or expected result of coordination.

One State (AZ) identifies greater systems oversight and accountability as results or expected results of coordination.

## Future Plans for Program Coordination

*Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?*

Seventeen States (AR, AZ, CA, DE, IA, IL, KS, KY, MD, MI, MT, NC, NH, NJ, SC, VT, WV) and one Territory (CNMI) report their coordinating entity is permanent and ongoing.

Five States (AR, CO, IA, ID, MI) report implementation of the State Early Childhood Comprehensive Systems grant as a future early childhood program coordination plan.

Two States (OH, PA) and one Territory (CNMI) identify implementing early learning guidelines in future early childhood program coordination plans.

Two States (GA, OH) identify implementing a professional development plan in future coordination.

[14] State Early Childhood Comprehensive Systems grants are funded by the U.S. Department of Health and Human Services Maternal and Child Health Bureau to support State maternal and child health agencies and partner organizations in strengthening State early childhood systems of services for young children and their families. A list of project contacts for State Early Childhood Comprehensive Systems planning grants is at http://nccic.acf.hhs.gov/statedata/dirs/plangrant.html.

### Indication of Future Changes, No Changes and Progress on Early Childhood Program Coordination Plans

Twenty-three States (CT, DC, DE, FL, GA, HI, KS, MA, MD, ME, MI, MN, MO, MT, NE, NH, NJ, NV, PA, VA, VT, WV, WY) and one Territory (PR) anticipate changes in early childhood coordination efforts.

Ten States (CO, ID, IN, LA, ND, RI, SC, TN, UT, WI) and one Territory (GU) do not anticipate changes to their early childhood program coordination plan.

Three States (AL, AK, LA) and one Territory (VI) indicate they will continue to progress in developing early childhood program coordination plans.

## Section 2.2 – Public Hearing Process

*Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan.* **(658D(b)(1)(C), §98.14(c))** *At a minimum, the description must provide:*

- *Date(s) of Statewide notice of public hearing;*
- *Manner of notifying the public about the Statewide hearing;*
- *Date(s) of public hearing(s);*
- *Hearing site(s); and*
- *How the content of the plan was made available to the public in advance of the public hearing(s).*

Lead Agencies must hold at least one hearing to allow public comment on providing child care services under the Child Care and Development Fund (CCDF) Plan. At least 20 days of statewide public notice must be provided and the content of the proposed CCDF Plan must be made available to the public in advance of the hearing.[15] The hearing must be held before the CCDF Plan is submitted to the Administration for Children and Families, but no earlier than 9 months before the effective date of the Plan, i.e., no earlier than January 1, 2005.

### Notification of Public Hearings

Newspaper notices, web site postings and mailings are used most often by States and Territories to inform the public of upcoming hearings. Some States conduct video conferencing of public hearings to increase participation.

[15] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint guidance, FFY 2006-2007*. Retrieved April 13, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/guidance_2006_final.htm.

Forty-five States (AL, AR, AZ, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WV, WY) and three Territories (AS, CNMI, PR) inform the public of hearings through newspapers.

Thirty-seven States (AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, ID, IL, IN, LA, ME, MI, MN, MO, NC, NE, NH, NM, NY, OH, OK, OR, RI, SC, SD, TN, UT, VA, VT, WA, WI, WV, WY) inform the public by posting information on their web sites.

Sixteen States (AL, CA, DE, KS, MA, MD, MS, MT, NH, NJ, NM, NV, OK, RI, TN, WA) and one Territory (GU) mail information about hearings to organizations and stakeholders.

Seven States (DC, HI, KS, MD, NH, OK, WI) and one Territory (VI) inform stakeholders through personal contact at meetings.

Six States (AL, AR, AZ, GA, KS, NV) and one Territory (AS) provide informational flyers to stakeholders.

Nine States (AK, CO, CT, DC, DE, MO, RI, SD, TX) and three Territories (AS, GU, VI) use other methods to notify the public.

## Public Hearing Dates and Locations

There has been little change from Fiscal Year (FY) 2004-2005 to FY 2006-2007 in the number of hearings States and Territories conduct, with the majority holding a single hearing.

As shown in Chart 2.2, the number of hearings conducted by States and Territories ranged from one to six or more.

Twenty-seven States (AK, AL, AR, FL, HI, IA, ID, IL, KY, LA, MI, MT, NC, ND, NE, NV, OH, OK, OR, PA, RI, SC, SD, UT, WI, WV, WY) and three Territories (AS, CNMI, GU) held a single hearing.

Six States (AZ, IN, MN, NM, VT, WA) and two Territories (PR, VI) held two hearings.

Eight States (DE, MD, ME, MS, NJ, NY, TN, VA,) held three hearings.

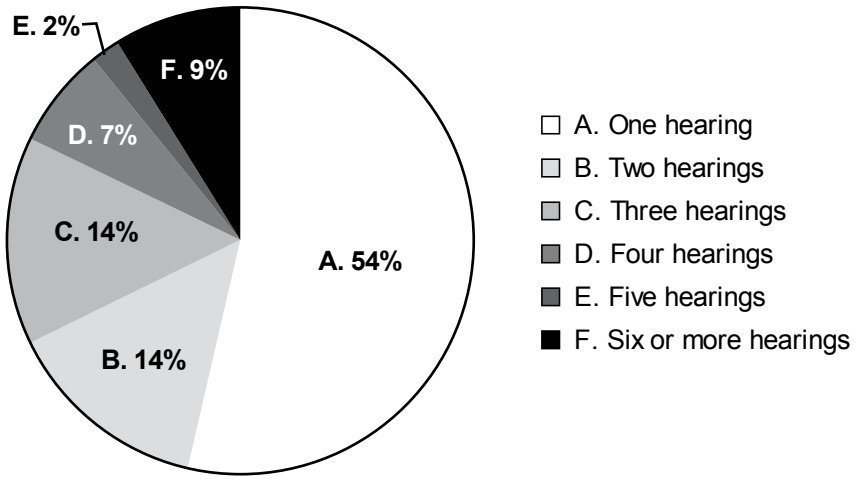
Four States (CA, CO, DC, TX) held four hearings.

One State (CT) held five hearings.

Five States (GA, KS, MA, MO, NH) held six or more hearings.

States and Territories held hearings in 1 to 15 locations.

## CHART 2.2
### Number of Hearings Conducted by States and Territories




| | |
|---|---|
| A | AK, AL, AR, AS, CNMI, FL, GU, HI, IA, ID, IL, KY, LA, MI, MT, NC, ND, NE, NV, OH, OK, OR, PA, RI, SC, SD, UT, WI, WV, WY |
| B | AZ, IN, MN, NM, PR, VI, VT, WA |
| C | DE, MD, ME, MS, NJ, NY, TN, VA |
| D | CA, CO, DC, TX |
| E | CT |
| F | GA, KS, MA, MO, NH |

N=55 (Data provided for AS, MA and VI are from the FY 2004-2005 CCDF Plans.)

Twenty-two States (AK, AL, AR, FL, HI, ID, IL, KY, LA, MI, NC, NE, NM, OH, OK, OR, PA, RI, SC, WI, WV, WY) and three Territories (AS, CNMI, GU) held hearings in one location.

Two States (AZ, WA) and two Territories (PR, VI) held hearings in two locations.

Seven States (DE, MD, ME, MS, NJ, NY, TN) held hearings in three locations.

Four States (CA, CO, DC, TX) held hearings in four locations.

Six States (CT, GA, KS, MA, MO, VA) held hearings in five to eight locations.

One State (NH) held hearings in 13 locations.

Eight States (IN, MN, MT, ND, NV, SD, UT, VT) used video conferencing to give from 2 to 15 locations across their States access to the public hearings.

## How Content of Plan Was Made Available to the Public

States and Territories used public hearings, web sites, mailings and other agencies to make CCDF Plan contents available to the public in advance of hearings.

Forty-three States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, IL, IN, KS, KY, LA, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, WA, WI, WV, WY) made CCDF Plan content available on their web sites or by e-mail.

Twenty-eight States (AR, CT, DC, HI, IA, IL, IN, KS, MA, MD, ME, MN, MS, NC, ND, NE, NJ, NM, NV, NY, PA, RI, TN, TX, UT, VT, WV, WY) and one Territory (GU) mailed CCDF Plan contents to organizations and stakeholders.

Seventeen States (AL, AZ, DC, FL, HI, ID, IL, KY, MD, MO, MT, NC, NH, NJ, OK, OR, SC) and four Territories (AS, CNMI, GU, VI) made CCDF Plan contents available through other agencies.

# Section 2.3 – Public-Private Partnerships

*Describe (1) the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, and (2) the results or expected results of these activities.* **(658D(b)(1), §98.16(d))**

All States and Territories indicate that public-private partnerships are underway and feature a variety of initiatives and approaches. Some partnerships result in statewide initiatives, while others are project specific, and some are among multiple entities, while others involve two entities. As Chart 2.3 shows, States and Territories engage in a variety of public-private partnership activities. While States and Territories continue to focus on certain activities such as business involvement, there is increased emphasis on child care availability and accessibility, employer involvement and parent education. More States also are involved in quality activities through development and implementation of Quality Rating Systems.

## CHART 2.3
### State and Territory Public-Private Partnership Activities


| | |
|---|---|
| **A** | AK, AL, AR, CA, CNMI, CO, CT, DC, DE, FL, GU, IA, ID, IL, IN, KS, MA, ME, MI, MN, MO, MT, NC, ND, NH, NJ, NV, OH, OK, PA, RI, SC, SD, UT, VA, WA |
| **B** | AK, AL, AR, DC, DE, FL, GA, IA, IL, KY, MA, MO, MT, NJ, NM, OH, PA, RI, SC, TN, UT, VT, WV |
| **C** | AK, AR, AZ, DC, DE, FL, GA, IL, MA, ME, MI, NM, OH, OK, PA, SD, TN, WA, WI, WV |
| **D** | AR, AZ, CA, CO, DC, DE, FL, HI, MA, MI, MN, MS, MT, NC, NV, OH, RI, SC, WI |
| **E** | AR, AS, CT, GA, IA, ID, IN, MA, ME, NE, NJ, NY, PA, PR, RI, SC, TN |
| **F** | AR, AZ, IA, IL, KS, MI, NC, NE, OH, OK, OR, PA, RI, VA, WA, WI |
| **G** | AR, AZ, DC, DE, IA, ID, IL, LA, MD, ME, NC, NE, SC, VA, WA, WI |
| **H** | AR, CT, DC, DE, GA, IA, IL, MI, MN, NC, ND, NJ, RI, SD, TX |
| **I** | AZ, CNMI, DC, DE, ID, IL, KS, NM, OR, RI, SC, SD, WA |
| **J** | AZ, CO, FL, KS, ME, MN, OH, OR, RI, VT, WA, WI |
| **K** | CA, CO, DC, IA, KS, ME, MN, ND, OH, OR, SC, SD |
| **L** | AL, AZ, DE, FL, HI, IL, MA, NC, NE, OR, TN |
| **M** | AZ, CT, IA, IL, IN, NJ, OH, OR, VT, WV |
| **N** | DC, IL, MA, NE, NH, NV, OH, RI, SD |
| **O** | AL, DC, FL, IL, NV, OR, SC |
| **P** | AR, CA, IA, KS, MT, ND, NY |
| **Q** | AZ, CT, DC, DE, IA, KS, LA, MA, MD, ME, MI, MN, MS, NV, NY, OH, OR, PA, RI, SD, TN, VA, VI, VT, WA, WI |

Data provided for AS and MA are from the FY 2004-2005 CCDF Plans.

## Partnerships Focused on Professional Development

Thirty-four States (AK, AL, AR, CA, CO, CT, DC, DE, FL, IA, ID, IL, IN, KS, MA, ME, MI, MN, MO, MT, NC, ND, NH, NJ, NV, OH, OK, PA, RI, SC, SD, UT, VA, WA) and two Territories (CNMI, GU) report public-private partnerships focused on professional development.

**Colorado's** Lead Agency partners with Qualistar Early Learning, which administers the T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® program that provides educational scholarship opportunities for child care professionals. Program costs are shared by the sponsoring child care program, the participant and T.E.A.C.H. Scholarship recipients commit to one year of employment at the sponsoring child care program upon completion of the certificate. Some corporations and counties also participate in supporting scholarships for child care providers in their areas.

In **Kansas**, the Lead Agency funds the Kansas Association of Child Care Resource and Referral Services. The association received funding from Social and Rehabilitation Services and the Kauffman Foundation to design a Kansas Business Development Center for Child Care in partnership with the Development Corporation for Children, which will offer business training and pursue economic development for the child care industry. A business plan for developing the center will be completed in 2006. Expected results include child care professionals trained in business practices, business partners recruited for child care in Kansas and recognition that child care is a vital industry that requires economic development.

The Accreditation Facilitation Project of **New Jersey** was established to enhance availability of and access to high-quality early childhood programs by increasing the number of centers accredited by the National Association for the Education of Young Children. The statewide accreditation project is a public-private partnership of the New Jersey Professional Development Center for Early Care and Education in collaboration with the Lead Agency, the Schumann Fund for New Jersey, Lucent Technologies Foundation, Johnson & Johnson, the Johanette Wallerstein Foundation, Fleet Bank, the Geraldine R. Dodge Foundation, AT&T Family Care Development Fund and the Victoria Foundation.

In **South Dakota**, the Mentor Project began in June 2003 as a joint venture between the Lead Agency, the South Dakota Family Child Care Association and the Minnesota Licensed Family Child Care Association, which delivers an intensive 2-day training session for family providers in South Dakota. Training covers development of mentorship skills, communication, the process of mentoring, rights and responsibilities of providers and diversity and special needs mentoring.

## Partnerships Focused on Business Involvement

Twenty-three States (AK, AL, AR, DC, DE, FL, GA, IA, IL, KY, MA, MO, MT, NJ, NM, OH, PA, RI, SC, TN, UT, VT, WV) report public-private partnerships focused on business involvement.

The Lead Agency in **Alaska** funds the child care resource and referral agencies to promote private-sector involvement in child care. Staff from child care resource and referral agencies speak at public forums such as Chambers of Commerce and Rotary Clubs, work with Small Business Development Centers to coordinate training for child care providers, work with United Way and local banks to promote individual savings plan agreements for child care providers and recognize businesses that support families with young children by issuing Family Friendly Awards.

In **Arkansas**, State statute allows for establishment of an Early Care and Education Trust Fund that will incorporate donations from businesses and private entities with matching funds from the Lead Agency. Funds will be available within local communities to expand and support early care and education programming. Rules and regulations for operating this fund will be developed.

The Lead Agency in **Utah** is involved in the Best Companies to Work for Award, a partnership initiative launched in 1998 to recognize Utah businesses that excel in creating and offering work/life programs for employees. The award is designed to honor those companies that exceed basic requirements to create sustainable workplace cultures that provide meaningful support to employees, their families and their communities. The award also promotes an educational community of practice, which allows companies to learn from the award process and to share best practices.

## Partnerships Focused on School Readiness and Literacy and Prekindergarten

Twenty States (AK, AR, AZ, DC, DE, FL, GA, IL, MA, ME, MI, NM, OH, OK, PA, SD, TN, WA, WI, WV) report public-private partnerships focused on school readiness and literacy and prekindergarten.

The **Maine** Humanities Council, in partnership with the Office of Child Care and Head Start and the Retired Seniors Volunteers Program, offers the Born to Read Program, a literacy initiative that provides books and trained readers to child care providers around the State.

In **Michigan**, the Lead Agency partners with a preschool initiative. The Joyce Foundation awarded a 2-year grant to the Council of Michigan Foundations, in conjunction with a partnership of early childhood advocates and experts, to work to ensure all 3- and 4-year-old children in Michigan have access to high-quality preschool programs, beginning with low-income children and those most at-risk of school failure. The project also is designed to ensure preschool programs meet professional standards, are staffed by prepared professionals and are located in a range of public and private settings. Additionally, the project builds public will for policies and investments that will expand access to high-quality preschool programs. Michigan agreed to use grant funds to leverage private funds from local and national sources.

The **Wisconsin** School Readiness Indicators Initiative presented a comprehensive approach to defining and monitoring school readiness. The initiative defined school readiness as a process with three components: responsiveness of families and communities to children, receptiveness of schools as they serve children and resources children bring to school. The Department of Workforce Development was the Lead Agency for this project whose partners included State government, public school districts, Wisconsin Early Childhood Association, Parents Plus of Wisconsin, University of Wisconsin-Madison School of Education, Wisconsin Head Start Collaboration Project and Wisconsin Council on Children and Families.

## Partnerships Focused on Availability and Accessibility

Nineteen States (AR, AZ, CA, CO, DC, DE, FL, HI, MA, MI, MN, MS, MT, NC, NV, OH, RI, SC, WI) report public-private partnerships focused on increasing availability and accessibility of child care.

The Lead Agency in **Arizona** partners with the Valley of the Sun United Way Partners for Arizona's Children, a partnership with representatives from the business, government, philanthropy, nonprofit, faith, education, early care and advocacy communities. Partners contribute to United Way Success By 6® efforts, providing time, knowledge, networking, expertise, funding, technology and influence. The broad-based, statewide Success By 6 partnership's long-term objectives are to increase public will to invest in children ages 0–6 years through research-driven public awareness and increase access to services by supporting, replicating and augmenting quality early care in the community.

Social Venture Partners **Delaware**, a partnership project with the State's Lead Agency, provides multi-year funding to child care and kindergarten programs that serve children in poverty in Wilmington. The project also provides support to programs for budgeting, marketing, leadership development, parental involvement and training in the social-emotional needs of children, and participates in policy development for the child care system.

The **South Carolina** Lead Agency, in conjunction with United Way Association of South Carolina, encourages employers to create partnerships to support United Way Success By 6, child care resource and referral agencies and other programs that build community resources to help low-income working families access affordable child care. Employers are urged to educate upper management about the importance of early care and education and their implications for economic development. In addition, they are encouraged to lead a statewide business alliance to address early care and education issues, and subcontract with local partners to provide training and consultation to improve the affordability, availability and quality of child care and meet South Carolina child care licensing regulations.

## Partnerships Focused on Employer Involvement

Fifteen States (AR, CT, GA, IA, ID, IN, MA, ME, NE, NJ, NY, PA, RI, SC, TN) and two Territories (AS, PR) report public-private partnerships focused on employer involvement.

The **Arkansas** Corporate Champions for Children Task Force recommendation spurred the Governor's Family Friendly Employer Initiative and State Wide Awards to recognize employers who demonstrate a commitment to policies and practices that address work-life balance. The Lead Agency funds and implements the initiative through an agreement with Arkansas State University with employers selected annually for gold, silver and bronze awards.

In **New Jersey**, where the Lead Agency promotes development of employer-supported child care, the number of employer-supported centers grew to 147 as of February 2005. A comprehensive packet of resource materials is provided for employers interested in developing onsite or other family supportive benefits.

**Puerto Rico** plans to provide orientation and advice to managers of private entities, such as banks, pharmaceutical companies and department stores, to identify child care needs and explore the possibility of establishing partnerships to provide services during nontraditional hours.

## Partnerships Focused on Promoting Collaborative System Building Initiatives

Sixteen States (AR, AZ, IA, IL, KS, MI, NC, NE, OH, OK, OR, PA, RI, VA, WA, WI) report using public-private partnerships to establish or maintain collaborative system building initiatives.

The **Arkansas** Strengthening Families collaborative initiative numbers 23 partner organizations and State agencies from the child welfare, child abuse prevention and early childhood fields as well as parents and community leaders. Along with the Arkansas State Early Childhood Comprehensive Systems Initiative, the initiative leads a team conducting a systemic effort to increase the quality of care for Arkansas children by building a State network of early care and education programs that do not focus on risk factors but focus on protective factors and strengthening families to prevent child abuse and neglect. From January 2005 to December 2006, partners are laying the foundation for self-sustaining and institutionalized work across systems.

In **Illinois**, the Child Care Collaboration Program, administered by the Lead Agency, encourages collaboration and blending funds for improved coordination of services among child care, Head Start and State prekindergarten programs. The program modifies the Child Care Assistance Program policy for approved collaboration providers, allowing differences among child care, Head Start and State prekindergarten programs to be bridged, helping to ensure that children and families receive seamless services and increased access to quality child care.

**Nebraska** uses Together for Kids and Families, a strategic planning process through the State Early Childhood Comprehensive Systems grant, which involves a public and private partnership to enhance the early childhood system. Expected results include increasing services to children and families, improving children's physical and mental health, improving the quality of early care and education and increasing family involvement.

**Washington's** Build Initiative, led by the Foundation for Early Learning, works to develop a better coordinated and linked early childhood system to offer children and families more expedient, integrated and higher-quality services.

## Partnerships Focused on Public Awareness

Sixteen States (AR, AZ, DC, DE, IA, ID, IL, LA, MD, ME, NC, NE, SC, VA, WA, WI) report public-private partnerships focused on public awareness.

The Lead Agency in **Arizona** partners on a social marketing initiative whose goals are to develop a statewide partnership to increase public will to invest in children and to create a comprehensive, statewide communications plan and campaign theme. The partnership conducted extensive research in markets throughout the country to determine best practices for developing the communications plan, and has begun work on collateral materials and a web site that incorporate the You're It campaign theme.

In **Maryland**, the Lead Agency is a partner in Countdown to Kindergarten: Learning Begins at Birth, a private/public initiative conducting a statewide public awareness campaign about early learning (ages birth to 5) and school readiness. The campaign features a strategic media campaign utilizing television, radio, print and the Internet as well as a grassroots outreach component. The campaign is funded by philanthropies, businesses and government with seed funding from the Harry and Jeanette Weinberg Foundation, Allfirst (now M&T Bank), Constellation Energy and the Governor's Office for Children. In addition, the National Governors Association has contributed to the campaign, and the Annie E. Casey Foundation is funding Countdown to Kindergarten in Baltimore City.

In **Washington**, the Lead Agency partners with the Talaris Institute, a research institute working to advance knowledge of early brain development. Public education and awareness campaigns offer information on effective techniques for parents and caregivers and enhanced parent-child relationships.

## Partnerships Focused on Facility Start-Up and Enhancement

Fifteen States (AR, CT, DC, DE, GA, IA, IL, MI, MN, NC, ND, NJ, RI, SD, TX) report public-private partnerships focused on facility start-up and enhancement.

A **District of Columbia** partnership for facility start-up and enhancement includes a CareBuilders Matching Grant and collaboration with the Washington Area Community Investment Fund, the D.C. Bar Pro Bono Project, the D.C. Downtown Child Care Partnership, Child Care in D.C. Government Worksites and the Local Initiatives Support Corporation. The partnership expects to offer technical assistance to providers interested in start-up and expansion and increase slots for infants and toddlers.

The **Minnesota** State legislature established a grant and loan program to enhance and expand child care sites. The Lead Agency administers State funds that are granted to the

Development Corporation for Children, the agency responsible for the program. First Children's Finance is the revolving loan fund that provides financing and technical assistance for the development, improvement and expansion of child care and early education facilities and businesses. Since making its first loan in 1998, First Children's Finance has created or preserved more than 3,700 child care spaces through low-interest loans originated to 155 child care businesses totaling $3.1 million of investment. Development Corporation for Children has raised $6.3 million for the loan pool with grants and loans from public and private investors, including banks, corporations and private foundations.

The **Rhode Island** Child Care Facilities Fund, a partnership initiated in 2002, is funded by the Lead Agency, Local Initiatives Support Corporation, the Rhode Island Foundation, United Way of Rhode Island, Rhode Island Housing and Mortgage Finance Corporation, the Alan Shawn Feinstein Family Fund, Hasbro Charitable Children's Trust, U.S. Department of Education and U.S. Department of Health and Human Services. Activities and services include technical assistance for facility enhancement and loan management to all providers, low-interest loans for centers, grants for materials and home improvements to family child care homes, training and technical assistance to providers and training for architects and construction industry professionals on unique challenges in building, enhancing and expanding child care facilities.

In **Texas**, Local Workforce Development Boards pursue agreements with public and private entities for donation of private funds and transfer and certification of eligible public funds to be used as State match for CCDF Matching Funds. The Texas Workforce Commission anticipates the Boards will execute more than 200 local match agreements in FY 2006 and in FY 2007. These local agreements will produce approximately $22.2 million annually in local matching funds, and will draw down approximately $33 million annually in Federal matching funds, for a total of approximately $55.2 million more each year that will be available for direct child care services and quality enhancements across the State.

## Partnerships Focused on Parent Education and Involvement

Twelve States (AZ, DC, DE, ID, IL, KS, NM, OR, RI, SC, SD, WA) and one Territory (CNMI) report public-private partnerships focused on parent education and involvement.

In **Idaho**, the Lead Agency is involved in a partnership to increase parent education through incentive programs and partnering with Idaho Parents Unlimited for parent training.

Through the **Oregon** Child Care Quality Indicators Project—a public-private partnership of the Lead Agency, a local Commission on Children and Families, the Oregon Child Care Resource and Referral Network and private funders—parents can review quality indicator reports and select child care by comparing characteristics that are important to them and their child's development. The Child Care Information Partnership develops educational strategies including disseminating parent information such as *Five Steps to Finding Quality Child Care*.

The **Washington** Lead Agency is involved in a partnership project aimed at increasing parent education. Under the Build Initiative's project, lead by the Foundation for Early Learning, the goal is to provide parents, parents-to-be and caregivers with reliable information on how to encourage their babies and toddlers' ability to learn.

## Partnerships Focused on Quality Rating Systems[16]

Twelve States (AZ, CO, FL, KS, ME, MN, OH, OR, RI, VT, WA, WI) report public-private partnerships focused on Quality Rating Systems.

In **Arizona**, the Governor's State School Readiness Board, the Lead Agency and the Department of Health Services work with United Way of Tucson and Southern Arizona through a $1 million Early Learning Opportunities Act Discretionary Grant from the U.S. Department of Health and Human Services to phase in a Quality Rating System in 50 child care centers in Tucson and at least one child care center in Pinal County, Phoenix, Flagstaff and Mesa. The United Way of Tucson and Southern Arizona designed the grant to align local implementation with action steps in the Governor's School Readiness Plan and implement strategies designed by the Quality Rating Team.

In **Maine**, Mid Coast United Way Success By 6 supports work on a Quality Rating System for early care and education programs, and partners with the Maine Office of Child Care and Head Start, the Department of Education and the Bureau of Health in the Readiness Indicators Project funded by the Packard, Kauffman and Ford Foundations.

The **Rhode Island** Quality Rating System Partnership was initiated in 2005 to develop and implement a comprehensive Quality Rating System for regulated early care and education and after school plus programs by 2008. Partners include the Department of Human Services, which is the Lead Agency; the Advisory Board on Child Care and Development at the Department of Human Services; the Rhode Island Comprehensive Child Care Services Program; the Department of Health; Successful Start at the Department of Health; the Rhode Island Child Care Facilities Fund; Rhode Island Kids Count; Options for Working Parents; the Head Start Collaboration Office; the Department of Education; the Department of Children, Youth and Families; the National Child Care Information Center and the United Way of Rhode Island.

## Partnerships Focused on Infant and Toddler Initiatives

Twelve States (CA, CO, DC, IA, KS, ME, MN, ND, OH, OR, SC, SD) report public-private partnerships focused on infant and toddler initiatives.

---

[16] According to *Stair Steps to Quality: A Guide for States and Communities Developing Quality Rating Systems for Early Care and Education,* a Quality Rating System is a method to assess, improve and communicate the quality level in early care and education settings. These systems have the same basic five elements: standards, accountability, program and practitioner outreach and support, financing incentives and parent education. This resource is available at http://national.unitedway.org/files/pdf/sb6/StairStepstoQualityGuidebook_FINALforWEB.pdf.

The Lead Agency in **Kansas** partners with the Parent Education Project with Health Care Providers, which originated in 2003 with a grant from ZERO TO THREE to participate in the National Infant & Toddler Child Care Initiative to improve the quality of care for infants and toddlers. The team uses health care providers to educate parents on the importance of the early years and the need for high-quality child care. Two pediatricians from the University of Kansas Medical Center in Kansas City volunteered to pilot the project at their clinic where they conduct sick and well child visits for infants and toddlers. As a result of the project, pediatricians are expected to learn about available resources and research-based information and become more comfortable discussing child care and early childhood issues with parents in their practice.

In **Minnesota**, the Infant Toddler Training Initiative, which is carried out by the Lead Agency's child care program in coordination with the Bush Foundation, recruits and trains infant and toddler care providers. Through the initiative, training is available to centers, family child care providers and Head Start programs, and there is an increase in availability and quality of care for infants and toddlers.

The Lead Agency in **Oregon** participates in the Infant/Toddler Mental Health Certificate Program, a graduate level Certificate of Completion offered by Portland State University. The distance learning program gives multidisciplinary professionals working with children age 0 to 36 months and their families opportunities to learn about current research and interventions in infant mental health. A partner organization subsidizes several positions to allow child care providers to participate.

## Partnerships Focused on Quality Improvement

Eleven States (AL, AZ, DE, FL, HI, IL, MA, NC, NE, OR, TN) are involved in quality improvement initiatives through public-private partnerships.

In **Alabama**, the Lead Agency has an ongoing relationship with the Employer's Child Care Alliance, which promotes increasing the number of corporate partners that support quality initiatives in child care. In addition, the Kids and Kin project, in partnership with the Family Guidance Center of Alabama, addresses the needs of children in relative care and advances strategies to enhance the quality of care provided by relatives.

Initiatives funded by the **Tennessee** Lead Agency include the Quality Child Care Initiative of Anderson County and the Nashville Supports Early Education Staff. The Anderson County initiative is a pilot program that partners with local businesses and organizations to provide information and services regarding the needs of children in child care, using community resources to bring early childhood training and information to all areas of the county. Local business resources are matched with funds through the Child Care Facilities Corporation. Nashville Supports Early Education Staff, managed by Tennessee Voices for Children, provides full-time substitute child care teachers in Nashville area Head Start programs, child care centers and family child care homes.

## Partnerships Focused on Economic Development

Ten States (AZ, CT, IA, IL, IN, NJ, OH, OR, VT, WV) report public-private partnerships focused on economic development.

The Lead Agency in **Illinois** and several private organizations funded and released *The Economic Impact of the Early Care and Education Industry in Illinois*, an innovative report that highlights the financial importance of the child care industry and the need to ensure access to quality child care. The report will be used by the Lead Agency, government leaders and child care advocates to promote, develop and expand programs that affect the capacity and quality of care for children.

**Indiana's** Lead Agency and the Indiana Association for Child Care Resource and Referral devised the Indiana Work/Life project, an economic development initiative designed to increase private sector leadership in child care issues and investment in high-quality child care for employees. The project facilitates innovative work/life solutions that maximize employer return on investment and strengthen employee commitments to work and family. Activities are conducted by consultants who work with employers, including Indiana-based corporate headquarters, local government officials and Chamber of Commerce offices. These consultants also educate communities on work and family matters and advise community organizations about local employer interests.

## Partnerships Focused on School-Age Initiatives

Nine States (DC, IL, MA, NE, NH, NV, OH, RI, SD) report public-private partnerships focused on school-age initiatives.

**Nebraska's** Community Learning Centers Network is a partnership of the Lead Agency, local 21st Century Learning Center grantees, after-school programs, community partners, schools, private funders, legislators and other key stakeholders. This developmental collaboration is supported through the Charles Stewart Mott Foundation. Expected results include construction of a sustainable structure of statewide, regional and local partnerships, particularly school-community partnerships focused on supporting policy development.

## Partnerships Focused on Serving Children with Special Needs

Seven States (AL, DC, FL, IL, NV, OR, SC) report public-private partnerships focused on children with special needs.

**Alabama's** relationship with United Cerebral Palsy of Huntsville and Tennessee Valley allows the Lead Agency to effectively address child care issues of children with special needs.

The **Illinois** Trainers Network program of the Illinois Network of Child Care Resource and Referral Agencies offers SpecialCare outreach training statewide to increase child care practitioner knowledge and comfort level when caring for children with special needs.

SpecialCare training also helps providers meet Department of Children and Family Services licensing standards that require training on inclusive child care. In Fiscal Year 2004, approximately 1,700 child care providers attended more than 90 SpecialCare training sessions, which are coordinated locally by child care resource and referral agencies. Follow-up surveys of participants indicate the training increases provider confidence in caring for children with special needs.

**Oregon's** inclusive child care partnership with the Lead Agency is between State agencies and advocates for children with special needs to give child care providers the information, training and support they need to care for children with special needs, and develop subsidies for families based on the needs of the child.

## Partnerships for Apprenticeship Programs

Seven States (AR, CA, IA, KS, MT, ND, NY) report having public-private partnerships related to apprenticeship programs.

In **New York**, the Lead Agency and the New York State Department of Labor received Federal funding through a U.S. Department of Labor demonstration project to craft a public-private partnership to enhance the career ladder within the child care field. They also are partnering with key private entities to attract child care centers into the apprenticeship program. Among the incentives are special supports for journey teachers and enhanced resources to support outside instruction for apprentices.

The **North Dakota** Apprenticeship Project is a public-private partnership that includes the Lead Agency; U.S. Department of Labor; North Dakota Child Care Resource & Referral Network and seven for-profit, nonprofit and Tribal child care facilities. The project provides intensive training and wage increases for apprentices; it includes 30 child care apprentices and 23 work site journey workers in seven operating apprenticeship sites.

## Other Partnership Activities

Twenty-five States (AZ, CT, DC, DE, IA, KS, LA, MA, MD, ME, MI, MN, MS, NV, NY, OH, OR, PA, RI, SD, TN, VA, VT, WA, WI) and one Territory (VI) report other types of public-private partnerships.

The following examples illustrate the wide range of innovative partnership activities reported by States and Territories.

In **Delaware**, the Lead Agency partners in the Early Childhood Physical Activity and Healthy Eating Curricula for Child Care Centers project, which adapts curricula and designs developmentally appropriate tools to teach preschool children about physical activity and nutrition. The work will be carried out in conjunction with Children's Health Matters and the Sesame Workshop and will involve local partners such as the University of Delaware to help design, test and vet the curriculum before it is rolled out for wider testing and evaluation.

In **Minnesota**, the Lead Agency is conducting a study, supported by the McKnight Foundation, to determine characteristics, needs and challenges of family, friend and neighbor caregivers and the child care assistance families who use them. The study is being conducted with the Wilder Research Center, a member of the Minnesota Child Care Policy Research Partnership, and will shape development of a long-term, statewide initiative to support family, friend and neighbor caregivers and improve the quality of the care they provide.

**Pennsylvania**, a public-private partnership includes the Lead Agency's funding for Community Engagement grants for early care and education efforts across the State. Community Engagement grants are awarded competitively to county planning groups for collaborations working toward a more comprehensive learning system for young children. Grantees must commit to a 25 percent match to the amount requested, which is met in part through donations from private foundations, businesses, local government, charitable contributions and other civic groups.

The Methamphetamine Awareness and Prevention Project of **South Dakota** is being developed in the Rapid City and Brookings communities in partnership with the Lead Agency. The primary goal of the coalition is to educate the public, and particularly child care providers, on issues related to methamphetamine use. Partners in Rapid City include legislators, realtors, National Guard, Ellsworth Air Force Base, retailers, Neighborhood Watch, United Way and law enforcement. In Brookings, partners include a physician's assistant, law enforcement, the fire department, a dental assistant, private citizens, social services and mental health providers.

# PART 3 CHILD CARE SERVICES OFFERED

According to Child Care and Development Fund (CCDF) regulations, State and Territory CCDF Lead Agencies are required to ensure all families have equal access to different types of child care.[1] Specifically, Lead Agencies report in their CCDF Plans how they make a full range of providers available to all families, address how payment rates are adequate for providers and describe how family copayments are affordable for parents. States and Territories also provide information about child care service priorities and child care subsidy eligibility.[2]

## Section 3.1 – Description of Child Care Services

Most States and Territories administer the bulk of Child Care and Development Fund service funds through child care certificates, but many Lead Agencies report they also negotiate contracts or grants for direct services and/or reserve slots for specific populations. States and Territories indicate they award grants or contracts for a variety of purposes, including before- and after-school child care, services to children with special needs, wraparound care for children in Head Start and prekindergarten programs and child care targeted to teen parents, migrant workers and Temporary Assistance for Needy Families participants. States and Territories report that they limit the use of in-home care in some way, mostly for financial reasons due to minimum wage laws or the Fair Labor Standards Act. Limitations include restricting payments for in-home care to arrangements with a minimum number of children in care and care for children with special needs or medical conditions.

### Section 3.1.1 – Certificate Payment System

*Describe the overall child care certificate payment process, including, at a minimum:*

*(1) A description of the form of the certificate* **(98.16(k))**

*(2) A description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to the choice of provider* **(658E(c)(2)(A)(iii), 658P(2), 98.2, 98.30(c)(4) & (e)(1) & (2))**

*(3) If the Lead Agency is also providing child care services through grants and contracts, estimate the mix of §98.50 services available through certificates versus grants/contracts, and explain how it ensures that parents offered child care services are given the option of receiving a child care certificate.* **(98.30(a) & (b))** *This may be expressed in terms of dollars, number of slots, or percentages of services.*[3]

The Lead Agency must offer certificates for payment of subsidized child care. A child care certificate is a check, voucher or other disbursement that is issued by the Lead Agency directly to a parent who

[1] CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).
[2] Data provided for American Samoa, Massachusetts and the Virgin Islands are from Fiscal Year 2004-2005 CCDF Plans.
[3] Child Care and Development Fund Plan Preprint text appears in italics throughout this report. References to relevant laws and regulations appear in bold.

may use it only to pay for child care services or, if required, as a deposit for services.[4] The certificate is designed to ensure parents have a variety of child care choices, including community and faith-based providers (center-based, group home, family child care and in-home child care). The certificate typically is used to inform officially both the parent and the child care provider that the child is eligible for subsidy.

## Certificate Description

Lead Agencies describe their certificate as a service authorization or notice of eligibility for child care assistance. In most cases, the certificate contains information about the approved reimbursement rate and the total number of hours of child care authorized. The certificate must be flexible enough to follow the child to whatever child care program or provider is selected by the parents, as long as the provider is eligible to receive subsidy payments under State, Territory and Federal policies.

> The Certificate in **Alabama** is a negotiable instrument with which the parent can purchase child care services from any legally operating child care provider who is registered with the Child Care Management Agency. Parents who have not chosen a provider when eligibility is determined are allowed 10 calendar days to select and enroll the child with a provider. Additional time may be given if parents indicate difficulty finding a provider that meet their child care needs.
>
> A certificate in **Kentucky** is used to enroll a child in the subsidized child care program, is issued to a parent upon successful application for participation in the subsidy program and, upon redetermination of eligibility, is used to update information for billing and payment purposes and record termination of participation in the program.
>
> In **North Dakota**, a client first chooses from the variety of child care settings then identifies the chosen provider to the child care assistance eligibility worker. Thereafter, the parent is issued a series of monthly certificates, for as long as eligibility continues, each with the value determined by the sliding fee scale. If another provider is chosen, the client notifies the eligibility worker, who names the new provider on the certificate.

## Communication with Parents About the Certificate and Child Care Choices

States and Territories have policies that require intake staff to explain, verbally and in writing, that parents may select the type of child care that is most appropriate for their family and child, as part of the application process for the child care subsidy program. Most Lead Agencies contract or coordinate with child care resource and referral agencies to help parents select appropriate child care. Procedures vary in States and Territories.

> In **Delaware**, parents are informed by letter as well as by a child care worker that they can use a certificate to select any licensed contract or noncontract provider of their choice or any legally exempt provider. Parents who choose a certificate take the form to a provider of their

[4] CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

choice who completes the form and submits a copy to the Department of Social Services to be processed for provider payment.

In **Florida**, resource and referral services typically are included at initial eligibility to advise parents of all care options that best meet their family needs. Child care resource and referral agency staff is often located at one-stop centers.

In **New Jersey**, the subsidy program is administered locally by child care resource and referral agencies, which provide consumer information about child care services to applicants and providers. Information is available in parent and provider handbooks, or by contacting the local county child care resource and referral agency.

A few States maintain large contract systems and typically require intake staff to inform parents about both contracts and certificates.

In **Connecticut**, expenditures are split between certificates and contracted slots. All Lead Agency contractors are required, as a condition of funding, to advise parents with whom programs have contact about the availability of child care certificates.

In **Illinois**, families eligible for child care assistance and needing help to locate care receive a list of providers who may meet their individual needs or preferences (type of care, schedule and location), including referrals to both contracted programs and certificate providers.

## Section 3.1.2 – Child Care Grants and Contracts

*In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?*

*The following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts:* **(658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))**

Use of grants and contracts showed little change since the Fiscal Year (FY) 2004-2005 Child Care and Development Fund (CCDF) Plans, with slight increases in the number of States and Territories that use contracts and grants for before- and after-school child care, child care programs serving children with special needs, migrant child care and/or teen parents.

Twenty-three States (AR, AZ, CA, CO, CT, DC, FL, HI, IL, IN, KY, MA, ME, MS, NH, NJ, NV, NY, OR, PA, SD, VT, WI) and three Territories (GU, PR, VI) report that they award grants or contracts for child care slots. Many of these initiatives are limited to specific populations or are not available statewide.

**Arizona** contracts are limited to specialized child care services for children with special needs. These contracts are issued through a competitive Request for Proposal process.

In the **District of Columbia**, services offered through contracts are provided to approximately 10 percent of the total population of children who receive subsidized child care annually. The District contracts with the District of Columbia Department of Parks and Recreation and the District of Columbia Public Schools Head Start Program for services. The Department of Parks and Recreation operates 34 sites and serves an estimated 1,200 children (infants through school age). The District's Public Schools Head Start Program serves 82 infants, toddlers and preschoolers at five sites.

**Illinois** reports serving an estimated 14,000 children through contracts. The Lead Agency contracts with child care centers and family child care homes through child care networks to supply full-time and part-time care, before- and after-school care and inclusive child care for children with special needs. In FY 2006, Illinois is piloting a project to allow parents who work nontraditional hours to select full-time child care during traditional work hours so their children can participate in early education programs that normally operate during daytime hours.

**Vermont** contracts with licensed child care centers for full-day/full-year services in collaboration with Head Start and Parent Child Centers. In addition, contracts are used to promote more stable services for infants and toddlers, school-age children and children with special needs. All providers interested in entering into a contract to serve subsidized children must agree to meet higher standards of quality.

Eight States (CT, DC, FL, HI, IL, MA, NV, VT) and two Territories (GU, PR) contract with before- and after-school child care programs.

Eight States (AZ, DC, HI, IL, MA, NY, OR, VT) contract with programs to serve children with special needs.

Six States (DC, KY, MA, ME, OR, VT) and three Territories (GU, PR, VI) contract for wraparound child care for children in Head Start or prekindergarten programs. These contracts are intended to meet the full-day/full-year needs of working parents.

Four States (HI, MA, OR, PA) contract for child care for teen parents.

Four States (AR, CA, IN, VT) contract with programs meeting higher quality standards.

Four States (HI, MA, SD, WI) contract for child care for families participating in Temporary Assistance for Needy Families or welfare reform activities.

Three States (OR, PA, WI) contract for child care for migrant worker families.

Three States (CA, MA, ME) and one Territory (PR) contract with family child care networks.

Five States (CO, FL, NY, PA, WI) allow local agencies the option of negotiating contracts with child care programs.

## Section 3.1.3 – Limitations on In-Home Care

*The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?*

States and Territories describe how the Lead Agency limits in-home care, specifying the minimum number of children who must be served, requiring parents to pay the difference between the maximum rate and the minimum wage, requiring caregiver background checks or mandating training.[5] Information on health and safety requirements applying to in-home care can be found in Section 6.4 on page 267 and Section 6.5 on page 272.

A comparison with Fiscal Year 2004-0005 Child Care and Development Fund (CCDF) Plan data shows that the same number of States report they do not limit in-home care.

Seventeen States (AK, AZ, CO, CT, IL, LA, MD, MN, MO, MS, NM, OH, OK, OR, PA, UT, WY) and three Territories (CNMI, GU, VI) report they do not limit in-home care in any way.

Thirty-four States (AL, AR, CA, DC, DE, FL, GA, HI, IA, ID, IN, KS, KY, MA, ME, MI, MT, NC, ND, NE, NH, NJ, NV, NY, RI, SC, SD, TN, TX, VA, VT, WA, WI, WV) and two Territories (AS, PR) report they limit the use of in-home care in some way.

### Limitations Based on Minimum Wage Laws

Eleven States (AL, AR, CA, FL, GA, HI, NC, ND, NE, VA, WV) indicate that parents using in-home providers are required to meet State minimum wage laws and/or Fair Labor Standards Act requirements.[6]

In **Alabama**, in-home care is restricted only to the extent that the Lead Agency mandates such care be provided in compliance with applicable Fair Labor Standards Act requirements. Under this act, a parent (employer) who chooses this type of care is solely responsible for ensuring all applicable requirements are met, including paying any difference between the CCDF subsidy and the amount needed to comply with the minimum wage requirement.

**Hawaii's** Lead Agency requires caretakers to meet Internal Revenue Service and State requirements regarding provider compensation, including paying State minimum wage and all applicable payroll taxes.

---

5 Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint guidance, FFY 2006-2007*. Retrieved May 11, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/guidance_2006_final.doc.

6 The Fair Labor Standards Act establishes minimum wage, overtime pay, recordkeeping and child labor standards affecting full-time and part-time workers in the private sector and in Federal, State and local governments. For more information about the Fair Labor Standards Act, visit the U.S. Department of Labor's web site at http://www.dol.gov/esa/whd/flsa/.

## Limitations Based on a Minimum Number of Children

Eight States (DE, IA, ID, IN, NE, NV, SC, WI) set restrictions related to the minimum number of children in care. Of those, six (IA, ID, IN, NE, SC, WI) set the minimum number of children at three; one (DE) sets the minimum number of children at four and one (NV) sets the minimum number at two children.

**Idaho** indicates budgetary reasons for limits on in-home care. Special circumstances allow the use of in-home care when other options are not reasonable.

The **Iowa** Administrative Code requires there be three or more children in the home children's home) for the child care provider to receive the in-home payment rate, which is the equivalent of the minimum wage.

## Other Limitations

Some States and Territories allow use of in-home care under certain circumstances.

Seven States (DE, ID, ND, NE, NV, WI, WV) and one Territory (PR) allow use of in-home care when a child's special needs or medical condition warrant it.

**Delaware** allows in-home care for some children as a last resort, such as when care is needed during a late shift in a rural area where other types of care are not available, or where there is a child with special needs for whom it is impossible to find any other child care arrangement.

**Wisconsin** allows in-home care for some children as a last resort when other licensed or certified care is not available within a reasonable geographic area; child care is needed during hours when no other care is available, such as second or third shift hours or the weekend; special needs of a child can be met only in his or her home or a temporary illness of the child or provider prevents the child from attending the regular care.

Eight States (FL, KY, MA, ME, MT, SC, SD, TN) set minimum age limitations for in-home providers, ranging from 16 to 21 years old.

In **Maine**, child care providers are required to be at least 18 years old, have a working telephone or active mobile phone and verify within 30 days they are free from active tuberculosis.

## Section 3.1.4 – Extent of Service

*Are all of the child care services described in 3.1.1 above (including certificates) offered throughout the State?* **(658E(a), §98.16(g)(3))**

While States and Territories are not required to offer all services statewide or territory-wide, most do.

Only three States (HI, KY, WA) indicate child care services are not offered uniformly in all parts of the State, while the remaining States and all Territories report child care services are offered statewide or territory-wide.

**Hawaii** reports that infant and toddler care contract sites for teen parents attending high school and drop-in care contracts for Temporary Assistance for Needy Families participants are available only in certain areas. Otherwise, child care certificates are offered statewide for all types of legal care.

**Kentucky** indicates that contracted services in conjunction with the Head Start collaborative effort are available at seven sites.

**Washington** provides seasonal child care primarily to migrant populations in targeted areas.

# Section 3.2 – Payment Rates for the Provision of Child Care

*The statute at* **658E(c)(4)** *and the regulations at* **§98.43(b)(1)** *require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.*

Lead Agencies were asked to include their payment rate schedule with their Fiscal Year (FY) 2006-2007 Child Care and Development Fund (CCDF) Plans. State and Territory payment rate schedules outline the reimbursement rate ceiling, which can vary by age of child, care setting, period of time and geographic area. The reimbursement rate ceiling is the maximum rate set by the State that a provider can receive for child care services through CCDF. Table 3.2 summarizes the reimbursement rate ceilings by age range for center-based facilities in the largest urban area in each State or Territory. Because of variation in the child care market, these rate ceilings may not always be the highest rates paid within each State or Territory. For States and Territories with tiered reimbursement schedules, which pay a higher rate for higher quality care, the base rate was used in this summary.

## TABLE 3.2
### Child Care Center Reimbursement Rate Ceilings by Age Range[1]

| State/ Territory | Infant Age Range | Infant Rate | Toddler Age Range | Toddler Rate | Preschool Age Range | Preschool Rate | School Age Range[2] | School Age Rate | Rate Area |
|---|---|---|---|---|---|---|---|---|---|
| Alabama | infant/ toddler | $105.00/ week | infant/ toddler | $105.00/ week | preschool | $99.00/ week | school | $83.00/ week | Rates vary by region. Rates for Birmingham given. |
| Alaska | birth–18 months | $647.00/ month | 19–36 months | $615.00/ month | 37 months–6 years | $550.00/ month | 7–12 years | $537.00/ month | Rates vary by area. Rates for Anchorage/Mat-Su Metropolitan Area given. |
| American Samoa* | infant | $180.00/ month | toddler | $180.00/ month | preschool | $180.00/ month | school age | $180.00/ month | Rates are territory-wide. |
| Arizona | birth < 1 year | $29.00/ day | 1 year < 3 years | $25.58/ day | 3 years < 6 years | $23.20/ day | 6 years < 13 years | $22.00/ day | Rates vary by district. Rates for District 1, Maricopa County, given. |
| Arkansas | infant | $18.00/ day | toddler | $17.00/ day | day care | $17.00/ day | school age | $15.20/ day | Rates vary by county. Rates for Pulaski County given. |
| California | birth–24 months | $209.37/ week | 2–5 years | $159.88/ week | 2–5 years | $159.88/ week | school age | $138.29/ week | Rates vary by groups of zip codes identified as “market areas.” Rates for Market Profile 17 given. Market profiles are based on groups of zip codes with similar socioeconomic characteristics. |
| Colorado | younger than 2 years | $30.00/ day | 2 years and older | $24.00/ day | 2 years and older | $24.00/ day | 2 years and older | $24.00/ day | Rates vary by county/groups of counties. Rates for Denver metro counties given. |
| Commonwealth of the Northern Mariana Islands | birth–2 years | $300.00/ month | 3–4 years | $300.00/ month | 5–6 years | $250.00/ month | 7–13 years | $250.00/ month | Rates are territory-wide. |

**TABLE 3.2**
**Child Care Center Reimbursement Rate Ceilings by Age Range[1]**

| State/ Territory | Infant Age Range | Infant Rate | Toddler Age Range | Toddler Rate | Preschool Age Range | Preschool Rate | School Age Range[2] | School Age Rate | Rate Area |
|---|---|---|---|---|---|---|---|---|---|
| Connecticut | infant/ toddler | $227.00/ week | infant/ toddler | $227.00/ week | preschool | $179.00/ week | school age | $162.00/ week | Rates vary by region. Rates for Southwest region given. |
| Delaware | birth–1 year | $145.00/ week | 1–2 years | $122.00/ week | 2–5 years | $104.60/ week | 6 and older | $104.60/ week | Rates vary by county. Rates for New Castle County given. |
| District of Columbia | infant | $31.10/ day | toddler | $31.10/ day | preschool | $23.55/ day | school age before and after | $19.85/ day | Rates are district-wide, but vary by tier level. Rates for Bronze-tiered centers given. |
| Florida | birth–12 months | $130.00/ week | 13–23 months<br>24–35 months | $120.00/ week<br>$110.00/ week | 36–47 months<br>48–59 months | $103.00/ week<br>$100.00/ week | elementary school age (summer/ holiday) FT | $90.00/ week | Rates vary by early learning coalition area. Rates for early learning coalition of Duval County given. |
| Georgia | 6 weeks–12 months | $125.00/ week | 13–36 months | $120.00/ week | 3–5 years | $105.00/ week | before and after school | $65.00/ week | Rates vary by zone. Rates for Zone 1 (greater metro Atlanta counties) given. |
| Guam | birth–1year | $170.00/ week | 2–5 years | $150.00/ week | 2–5 years | $150.00/ week | 6–12 years | $125.00/ week | Rates are territory-wide. |
| Hawaii | all ages | $425.00/ month | all ages | $425.00/ month | all ages | $425.00/ month | before school<br>after school | $60.00/ Month<br>$80.00/ month | Rates are statewide. |

## TABLE 3.2
### Child Care Center Reimbursement Rate Ceilings by Age Range[1]

| State/ Territory | Infant Age Range | Infant Rate | Toddler Age Range | Toddler Rate | Preschool Age Range | Preschool Rate | School Age Range[2] | School Age Rate | Rate Area |
|---|---|---|---|---|---|---|---|---|---|
| Idaho | birth–12 months | $594.00/ month | 13–30 months | $539.00/ month | 31–60 months | $492.00/ month | 61–72 months<br>73 months and older | $440.00/ month<br>$440.00/ month | Rates vary by region. Rates for Region IV (Ada, Boise, Elmore and Valley counties) given. |
| Illinois | younger than 2½ years | $33.77/ day | 2½ and older | $24.34/ day | 2½ and older | $24.34/ day | school age–day | $12.17/ day | Rates vary by groups of counties. Rates for Group IA (Cook, DuPage, Kane, Kendall, Lake and McHenry counties) given. |
| Indiana | infant | $44.00/ day | toddler | $34.00/ day | 3–5 years | $30.00/ day | before school<br>after school | $32.00/ month<br>$29.00/ month | Rates vary by county. Rates for Marion County given. |
| Iowa | infant/ toddler | $14.50/ half-day | infant/ toddler | $14.50/ half-day | preschool | $12.00/ half-day | school age | $10.50/ half-day | Rates are statewide. |
| Kansas | younger than 1 year | $4.48/ hour | 13–30 months | $3.85/ hour | 31 months –5 years | $3.12/ hour | 6 years or older | $2.98/ hour | Rates vary by urban, near urban and rural groups of counties. Rates for Group 1 (Douglas and Johnson counties) given. |
| Kentucky | infant/ toddler | $25.00/ day | infant/ toddler | $25.00/ day | preschool | $22.00/ day | school age | $21.00/ day | Rates vary by region and urban/nonurban area. Urban rates for Central Region given. |
| Louisiana | all ages | $16.50/ day | all ages | $16.50/ day | all ages | $16.50/ day | all ages | $16.50/ day | Rates are statewide. |

## TABLE 3.2
### Child Care Center Reimbursement Rate Ceilings by Age Range[1]

| State/ Territory | Infant Age Range | Infant Rate | Toddler Age Range | Toddler Rate | Preschool Age Range | Preschool Rate | School Age Range[2] | School Age Rate | Rate Area |
|---|---|---|---|---|---|---|---|---|---|
| Maine | infant | $185.00/ week | toddler | $181.00/ week | preschool | $162.00/ week | school age–summer<br>school age–before/ after school | $135.00/ week<br>$85.00/ week | Rates vary by county. Rates for Cumberland County given. |
| Maryland | infant | $771.00/ month | regular | $433.00/ month | regular | $433.00/ month | regular | $433.00/ month | Rates vary by region. Rates for Region BC (Baltimore City) given. |
| Massachusetts* | infant | $46.50/ day | toddler | $41.50/ day | preschool | $31.50/ day | school age blended | $18.50/ day | Rates vary by region and tier levels. Rates for Region 4 and 6 (Metro West and Metro Boston) Tier 1 given. |
| Michigan | birth–2½ years | $2.85/ hour | 2½ years and older | $2.25/ hour | 2½ years and older | $2.25/ hour | 2½ years and older | $2.25/ hour | Rates vary by shelter areas, which include multiple counties. Rates for Shelter Area IV (20 counties) given. |
| Minnesota | infant | $82.00/ day | toddler | $61.00/ day | preschool | $55.00/ day | school age | $52.00/ day | Rates vary by regional groups of counties. Rates for Hennepin County given. |
| Mississippi | birth–12 months | $84.00/ week | 13–36 months | $80.00/ week | 3–5 years | $77.00/ week | school age–summer (5–13 years) | $76.00/ week | Rates are statewide, but vary by tiered quality level. Rates for Tier 1 given. |

**TABLE 3.2**
**Child Care Center Reimbursement Rate Ceilings by Age Range[1]**

| State/ Territory | Infant Age Range | Infant Rate | Toddler Age Range | Toddler Rate | Preschool Age Range | Preschool Rate | School Age Range[2] | School Age Rate | Rate Area |
|---|---|---|---|---|---|---|---|---|---|
| Missouri | infant | $25.75/ day | infant | $25.75/ day | preschool | $15.30/ day | school age | $15.00/ day | Rates for infant care vary by metro, sub-metro, and "rest of State;" rates for preschool and school-age vary by groups of counties. Rates given are for Saint Louis County. |
| Montana | infant | $25.00/ day | 2 years and older | $20.00/ day | 2 years and older | $20.00/ day | 2 years and older | $20.00/ day | Rates vary by resource and referral district. Rates for Billings District given. |
| Nebraska | infant | $32.00/ day | toddler | $25.00/ day | preschool | $25.00/ day | school age | $25.00/ day | Rates vary by groups of counties; for accredited care, rates are statewide. Rates for unaccredited care in Douglas and Sarpy counties given. |
| Nevada | birth–1 year | $31.00/ day | 1–3 years | $28.00/ day | 3–6 yrs | $23.00/ day | 6 years and older | $19.00/ day | Rates vary by counties and a group of rural area counties. Rates for Clark County given. |
| New Hampshire | younger than 3 years | $30.35/ day | younger than 3 years | $30.35/ day | 3 years and older | $25.60/ day | 3 years and older | $25.60/ day | Rates are statewide, but vary by program step level. Rates given for contract/licensed care, for Step 1 Income Limit (Temporary Assistance for Needy Families recipients only). |

**TABLE 3.2**
**Child Care Center Reimbursement Rate Ceilings by Age Range[1]**

| State/ Territory | Infant Age Range | Infant Rate | Toddler Age Range | Toddler Rate | Preschool Age Range | Preschool Rate | School Age Range[2] | School Age Rate | Rate Area |
|---|---|---|---|---|---|---|---|---|---|
| New Jersey | birth–2½ years | $152.20/ week | 2–2½ yrs | $152.20/ week | 2½–5 years | $125.60/ week | 5–13 years | $125.60/ week | Rates are statewide, but may vary by assistance group; rates given for care provided to participants in the Work First New Jersey and transitional child care programs in nonaccredited, licensed centers. |
| New Mexico | infant | $467.84/ month | toddler | $417.19/ month | preschool | $386.48/ month | school age | $337.11/ month | Rates vary by metro and rural areas. Metro rates given. |
| New York | younger than 1½ years | $67.00/ day | 1½–2 years | $64.00/ day | 3–5 years | $45.00/ day | 6–12 years | $44.00/ day | Rates vary by groups of counties. Rate for Group E counties (Bronx, Kings, New York, Queens and Richmond) given. |
| North Carolina | infant/ toddler | $536.00/ month | 2 years | $490.00/ month | 3–5 years | $477.00/ month | school age | $423.00/ month | Rates vary by county and tiered quality level. Rates for one-star centers in Mecklenburg County given. |
| North Dakota | birth–2 years | $115.00/ week | 2 years | $110.00/ week | 3–13 years | $100.00/ week | 3–13 years | $100.00/ week | Rates are statewide. |
| Ohio | infant | $166.06/ week | toddler | $146.07/ week | preschool | $130.77/ week | school age | $100.00/ week | Rates vary by groups of counties classified as large and mid-size and rural areas. Rate for large metropolitan areas given. |

**TABLE 3.2**
**Child Care Center Reimbursement Rate Ceilings by Age Range[1]**

| State/ Territory | Infant Age Range | Infant Rate | Toddler Age Range | Toddler Rate | Preschool Age Range | Preschool Rate | School Age Range[2] | School Age Rate | Rate Area |
|---|---|---|---|---|---|---|---|---|---|
| Oklahoma | birth–1 year | $15.00/ day | 13–24 months | $15.00/ day | 25–72 months | $13.00/ day | 73 months–13 years | $11.00/ day | Rates vary by geographic area. Five-day weekly rates paid on a monthly basis for one-star Metro Area (Canadian, Cleveland, Kay, Oklahoma, Tulsa, Wagoner and Washington counties) centers given. |
| Oregon | birth–1 year | $525.00/ month | 1 year–30 months | $509.00/ month | 31 months–5 years | $372.00/ month | 6 years and older | $372.00/ month | Rates vary by groups of zip codes. Rates for Group Area A (Portland, Eugene, Corvallis, Monmouth and Ashlands areas) given. |
| Pennsylvania | infant | $38.32/ day | young toddler<br>old toddler | $36.40/ day<br>$34.80/ day | preschool | $32.44/ day | young school age<br>old school age | $26.00/ day<br>$26.00/ day | Rates vary by county. Rates for Bucks County given. |
| Puerto Rico | infant/ toddler | $249.00/ month | infant/ toddler | $249.00/ month | preschool | $243.00/ month | school age | $147.00/ month | Rates are commonwealth-wide. |
| Rhode Island | 1 week–3 years | $182.00/ week | 1 week–3 years | $182.00/ week | 3 years–1st grade | $150.00/ week | 1st grade–13 years | $135.00/ week | Rates are statewide. |
| South Carolina | birth–2 years | $93.00/ week | birth–2 years | $93.00/ week | 3–5 years | $83.00/ week | 6–12 years | $78.00/ week | Rates vary by urban and rural areas and whether the center is licensed-only, “enhanced” or accredited. Licensed center rates for urban areas given. |

## TABLE 3.2
### Child Care Center Reimbursement Rate Ceilings by Age Range[1]

| State/ Territory | Infant Age Range | Infant Rate | Toddler Age Range | Toddler Rate | Preschool Age Range | Preschool Rate | School Age Range[2] | School Age Rate | Rate Area |
|---|---|---|---|---|---|---|---|---|---|
| South Dakota | younger than 3 years | $3.10/ hour | younger than 3 years | $3.10/ hour | 3 years and older | $2.55/ hour | 3 years and older | $2.55/ hour | Rates vary by county. Rates for Minnehaha County given. |
| Tennessee | infant | $110.00/ week | toddler | $105.00/ week | preschool | $91.00/ week | school age in<br>school age out | $50.00/ week<br>$75.00/ week | Rates vary by Top 20 Counties (highest average populations and incomes) and 75 other counties, as well as by tiered quality level. State rate for Top 20 Counties given. |
| Texas | infant | $24.00/ day | toddler | $21.00/ day | preschool | $19.00/ day | school age | $18.00/ day | Rates vary by Workforce Development Board. Gulf Coast Board given. |
| Utah | birth < 24 months | $533.00/ month | 2–3 years | $441.00/ month | 4–5 years | $412.00/ month | school age in<br>school age out | $260.00/ month<br>$372.00/ month | Rates are statewide. |
| Vermont | younger than 3 years | $24.00/ day | younger than 3 years | $23.80/ day | 3 years and older | $21.20/ day | 3 years and older | $21.20/ day | Rates are statewide. |
| Virgin Islands* | infant | $255.00/ month | toddler | $255.00/ month | preschool | $255.00/ month | before/ after school | $150.00/ month | Rates are territory-wide. |

## TABLE 3.2
### Child Care Center Reimbursement Rate Ceilings by Age Range[1]

| State/ Territory | Infant Age Range | Infant Rate | Toddler Age Range | Toddler Rate | Preschool Age Range | Preschool Rate | School Age Range[2] | School Age Rate | Rate Area |
|---|---|---|---|---|---|---|---|---|---|
| Virginia | infant | $63.00/ day | toddler | $60.00/ day | preschool | $52.00/ day | school age | $40.00/ day | Rates vary by regions and also by county. Rates for Fairfax County/City–Level 2 given. |
| Washington | birth–11 months | $37.82/ day | 12–29 months | $31.59/ day | 30 months–5 years | $26.50/ day | 5–12 years | $23.86/ day | Rates vary by region. Rates for Region IV (King County) given. |
| West Virginia | younger than 2 years | $24.00/ day | younger than 2 years | $24.00/ day | 2 years and older | $18.00/ day | 2 years and older | $18.00/ day | Rates are statewide, but vary by tier quality level. Rates for base level given. |
| Wisconsin | birth–2 years | $7.83/ hour | 2–3 years | $6.87/ hour | 4–5 years | $5.93/ hour | 6 years and older | $5.70/ hour | Rates vary by county. Rates for Milwaukee County given. |
| Wyoming | birth–23 months | $3.00/ hour | 2–3 years | $2.95/ hour | 4–5 years | $2.43/ hour | 6–12 years | $2.35/ hour | Rates are statewide. |

* Data provided for AS, MA and VI are from the FY 2004-2005 CCDF Plans.

[1] Rate and age range information is based on subsidy rate tables included in FY 2006-2007 CCDF Plans. Rates provided are for full-time, standard-hour care in licensed centers. Rates are not necessarily the highest rates paid in the State or Territory, but are the rates prevailing in the largest urban area. For some States and Territories, specific age ranges are not defined in the rate schedule submitted with the CCDF Plan. For those with tiered reimbursement systems, which pay higher rates for higher levels of quality, the base rate for licensed child care centers is given. The actual reimbursement amount is a function not only of the amount of care provided, but also the family's share of fees (i.e., copayment).

[2] Some States and Territories have multiple reimbursement rates for school-age care including before- or after-school, summer, holidays and occasional care. For these States and Territories, the before- and after-school rates are included in this table.

## Payment Rate Units

States and Territories pay providers in different payment rate units: hours, days, weeks, months or a combination of units. Nearly two-thirds of States and Territories use part-time as well as full-time units of service.

Sixteen States (CO, FL, IA, KS, MD, MI, MN, MT, NH, NV, NY, OH, TN, VA, WI, WV) and one Territory (AS) report only one unit of service, without a full- or part-time distinction.

Twenty-six States (AK, AL, AR, AZ, CA, CT, DC, GA, HI, IL, IN, KY, MO, MS, ND, NJ, NM, OK, OR, PA, RI, SC, TX, VT, WA, WY) and two Territories (CNMI, GU) list part- and full-time units of service for either daily, weekly or monthly payment.

Seven States (DE, HI, ID, MD, NC, NM, UT) and three Territories (CNMI, PR, VI) report rate ceilings in monthly service units.

Seven States (AL, CT, FL, MS, RI, SC, TN) and one Territory (AS) report rate ceilings in weekly service units.

Sixteen States (AR, AZ, CO, DC, IA, IL, KY, LA, MA, MO, NV, OK, PA, TX, VT, WA) report rate ceilings in daily service units.

Three States (KS, MI, SD) report rate ceilings in hourly service units.

Eighteen States (AK, CA, GA, IN, ME, MN, MT, ND, NE, NH, NJ, NY, OH, OR, VA, WI, WV, WY) and one Territory (GU) use a combination of hourly, daily, weekly and monthly units of service.

Chart 3.2-A illustrates the percentage of States and Territories that use the different types of payment units.

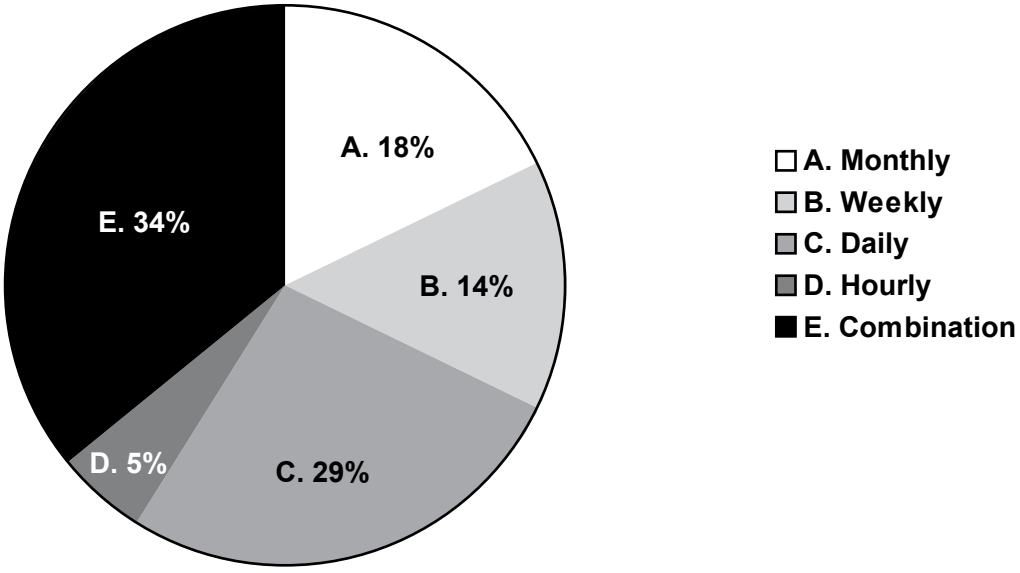
## Geographic Rate Areas

Geographic boundaries of the market within which rates are grouped and for which the rate ceiling is established vary widely. Eighteen States and Territories establish statewide or territory-wide rate structures, while the remaining use regional, county, zip code or rural/urban geographic areas for setting rates. In determining whether rates will apply uniformly statewide or territory-wide or vary by county, region or other area, States and Territories balance multiple factors (demographic, economic, fiscal and political).

Thirteen States (DC, HI, IA, LA, MS, ND, NH, NJ, RI, UT, VT, WV, WY) and five Territories (AS, CNMI, GU, PR, VI) establish statewide/territory-wide reimbursement rate ceilings.

Sixteen States (AK, AL, AZ, CT, FL, GA, ID, IL, KS, MA, MD, MI, MT, NY, TX, WA) set regional rate ceilings.

**CHART 3.2-A**
**Units of Service States and Territories Use to Pay Providers**




| | |
|---|---|
| A | CNMI, DE, HI, ID, MD, NC, NM, PR, UT, VI |
| B | AL, AS, CT, FL, MS, RI, SC, TN |
| C | AR, AZ, CO, DC, IA, IL, KY, LA, MA, MO, NV, OK, PA, TX, VT, WA |
| D | KS, MI, SD |
| E | AK, CA, GA, GU, IN, ME, MN, MT, ND, NE, NH, NJ, NY, OH, OR, VA, WI, WV, WY |

N=56 (Data provided for AS, MA and VI are from the FY 2004-2005 CCDF Plans.)

In **Maryland**, rates are established within the seven regions for family child care and center-based care, and for children younger than 2 years of age and older than 2 years. Jurisdictions are grouped into seven regions based on similarity of child care market rates and other economic indicators.

Nine States (AR, DE, IN, ME, MN, NC, PA, SD, WI) establish rate ceilings that vary by county.

In **Wisconsin**, maximum reimbursement rates reflect individual rates for the full range of providers. Each county conducts an annual rate survey of licensed child care providers. Reimbursement rates are set to allow low-income families financial access to approximately three-quarters of all child care slots in each county.

Five States (NM, OH, OK, SC, TN) establish rate ceilings for urban and rural areas.

> A goal of **Ohio's** market rate survey (MRS) was to develop reasonable estimates of the distribution of unsubsidized rates charged within well-defined service categories. A secondary goal was to identify unique market sectors or regions within the State where the distributions of rates are both statistically and meaningfully different across the regions. Market sectors were estimated statewide and by county for large metropolitan areas, mid-size cities and rural areas.

Two States (CA, OR) collect rate information based on zip code and establish rate ceilings by groups of zip code areas.

> The **California** 2005 regional MRS of licensed centers and family child care homes based measurements of child care rates on similar socioeconomic conditions rather than geographic proximity, creating price profiles of similar zip codes.

Six States (CO, KY, MO, NE, NV, VA) use a mix of geographic areas.

> **Nebraska's** base rates are established by groups of counties and the rates for accredited programs are established statewide.

Chart 3.2-B shows the geographic boundaries of the market within which State rates are grouped and for which the rate ceiling is established.

## Summary of Facts Used to Determine Payment Rates

*The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs.*

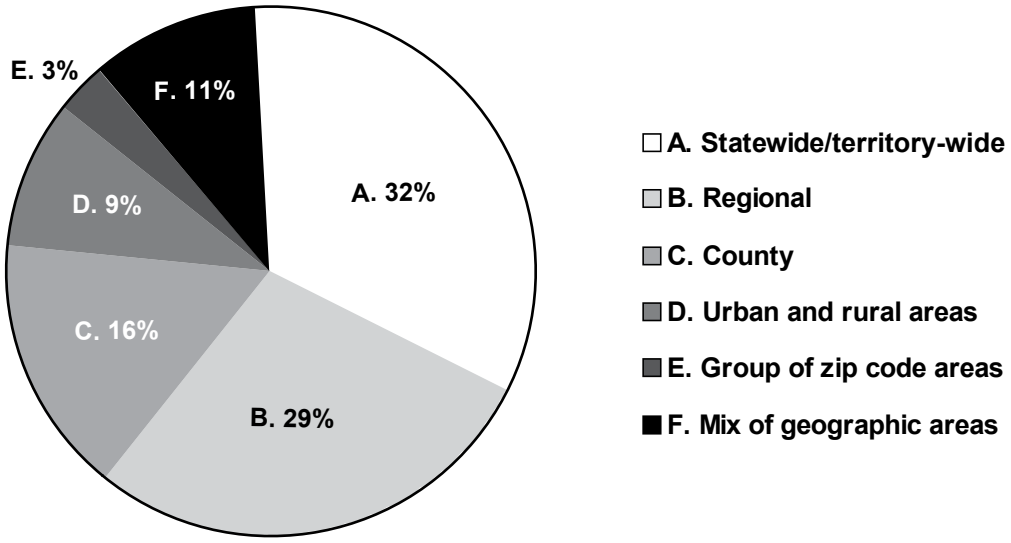
## Market Rate Surveys

- *Include, at a minimum:*
- *The month and year when the local market rate survey(s) was completed.* **(§98.43(b)(2))**
- *A copy of the Market Rate Survey instrument and a summary of the results of the survey.*

States and Territories must ensure that families receiving child care assistance have equal access to comparable care purchased by private-paying parents, and the MRS is a tool States use to achieve this. States and Territories must conduct a local MRS every 2 years to determine child care rates being charged by local market providers who care for children. The results must be used to demonstrate that the payment rates are adequate to ensure equal access.[7]

[7] CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

**CHART 3.2-B**
**Geographic Boundaries for State and Territory Child Care Reimbursement Rates**




| | |
|---|---|
| A | AS, CNMI, DC, GU, HI, IA, LA, MS, ND, NH, NJ, PR, RI, UT, VI, VT, WV, WY |
| B | AK, AL, AZ, CT, FL, GA, ID, IL, KS, MA, MD, MI, MT, NY, TX, WA |
| C | AR, DE, IN, ME, MN, NC, PA, SD, WI |
| D | NM, OH, OK, SC, TN |
| E | CA, OR |
| F | CO, KY, MO, NE, NV, VA |

N=56 (Data provided for AS, MA and VI are from the FY 2004-2005 CCDF Plans.)

States and Territories are required to provide a copy of the MRS instrument and a summary of results. In addition, most States and Territories describe the survey methodology and response rate. Some States and Territories conduct the MRS using in-house staff, while others partner with consulting firms, universities and child care resource and referral agencies to acquire and analyze market rate data. The types of child care providers included in the survey sample also vary across States and Territories.

## How Are Payment Rates Adequate to Ensure Equal Access

- *Include, at a minimum:*
- *How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey).* **(§98.43(b))**
- *If the payment rates do not reflect individual rates for the full range of providers—center-based, group home, family and in-home care—explain how the choice of the full range of providers is made available to parents.*

In promulgating the Final Rule, the Child Care Bureau suggested a benchmark that payments established at least at the 75th percentile of the MRS would be regarded as providing equal access.[8] At the 75th percentile, the rate ceiling would equal or exceed the rate charged by three out of every four of the providers who responded to the State or Territory MRS. All States and Territories report that a full range of providers is made available.

### Percentile of MRS at Which Rate Ceilings Are Set

- *Include, at a minimum:*
- *At what percentile of the current Market Rate Survey is the State rate ceiling set? If it varies across categories of care, please describe.*

Lead Agencies are required to report how payment rates are adequate based on a local MRS conducted no earlier than 2 years prior to the effective date of the currently approved CCDF Plan.[9] Lead Agencies also are asked to report the percentile of the local market rate at which the rates are set and whether the rates vary by area of the State or Territory. States and Territories establish multiple rate ceilings that vary by age of child, care setting and geographic area.

Nine States (AR, CA, IN, ME, MT, NY, SD, WI, WY) and two Territories (CNMI, GU) indicate that reimbursement rate ceilings are set at the 75th percentile or higher, as determined by a local MRS conducted no earlier than 2 years prior to the effective date of the currently approved CCDF Plan.

**California's** rate ceilings are established according to estimates of the 85th percentile of child care rates for groups of centers and family child care homes.

**Indiana** payment rates are based on a local MRS of licensed care with rates established at the 75th percentile.

**South Dakota's** MRS was conducted in 2005 in preparation for the CCDF Plan. Survey data will be used to set the rate ceiling paid to child care providers on behalf of families receiving child care assistance to ensure they have access to a wide variety of child care options. A rate for each county was established at the 75th percentile.

Twenty-seven States (AL, CO, DC, DE, FL, GA, IL, KS, MA, MD, MI, MN, MO, ND, NM, NV, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WV) indicate that the rates vary across categories of care.

- Fourteen of these States (DC, DE, IL, MA, ND, NV, OK, PA, RI, SC, TN, VA, VT, WV) report that at least some of the rate ceilings are at or above the 75th percentile of the market rate.

[8] CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).
[9] Ibid.

In **Illinois**, provider reimbursement rates vary from less than 25 percent to more than 75 percent of the market rate, depending on region, type of care and age of child. In the majority of areas in Illinois, provider reimbursement rates purchase less than 33 percent of the market rate.

**Nevada's** Lead Agency developed rates to ensure adequate compensation to child care providers and offers incentives to provide infant and toddler services, therefore Nevada's rates vary across categories of care. However, the statewide averages per category are 85th percentile for infant care, 74th percentile for toddler and preschool care and 73rd percentile for school-age care.

According to the MRS conducted in May 2005, **West Virginia's** base rates vary from the 35th percentile of the market rate to the 75th percentile. However, rates for programs that are accredited, or provide services during nontraditional hours, vary from the 65th percentile to the 95th percentile of the market rate.

Three States (CO, FL, TX) report devolving rate setting to the counties or other local jurisdictions.

**Colorado** sets the State ceiling guideline at the 75th percentile of the MRS. Counties use this information to set their own rates or as a guideline to set rates based on local conditions.

The **Texas** Lead Agency does not establish statewide reimbursement rates. Instead, local Workforce Development Boards establish maximum reimbursement rates. Each Workforce Development Board has 24 maximum reimbursement rates, a full-time rate and a part-time rate for each of four age groups in each of three provider types, for a total of 625 reimbursement rates in Texas. Boards establish these rates based on local factors, including the most recent MRS.

#### Exempt Provider Rates

Many Lead Agencies report it is difficult to conduct an accurate MRS among legally exempt child care providers because they are not systematically part of any known database. Therefore, some States and Territories index or tie informal care rate ceilings to regulated family child care rates or minimum wage standards, ensuring the rate ceiling increases at the same rate as regulated family child care or minimum wage standards.

Nineteen States (AZ, CT, FL, HI, ID, IN, KS, MD, ME, MN, MT, NC, NV, NY, OK, PA, SC, VA, WI) and one Territory (CNMI) report that their exempt provider rate ceilings are indexed.

- In 14 of these States (AZ, FL, HI, KS, MD, ME, MN, MT, NC, NV, NY, OK, SC, WI), rates for unregulated care are set as a percentage of the rate for family child care, ranging from 50 percent to 100 percent of the family child care rate.

**Hawaii's** rates for unregulated family child care home providers are established at approximately 65 percent of the rates for the same type of regulated care.

In **Maryland**, the rates for informal child care are established at 50 percent of the regulated family child care rate in each region to allow for adequate compensation of informal child care providers.

- Five States (CT, ID, IN, VA, WI) and one Territory (CNMI) tie the rates for exempt care to minimum wage standards.

  **Connecticut's** payment rates for providers exempt from licensing, including relatives and in-home providers, are set as a percentage of the State minimum wage as of January 2002. For one child, payment is one-third of the minimum wage; for two children, payment is two-thirds; and for three children, payment is the full minimum wage.

  In **Indiana**, the reimbursement rate for in-home care is calculated per family on an hourly rate consistent with the current Federal minimum wage, with one rate for all siblings. Reimbursement is limited to no more than 40 hours of care per week, Sunday through Saturday.

  **Wisconsin's** maximum reimbursement rates for Level 1, regularly certified family child care providers, are set at 75 percent of the licensed family maximum reimbursement rates. Level 2 rates for provisionally certified family child care providers are set at 50 percent of the licensed family maximum reimbursement rates. These percentages are established by State statute. Maximum reimbursement rates for care provided in the child's own home for 15 or more hours per week are subject to minimum wage requirements.

## Additional Facts

- *Include, at a minimum:*
- *Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access.* **(§98.43(d))**

States and Territories report additional strategies to help ensure equal access, such as differential reimbursement rates for care that is more difficult to find, more expensive to provide or is of higher quality. Lead Agencies also point to provider participation rates as an indication that equal access requirements are met.

### Tiered Reimbursement Systems

Tiered reimbursements include higher payments for providers who demonstrate they provide higher quality child care, who care for children with disabilities or other special needs and/or who care for children during nontraditional hours.[10]

[10] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). CCDF state and territories plan preprint guidance, FFY 2006-2007. Retrieved May 11, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/guidance_2006_final.doc.

### Tiered Reimbursement Rates for Quality

- *Does the State have a tiered reimbursement system (higher rates for child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements)?*

States and Territories provide higher rates for child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements. Some tiered reimbursement systems include only two levels: the first level (or tier) generally ties its lower reimbursement rate to the provider meeting basic licensing requirements, while the second level provides a higher rate, typically based on achieving accreditation by a national organization. However, a growing number of States are adopting tiered reimbursement systems that involve two or more levels of quality with criteria that are between basic licensing requirements and achieving the high standards of national accreditation. Reimbursement rates are raised for each level of quality a program achieves.

Thirty States (AZ, CO,[11] CT, DC, FL, HI, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OK, SC, TX, UT, VT, WA, WI, WV) and one Territory (GU) report that the Lead Agency maintains a tiered reimbursement system.

The following are examples of States that have a two-level tiered reimbursement system, where the higher rates are paid to programs that have achieved national accreditation.

The intent of **Arizona's** Enhanced Rate for Accredited Programs is two-fold: to make higher-quality (accredited) child care slots available to subsidized children whose parents may not be able to afford this care, and to encourage more providers to become accredited. This approach allows parents who are eligible for child care subsidies to enroll their children in programs providing higher quality of care by reimbursing nationally accredited providers 10 percent more than Lead Agency maximum rates.

**Connecticut** provides a tiered rate that is 5 percent higher than the State maximum rate per child for licensed facilities achieving and maintaining national accreditation standards.

In **Indiana**, separate payment rates were established for licensed, accredited and legally exempt child care. Accredited providers can be paid up to 10 percent more than the licensed rate.

Child care centers in **West Virginia** who achieve accreditation by the National Association for the Education of Young Children, and family child care homes that are accredited by the National Association for Family Child Care, receive an additional $4 per child, per day.

The following are examples of States with multi-level tiered reimbursement systems.

The **District of Columbia's** Tiered Rates Reimbursement System, named Going for the Gold!, was established June 1, 2000 and provides fair and equitable reimbursement rates to

[11] Colorado does not establish or require tiered reimbursement systems, but counties in Colorado may use tiered reimbursement rates to promote higher quality. To date, Denver County has established tiered reimbursement rates across all provider types.

child care providers participating in the District of Columbia's Child Care Subsidy Program. The system is tied to quality indicators, and participants are awarded higher rates based on their ability to meet specified quality criteria for each of three tiers. The Going for the Gold! program is divided into Bronze, Silver and Gold tiers, with the Gold tier representing the highest level of quality achievement. Participants who are awarded the Gold status also receive the highest reimbursement rate.

**North Carolina's** market rates were established for each star-rated license so as providers increase their star rating, they have an opportunity to receive a higher subsidy payment rate.

**Oklahoma's** Reaching for the Stars program was implemented in February 1998 to provide higher payment rates for providers meeting additional quality criteria. Rates vary based on age of the child, child care setting, geographic area and star status.

**Vermont** pays higher subsidy rates for providers who participate in the Step Ahead Recognition System or who are accredited (programs that are nationally accredited receive a 17.5 percent rate differential), with rate increases depending on the number of stars awarded as follows: one-star providers receive a 4 percent rate increase, two-star providers receive a 12 percent rate increase, three-star providers receive a 17.5 percent rate increase and five-star providers receive a 20 percent rate increase.

### Other Types of Differential Rates

Many States and Territories choose to set higher rate ceilings for care that is more difficult to find or more expensive to provide. Typically, such differential rates apply for care for children with special needs, care provided during nontraditional hours or on weekends and for infant and toddler care.

Twenty-four States (CO, DE, FL, IA, KS, KY, LA, MN, MO, MS, MT, NC, NJ, NY, OK, OR, SC, SD, UT, VA, WA, WI, WV, WY) and two Territories (AS, GU) report paying a higher rate for care provided to children with special needs.

In **Louisiana**, a higher special needs rate may be paid for children up to age 18 if a physician or licensed psychologist verifies that special care is required, and verification is obtained that the provider is delivering that special care. Special needs care includes specialized facilities and equipment, lower staff ratio or specially trained staff.

**Minnesota's** special needs rates are established by the county as necessary to secure appropriate care for the individual child. When four or more providers offer the same type of care for the same special needs population, the 75th percentile is calculated in the geographic area.

**Montana** has established a rate system to serve children with special needs based on the actual cost to care for the child. Once a child has been identified as having a special need, the eligibility worker contacts the early childhood specialist who completes a special needs rating scale with the parent. This scale is used to determine whether the cost of care for the child with special needs warrants an increase rate over and above the normal district rate. These costs must be for accommodations that, in the absence of financial supports, would place an undue burden on the provider.

Ten States (AR, DC, KY, MA, ME, MN, MO, MT, NM, WV) report establishing a differential rate for care provided during nontraditional hours and on weekends.

**Maine's** rates for children served during nontraditional hours are calculated by applying an adjustment factor of 1.35 to the hours of care provided after 6 p.m. and before 6 a.m., Monday through Friday and anytime on Saturday and Sunday.

In **New Mexico**, the Lead Agency pays a differential rate equivalent to 5 percent, 10 percent or 15 percent of the applicable full-time or part-time rate to providers who offer care during nontraditional hours. Providers caring for children during nontraditional hours are paid an additional 5 percent for the first 1–10 hours per week, an additional 10 percent for 11–20 hours per week and 15 percent for 21 or more hours per week.

Eight States (AR, IL, LA, MI, MO, NV, SC, SD) indicate the Lead Agency established a differential rate for infant and toddler care.

The Lead Agency in **Illinois** continues to administer the Infant/Toddler Incentive Program for child care centers that expand their capacity for infants and toddlers enrolled in the child care assistance program. These providers can qualify for a 10 percent add-on to the standard reimbursement rate. This reimbursement rate cannot exceed the child care rate paid by the general public for children of the same age. The goal of the program is to increase the number of infant and toddler child care spaces available for children from low-income families.

In **South Carolina**, all full-time infant and toddler rates in centers are $10 more per child per week than other age groups in the same provider categories. The South Carolina Lead Agency offers this $10 more per child per week incentive to providers to encourage better access to infant and toddler care.

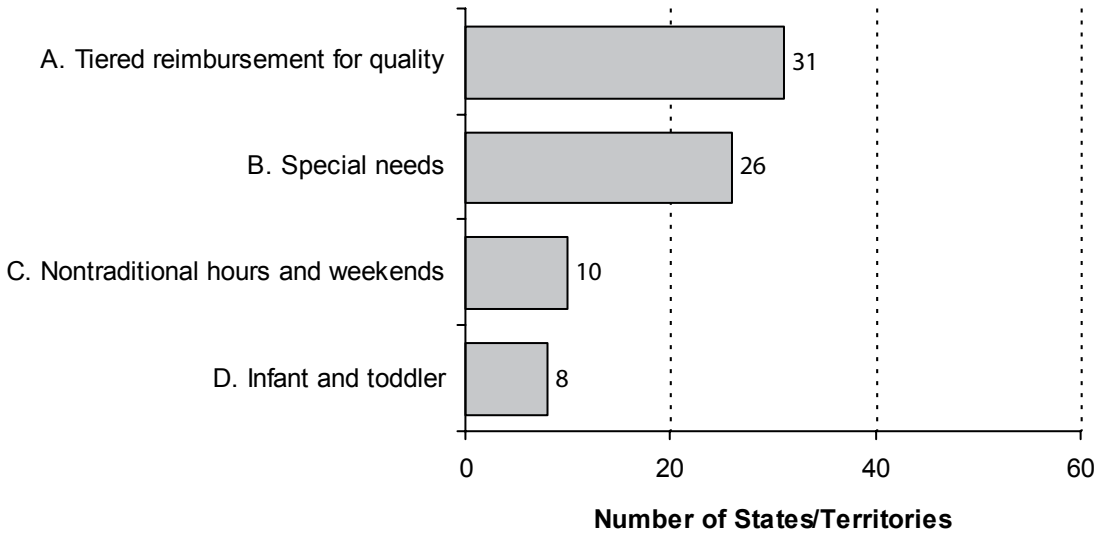
Chart 3.2-C illustrates the number of States and Territories that indicate the Lead Agency established differential rates for care for children with special needs, care provided during nontraditional hours or on weekends and infant and toddler care and tiered reimbursement systems for care provided in child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements.

### Provider Participation Rate

Provider participation in the child care assistance program is considered by some States and Territories an indication that parents have access to a full range of providers.

Thirteen States (AZ, DC, DE, IL, KY, MA, MI, ND, NM, OH, RI, VT, WA) and one Territory (AS) point to the extent to which providers participate in the child care subsidy program, or to the mix of types of providers participating, as an indication of reasonable access to the range of child care services available.

## CHART 3.2-C
## State and Territory Rate Differentials for Child Care Services




| | |
|---|---|
| **A** | AZ, CO, CT, DC, FL, GU, HI, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OK, SC, TX, UT, VT, WA, WI, WV |
| **B** | AS, CO, DE, FL, GU, IA, KS, KY, LA, MN, MO, MS, MT, NC, NJ, NY, OK, OR, SC, SD, UT, VA, WA, WI, WV, WY |
| **C** | AR, DC, KY, MA, ME, MN, MO, MT, NM, WV |
| **D** | AR, IL, LA, MI, MO, NV, SC, SD |

Data provided for AS and MA are from the FY 2004-2005 CCDF Plans.

The **District of Columbia** reports that 64.8 percent of all licensed family child care homes and 71.9 percent of all licensed child development centers participate in the child care subsidy program.

The **Illinois** statewide child care resource and referral provider database has shown a steady increase in the number of providers willing to care for children enrolled in the Child Care Assistance Program. In FY 2000, 65 percent of providers in the database indicated they would accept children participating in the assistance program. This percentage grew to 73 percent in FY 2004.

**Rhode Island's** 2004 MRS indicated the rate of participation in the State Child Care Assistance Program for regulated child care providers was very high; at least 90 percent of certified family child care homes and centers accept subsidized children. Since 2002, both homes and centers increased the number of assisted children served.

# Section 3.3 – Eligibility Criteria for Child Care

States and Territories describe the various criteria used to determine eligibility, including income eligibility threshold and definition, priority rules and other specific criteria required in the Child Care and Development Fund (CCDF) Plan Preprint.

## Section 3.3.1 – Income Eligibility Limits

Eligibility for CCDF services is limited to families with income at or below 85 percent of the State Median Income (SMI) for a family of the same size. Whether or not the Lead Agency offers services to families with income up to 85 percent of SMI, this upper eligibility level must be provided. In addition, States and Territories are required to provide their actual income eligibility level in dollar terms and as a percentage of SMI.

States and Territories are required to indicate the year of the SMI on which they base eligibility level in the CCDF Plan. Lead Agencies have flexibility in determining SMI; however, they are encouraged to use the most recent Fiscal Year (FY) information provided by the Bureau of Census.[12]

As reported in FY 2006-2007 CCDF Plans, child care assistance income eligibility thresholds ranged from 34 percent to 85 percent of SMI. Overall, States report an average income eligibility level equivalent to 61 percent of SMI.

Table 3.3.1 shows the income eligibility level for a family of three at 85 percent of SMI, as reported in FY 2004-2005 and FY 2006-2007 CCDF Plans. The table also shows the upper income level for a family of three that Lead Agencies use to limit eligibility, if that upper income level is lower than 85 percent of SMI.

### Tiered Eligibility Thresholds

Several States implemented tiered income eligibility thresholds, one for families newly entering the subsidy program and a higher level for families already receiving child care assistance. In some States, more than two levels are used to permit families to experience wage increases and make progress toward self-sufficiency without being forced to exit the subsidy program altogether.

Twelve States (AL, DC, FL, KY, MA, MN, MT, NJ, PA, VA, WI, WV) use tiered eligibility thresholds.

The **District of Columbia's** top entry level of eligibility is 250 percent of the Federal Poverty Level. Customers remain eligible until they reach 300 percent of poverty.

In **Florida**, once determined eligible for services at 150 percent of the Federal Poverty Level, families may remain eligible for financial assistance up to 200 percent of poverty.

[12] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint guidance, FFY 2006-2007*. Retrieved May 11, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/guidance_2006_final.doc.

## TABLE 3.3.1
### Child Care Assistance Income Eligibility Thresholds, Family of Three[1]

| State/Territory | FY 2004-2005 CCDF Plans | | | FY 2006-2007 CCDF Plans | | | |
|---|---|---|---|---|---|---|---|
| | 85% of Monthly SMI | Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility | Monthly Income Eligibility Level as a Percentage of SMI[2] | 85% of Monthly SMI | Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility[2] | Monthly Income Eligibility Level as a Percentage of SMI[2] | SMI Year |
| Alabama | $3,248.00 | $1,653.00 | 43% | $3,198.00 | $1,743.00 | 46% | 2005 |
| Alaska | $4,263.00 | $3,853.00 | 77% | $4,263.00 | $3,853.00 | 77% | 2002 |
| American Samoa* | $925.00 | NA | 85% | NR | NR | NR | NR |
| Arizona | $3,336.00 | $2,099.00 | 53% | $3,464.00 | $2,213.00 | 54% | 2005 |
| Arkansas | $2,846.43 | $2,009.25 | 60% | $2,948.25 | $2,081.17 | 60% | 2005 |
| California | $3,315.00 | $2,925.00 | 75% | $3,315.00 | $2,925.00 | 75% | 2000 |
| Colorado | $3,964.00 | $2,862.00 | 61% | $4,258.00 | $3,017.00 | 60% | 2006 |
| Commonwealth of the Northern Mariana Islands | NA | $1,533.00 | NA | NA | $1,341.00 | 76% | 2005 |
| Connecticut | $4,910.00 | $2,889.00 | 50% | $5,117.00 | $3,010.00 | 50% | 2006 |
| Delaware | $4,127.00 | $2,544.00 | 52% | $4,134.00 | $2,612.00 | 54% | 2005 |
| District of Columbia | $3,773.00 | $3,470.00 | 78% | $3,773.00 | $3,472.00 | 78% | 2003 |
| Florida | $3,293.00 | $2,543.00 | 66% | $3,381.00 | $2,682.00 | 67% | 2004 |
| Georgia | $3,792.00 | $2,035.00 | 46% | $3,706.00 | $2,035.00 | 47% | 2006 |
| Guam | NA | $1,908.00 | NA | NA | $2,011.00 | NA | 2005 |
| Hawaii | $3,678.00 | NA | 85% | $3,927.00 | NA | 85% | 2004 |
| Idaho | $3,197.00 | $1,706.00 | 45% | $3,230.00 | $1,706.00 | 45% | 2005 |

## TABLE 3.3.1
### Child Care Assistance Income Eligibility Thresholds, Family of Three[1]

| State/Territory | FY 2004-2005 CCDF Plans | | | FY 2006-2007 CCDF Plans | | | |
|---|---|---|---|---|---|---|---|
| | 85% of Monthly SMI | Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility | Monthly Income Eligibility Level as a Percentage of SMI[2] | 85% of Monthly SMI | Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility[2] | Monthly Income Eligibility Level as a Percentage of SMI[2] | SMI Year |
| Illinois | $3,958.00 | $2,328.00 | 50% | $4,306.00 | $2,533.00 | 50% | 2006 |
| Indiana | $3,694.00 | $1,615.00 | 37% | $3,750.00 | $1,703.00 | 39% | 2005 |
| Iowa | $3,669.00 | $1,780.00 | 41% | $3,828.00 | $1,944.00 | 43% | 2006 |
| Kansas | $3,379.00 | $2,353.00 | 59% | $3,685.00 | $2,481.00 | 57% | 2005 |
| Kentucky | $3,232.00 | $1,908.01 | 50% | $3,165.00 | $2,012.00 | 54% | 2006 |
| Louisiana | $2,942.00 | $2,596.00 | 75% | $3,006.00 | $2,653.00 | 75% | 2006 |
| Maine | $3,343.09 | NA | 85% | $3,545.99 | NA | 85% | 2006 |
| Maryland | $4,249.00 | $2,499.00 | 50% | $4,249.00 | $2,499.00 | 50% | 2001 |
| Massachusetts* | $4,104.00 | $2,414.01 | 50% | NR | NR | NR | NR |
| Michigan | $4,090.00 | $1,990.00 | 41% | $4,082.00 | $1,990.00 | 41% | 2006 |
| Minnesota | $4,322.00 | $2,225.01 | 44% | $4,566.00 | $2,347.00 | 44% | 2006 |
| Mississippi | $2,513.00 | NA | 85% | $2,513.00 | NA | 85% | 2004 |
| Missouri | $3,631.00 | $1,482.00 | 35% | $3,816.00 | $1,518.00 | 34% | 1990 |
| Montana | $2,861.00 | $1,878.00 | 56% | $2,923.00 | $2,011.00 | 58% | 2005 |
| Nebraska | $3,394.00 | $1,463.00 | 37% | $3,786.00 | $2,481.00 | 56% | 2006 |
| Nevada | $3,527.00 | $3,112.00 | 75% | $3,749.00 | $3,308.00 | 75% | 2006 |
| New Hampshire | $4,264.00 | $2,407.00 | 48% | $4,306.00 | $2,482.00 | 49% | 2005 |

## TABLE 3.3.1
### Child Care Assistance Income Eligibility Thresholds, Family of Three[1]

| State/Territory | FY 2004-2005 CCDF Plans | | | FY 2006-2007 CCDF Plans | | | |
|---|---|---|---|---|---|---|---|
| | 85% of Monthly SMI | Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility | Monthly Income Eligibility Level as a Percentage of SMI[2] | 85% of Monthly SMI | Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility[2] | Monthly Income Eligibility Level as a Percentage of SMI[2] | SMI Year |
| New Jersey | $4,674.00 | $3,179.00 | 58% | $5,201.00 | $3,352.00 | 55% | 2005 |
| New Mexico | $3,016.27 | $2,543.33 | 72% | $2,945.25 | $2,011.25 | 58% | 2006 |
| New York | $3,839.00 | $2,543.00 | 56% | $3,895.00 | $2,682.00 | 59% | 2005 |
| North Carolina | $3,339.00 | $2,946.00 | 75% | $3,362.00 | $2,966.00 | 75% | 2004 |
| North Dakota | $3,281.00 | $2,463.00 | 64% | $3,397.00 | $2,463.00 | 62% | 2006 |
| Ohio | $3,825.00 | $1,272.00 | 28% | $3,931.00 | $2,481.00 | 54% | 2006 |
| Oklahoma | $2,883.00 | $2,825.01 | 83% | $3,057.00 | $2,925.00 | 81% | 2005 |
| Oregon | $3,495.00 | $1,908.00 | 46% | $3,662.00 | $2,011.00 | 47% | 2006 |
| Pennsylvania | $3,934.74 | $2,543.33 | 55% | $4,080.39 | $2,681.67 | 56% | 2006 |
| Puerto Rico | $1,279.00 | NA | 85% | $1,279.00 | NA | 85% | 1994 |
| Rhode Island | $4,192.00 | $2,861.00 | 58% | $4,230.00 | $3,016.00 | 61% | 2005 |
| South Carolina | $3,349.00 | $1,908.00 | 48% | $3,339.00 | $2,011.00 | 51% | 2005 |
| South Dakota | $3,553.00 | $2,544.00 | 61% | $3,527.00 | $2,682.00 | 65% | 2006 |
| Tennessee | $3,336.00 | $2,355.00 | 60% | $3,297.00 | $2,327.00 | 60% | 2006 |
| Texas | $3,368.00 | NA | 85% | $3,246.00 | NA | 85% | 2005 |
| Utah | $3,406.00 | $2,244.00 | 56% | $3,691.00 | $2,432.00 | 56% | 2006 |
| Vermont | $2,664.00 | $2,586.00 | 83% | $2,664.00 | $2,586.00 | 83% | 1999 |

## TABLE 3.3.1
### Child Care Assistance Income Eligibility Thresholds, Family of Three[1]

| State/Territory | FY 2004-2005 CCDF Plans | | | FY 2006-2007 CCDF Plans | | | |
|---|---|---|---|---|---|---|---|
| | 85% of Monthly SMI | Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility | Monthly Income Eligibility Level as a Percentage of SMI[2] | 85% of Monthly SMI | Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility[2] | Monthly Income Eligibility Level as a Percentage of SMI[2] | SMI Year |
| Virgin Islands* | $2,022.50 | NA | 85% | NR | NR | NR | NR |
| Virginia | $4,141.00 | $1,908.00 | 39% | $4,266.00 | $2,419.00 | 40% | 2006 |
| Washington | $3,821.00 | $2,544.00 | 57% | $3,999.00 | $2,682.00 | 57% | 2005 |
| West Virginia | $2,943.00 | $1,769.00 | 51% | $2,747.00 | $1,769.00 | 55% | 2006 |
| Wisconsin | $3,894.00 | $2,353.01 | 51% | $3,986.00 | $2,481.00 | 53% | 2005 |
| Wyoming | $3,324.00 | $2,544.00 | 65% | $3,336.00 | $2,682.00 | 68% | 2006 |

NR=Not Reported; NA=Not Applicable; NK=Not Known

*CCDF Plan data for FY 2006-2007 are not available for AS, MA or VI.

---

[1] Fourteen States (AZ, DC, FL, GA, ID, KY, MA, MN, MT, NJ, PA, RI, VA, WI) and two Territories (CNMI, GU) report using Federal Poverty Income Guidelines instead of SMI. Puerto Rico reports using the Housing and Urban Development Administration median income established for Section 8 applicants. American Samoa and the Virgin Islands use the Territories' median income to determine the income eligibility threshold for child care services.

[2] The numbers for the monthly income eligibility level as a percentage of SMI are rounded to the nearest whole number.

## Section 3.3.2 – Income Definitions for Eligibility Determination

### Whose Income Is Included

*How does the Lead Agency define "income" for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded?* **(§§98.16(g)(5), 98.20(b))**

Lead Agencies commonly use gross income when determining eligibility for child care assistance. However, many States and Territories exclude or exempt certain income or allow deductions to income for certain expenses. States and Territories differ regarding whose income they elect to count, but many count the income of all family members when determining if a family is eligible for subsidized child care.

Thirty-seven States (AR, AZ, CA, CO, CT, DE, FL, GA, IA, ID, IL, KY, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NM, NY, OH, OR, PA, RI, SC, SD, UT, VA, VT, WI, WV, WY) and one Territory (CNMI) count the income of all family members, except income of nonparent minors.

The **Commonwealth of the Northern Mariana Islands** defines income as any benefit in cash which is received by the individual as a result of current or past labor or services (before deductions), business activities, interest in personal property or as a contribution from persons, organizations or assistance agencies, such as wages and salary. Earnings of minor children who are members of the household are excluded.

**Nebraska** includes the income of all family members with the exception of three-generation families. When a minor parent lives with his or her parents, income of the minor's parents or of any siblings of the minor is not included.

Nine States (AL, IN, KS, MS, NV, OK, TN, TX, WA) and one Territory (GU) report that they count income of all family members.

In **Tennessee**, income is defined as the gross household income of those family members counted within the household, including counting the work income from any teenage family member who is residing in the home and not attending school or a training program.

Four States (AK, DC, LA, NJ) and three Territories (AS, PR, VI) count only parent income.

The income of family members other than the parents is not counted in **Alaska**, nor is income of household members who are not family members.

**Puerto Rico** defines income earned by both parents of blood, marriage, adoption or legal guardian or the person acting *in loco parentis*.

One State (HI) counts the income of parents and related children.

In **Hawaii**, monthly gross income of the family unit is used to determine eligibility for the Child Care and Development Fund program. Family unit means one or more adults and their minor children, if any, related by blood, marriage, adoption, judicial decree or residing in the same household. Related adults other than spouses or unrelated adults residing together are considered separate family units.

## Income Exclusions or Deductions

States and Territories determine what income is counted when calculating income for eligibility purposes. Many States and Territories exclude or deduct certain income, including income received from some public assistance programs, such as Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Food Stamps and energy and housing assistance.

Forty-five States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, ID, IL, KS, KY, MA, MD, ME, MN, MO, MS, MT, NC, ND, NE, NH, NM, NV, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and two Territories (CNMI, PR) report permitting some kind of exclusion, exemption or deduction from income when determining eligibility.

- Thirty-five States (AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, IL, KS, MA, MD, ME, MN, MO, MT, NC, ND, NE, NH, NM, NV, NY, PA, RI, SC, TN, TX, VA, VT, WV, WY) exclude the value of scholarships, education loans, grants and/or income from work study programs.

- Thirty-three States (AR, AZ, CO, CT, DE, FL, GA, IA, IL, KY, MA, MD, ME, MN, MO, MS, MT, NC, ND, NE, NM, NV, NY, OH, PA, RI, SC, TN, TX, UT, VA, VT, WV) and one Territory (CNMI) exclude the value of some or all benefits from Federal food and nutrition programs, such as Food Stamps, the National School Lunch Program and the Child and Adult Care Food Program.

- Twenty-eight States (AK, AZ, CO, DC, GA, IA, ID, IL, KS, KY, MA, MD, ME, MN, MO, MT, NC, ND, NE, NH, NM, OH, PA, RI, SC, VT, WV, WY) report they exempt adoption subsidies, foster care payments or both from family income.

- Twenty-seven States (AR, AZ, CO, CT, DC, FL, GA, IA, IL, MA, MD, ME, MN, MO, MS, MT, NC, ND, NE, NM, NV, OH, PA, RI, UT, VA, WY) exclude the value of home energy assistance benefits and/or housing assistance benefits or allotments.

- Twenty-six States (AR, CA, CO, CT, DC, GA, ID, KS, KY, MD, MN, MO, MS, MT, NC, NM, ND, NE, NV, OH, SC, SD, UT, VA, VT, WY) and one Territory (CNMI) exclude SSI payments and/or TANF cash assistance from family income calculations.

- Twenty-two States (AK, AZ, CO, CT, DC, FL, ID, IL, MA, MD, ME, ND, OH, OK, PA, SD, TN, UT, VA, VT, WA, WI) and two Territories (CNMI, PR) exclude child support

paid by the eligible parent/applicant and/or child support payments received by the eligible parent.

- Twenty-two States (AK, AR, AZ, CO, CT, ID, IL, ME, MN, MO, MT, NC, ND, NE, NV, OH, PA, RI, SC, SD, UT, VT) exempt Federal and/or State Earned Income Tax Credits.

- Eighteen States (AZ, CO, DE, GA, ID, KS, MA, ME, MO, NC, NE, NH, NM, OH, PA, RI, SC, WY) exclude income from Volunteers in Service to America and/or AmeriCorps.

Five States (HI, IN, LA, MI, OR) and three Territories (AS, GU, VI) report the Lead Agency does not exclude or deduct any type of earned or unearned income when determining eligibility for child care services.

The following are examples of the types of income exclusions or deductions described by States.

**Florida** defines family income as the combined gross income, from all sources, of all members of the family unit who are 18 years of age or older, including earned and unearned income, and excluding Food Stamp benefits, documented child support payments, documented alimony paid and housing assistance payments issued directly to a landlord and associated utilities expenses. Since foster parents, shelter parents and court-ordered relative and nonrelative caregivers are not considered part of the child's family unit, their income is not considered for purposes of eligibility. Families in a natural disaster area are not required to include disaster relief or other forms of temporary assistance when calculating income thresholds for family eligibility purposes.

**Mississippi's** Lead Agency defines income for the purposes of eligibility as gross wages from employment, in addition to Social Security benefits, self- employment, foster board payment, paid child support/alimony, veterans benefits, military allotment and parents' SSI. Excluded are TANF payments, the child's SSI, refugee cash assistance, Food Stamps, housing allotments and medical/work expenses.

In **Nevada**, all income is counted for all household members with exceptions such as Pell grants and other education loans, SSI payments, Earned Income Tax Credits, Food Stamps, energy assistance, crime victim compensation payments and other income sources outlined in the policy manual. In addition, an Average Cost of Care deduction is allowed when a caretaker is caring for a relative child and receiving a foster grant or TANF as a Non-needy Caretaker, Kinship Care household.

## Section 3.3.3 – Additional Eligibility Conditions

*Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs?* **(658E(c)(3)(B), §98.16(g)(5), §98.20(b))**

Child Care and Development Fund (CCDF) regulations require Lead Agencies to include in CCDF Plans any additional eligibility criteria, priority rules and definitions that have been established.[13] As reported in Fiscal Year 2006-2007 CCDF Plans, 33 States and Territories established additional eligibility conditions or priority rules. Additional eligibility conditions may include cooperation with child support enforcement regulations, residency requirements or waiving copayment fees. Many States established priority rules to ensure access to child care services for targeted populations, such as children receiving protective services, teenagers with physical or mental disabilities, children under court supervision, children in Head Start programs, children in foster care and children in Temporary Assistance for Needy Families (TANF) families.

Twenty-nine States (AK, AL, CO, CT, DE, FL, GA, IA, KY, LA, MA, MD, MI, MS, ND, NE, NH, NJ, NY, OK, RI, SC, SD, TN, TX, UT, VA, WA, WI) and four Territories (AS, CNMI, GU, VI) indicate that the Lead Agency established additional eligibility conditions or priority rules.

In **Alabama**, clients participating in an approved TANF work activity, or whose family assistance is terminated due to employment, are guaranteed a child care slot to maximize their efforts to achieve self-sufficiency. Clients who are at risk of welfare dependency are served as funds are available, and waiting lists are established to facilitate serving those families on a first-come, first-served basis.

Families receiving child care services whose children attend a Head Start program in **Maryland** remain eligible for a subsidy until the end of the Head Start year, regardless of any change in a family's situation that affects subsidy eligibility.

**Mississippi** requires eligible parents to cooperate with Child Support Enforcement regulations to be eligible for child care services, unless the parent is already receiving court-ordered child support.

In **North Dakota**, children who are in TANF families, young parents participating in Crossroads and children whose parents are on Pro-Work Continuing Assistance (the transitional stage after TANF closure) have priority and also are eligible for 100 percent of the allowable maximum costs needed for the parents/caretakers to participate in allowable activities.

In **Rhode Island**, CCDF-funded child care assistance may be provided due to the incapacity of either the parent or child under Short-term Special Approval Child Care. Authorization for this child care is limited to periods of 3 months duration, and no more than two periods may be authorized in any 12 consecutive months. Teen parents who want to complete their high school education are eligible for child care assistance as long as they participate in an Adolescent Self Sufficiency Collaborative and attend high school or a General Educational Development program. All other criteria under need for services must be met for child care assistance to be approved.

[13] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint guidance, FFY 2006-2007*. Retrieved May 11, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/guidance_2006_final.doc.

Twenty-two States (AR, AZ, CA, DC, HI, ID, IL, IN, KS, ME, MN, MO, MT, NC, NM, NV, OH, OR, PA, VT, WV, WY) and one Territory (PR) indicate the Lead Agency has not established additional eligibility conditions or rules.

## Section 3.3.4 – Waiving Fees and Requirements for Children in Protective Services

*Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2?* **(658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))**

Thirty States (AK, AL, AZ, CA, DC, DE, FL, GA, HI, IA, IN, KS, KY, LA, MA, ME, MI, MO, MT, NE, NH, NJ, NV, NY, OK, SD, TX, VT, WA, WV) and four Territories (AS, GU, PR, VI) report the Lead Agency elected to waive fee and income eligibility requirements for children in protective services.

In **Delaware**, the Department of Social Services waives the 200 percent income eligibility limitation and parent fee for families on a case-by-case basis when the child is receiving, or needs to receive, protective services. The need for care in this instance is coordinated with the Division of Family Services and is part of a range of services being provided to, or required of, the parent to help ensure the protection of the child.

In **Florida**, when a child at risk of abuse or neglect is placed in an emergency shelter or placed by the court in foster care or in the custody of a relative or nonrelative caregiver, the income of the foster parent, shelter parent or caregiver is not included as family income for purposes of income eligibility or the imposition of a copayment. If the child or the child's family has income, a copayment may be assessed against that income. On a case-by-case basis, eligibility for a child at risk of abuse or neglect is continued even if the child's family fails or refuses to make assessed copayments.

Six States (CT, ID, MN, MS, PA, VA) do not waive the fee and income eligibility requirements for children in protective services.

Fifteen States (AR, CO, IL, MD, NM, NC, ND, OH, OR, RI, SC, TN, UT, WI, WY) and one Territory (CNMI) report that CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.

## Section 3.3.5 – Children Aged 13–19 Incapable of Self-Care

*Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.)* **(658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))**

Only two States (AZ, OH) and two Territories (AS, CNMI) indicate that the Lead Agency does not allow child care for children older than age 13 but younger than age 19 who are physically and/or mentally incapable of self care, while the remaining States and Territories report making such allowances.

Before approving a child with disabilities for child care after age 13, **Oklahoma's** Lead Agency requires a statement from a licensed health care professional verifying the child is physically or mentally incapable of age-appropriate self-care.

## Section 3.3.6 – Children Aged 13–19 Under Court Supervision

*Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision?* **(658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))**

Thirty-two States (AK, CT, GA, HI, ID, IL, IN, KS, KY, LA, MI, MO, MS, MT, NC, ND, NE, NH, NM, NY, OK, OR, SC, SD, TN, TX, UT, VA, VT, WA, WV, WY) and three Territories (GU, PR, VI) report that the Lead Agency allows child care for children older than age 13 but younger than age 19 who are under court supervision.

In **Idaho**, children may receive child care benefits until the month of their 18th birthday if a court order, probation contract, child protection or mental health case plan requires constant supervision.

**New York** allows Child Care and Development Fund funded child care for children who are under court supervision up to age 19 years if the child is in school; otherwise, the upper limit is 18 years.

Nineteen States (AL, AR, AZ, CA, CO, DC, DE, FL, IA, MA, MD, ME, MN, NJ, NV, OH, PA, RI, WI) and two Territories (AS, CNMI) report that the Lead Agency does not allow child care for children older than age 13 but younger than age 19 who are under court supervision.

## Section 3.3.7 – Children in Foster Care Whose Foster Parents Are Not in Education/Training Activities

*Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are <u>not</u> working, or who are <u>not</u> in education/training activities?* **(§§98.20(a)(3)(ii), 98.16(f)(7))**

Fourteen States (AZ, DE, FL, GA, LA, MA, ME, MO, MT, NH, SD, VT, WA, WI) and two Territories (AS, VI) report that they choose to provide care to children in foster care even if their foster parents are not working or are not in education/training activities.

Thirty-seven States (AK, AL, AR, CA, CO, CT, DC, HI, IA, ID, IL, IN, KS, KY, MD, MI, MN, MS, NC, ND, NE, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WV, WY) and three Territories (CNMI, GU, PR) report that they do not provide child care assistance to children in foster care if their foster parents are not employed or are not participating in an approved training or education program.

## Section 3.3.8 – Child Care Services for Children in Protective Services

*Does the State choose to provide child care to children in protective services?* **(§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))**

Twenty-nine States (AK, AL, AZ, CA, DC, DE, FL, GA, IA, IN, KY, LA, MA, ME, MO, MS, MT, NE, NH, NV, NY, OK, SC, SD, TX, VA, WA, WI, WV) and four Territories (AS, GU, PR, VI) report they provide child care to children in protective services.

In **Alaska**, protective services child care is a support service designed to help keep families together. A social worker from the Office of Children's Services may authorize protective services for a child at risk of abuse or neglect and for whom child care during the day is part of a family treatment plan. The objective is to enable the child to remain with the biological family or return the child to his or her family following an out-of-home placement.

In **West Virginia**, children of parents who are unable to provide adequate care or supervision and who need support and assistance with child care responsibilities to prevent or alleviate child abuse or neglect are eligible to receive child care. Child care services are not an entitlement for recipients of child protective services; rather, it is a supportive service for recipients of child protective services to be used in conjunction with other needed services, such as parent education or counseling.

Twenty-two States (AR, CO, CT, HI, ID, IL, KS, MD, MI, MN, NC, ND, NJ, NM, OH, OR, PA, RI, TN, UT, VT, WY) and one Territory (CNMI) report the Lead Agency does not provide child care to children in protective services.

# Section 3.4 – Priorities for Serving Children and Families

In addition to the Federal requirement that all States and Territories give priority to families with very low incomes and families of children with special needs, Lead Agencies have defined additional service priorities that encompass other groups of children and families.[14] Additional priorities often include families with children receiving protective services or teen parents, as well as families transitioning off Temporary Assistance for Needy Families.

Priorities matter most when the demand for child care assistance exceeds available funding; they can be a means for States and Territories to implement waiting lists of parents who have applied for the subsidy, and serve families in priority order as funding becomes available.

[14] CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

## Section 3.4.1 – Prioritizing Services for Specific CCDF-Eligible Children

*Describe how the State prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other.* **(658E(c)(3)(B))**

Although there are requirements about who must receive priority, there are no requirements for how Lead Agencies give priority. A summary of eligibility and priority terms submitted by the States and Territories appears in Appendix 2, page 319. Complete definitions are available from the National Child Care Information Center at 800-616-2242 and on the Web at http://nccic.acf.hhs.gov/pubs/stateplan/stateplan-intro.html.

While the list of priorities for services must include children with special needs and very-low-income children, they need not appear among the first priorities on the list. For example, priority can be achieved by setting aside specific funds or slots for very-low-income children or children with special needs. Special needs in this context may be broadly defined.[15]

All States and Territories identify multiple service priorities that encompass families with children with special needs and families with very low income. Some list multiple priorities in rank order and others report multiple priorities without rank.

> In **Colorado**, priority is given to families below 130 percent of the Federal Poverty Level, children of teen parents and children with special needs. Based on Colorado statute, counties must provide child care assistance to families whose income is not more than 130 percent of poverty, and counties may provide assistance to families above 130 percent of poverty. Additional priority is given to families transitioning from Temporary Assistance for Needy Families (TANF) child care to low-income child care.
>
> **Kentucky's** first priority is to serve children with special needs, children receiving protective services and children of teen parents or families who reside in homeless shelters, spouse abuse centers or transitional housing. The second priority is to serve TANF participants. The third priority is to serve other low-income working parents and parents in education or training programs leading to self-sufficiency, to the extent funding is available.
>
> If **North Dakota** has to develop a waiting list, children who meet one or more criteria (not in priority order) will be served before others on the list: children with special needs; children who are in families on TANF; children of young parents participating in the Crossroads program, which provides child care for eligible teen parents who are pursuing high school, General Educational Development or alternative high school education; children whose parents are on Pro-Work Continuing Assistance (the transitional stage after TANF closure); children whose single-parent families are at risk of becoming dependent on an assistance program; and children in families with very low income.

[15] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint guidance, FFY 2006-2007*. Retrieved May 11, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/guidance_2006_final.doc.

Child care assistance became an entitlement for low-income families in **Rhode Island** under two separate laws. The Rhode Island Family Independence Act requires the Lead Agency to provide appropriate child care to every parent who requires it in order to meet TANF work requirements, and to all other families with incomes at or below 185 percent of the Federal Poverty Level, if they are otherwise eligible, with no time limits. The Rhode Island Starting Right Act expands eligibility to all working families at or below 225 percent of the Federal Poverty Level. All families in this income range, whether receiving cash assistance and participating in approved activities, or low-income and employed, are eligible.

**Virginia** ensures that priority is given to families with very low income by mandating child care availability to recipients of TANF, families in the Transitional Fee program and children enrolled in Head Start. Additional priority is given to children with special needs and children who are homeless and meet eligibility criteria. The Lead Agency makes funds available to purchase child care for these groups and allows payment above the maximum reimbursement rates for special needs child care when appropriate.

## Section 3.4.2 – Meeting the Needs of TANF Families

*Describe how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF.* **(658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))**

As reported in Fiscal Year 2006-2007 Child Care and Development Fund (CCDF) Plans, States and Territories implemented strategies to help meet the needs of families receiving TANF, those attempting to transition off TANF through work activities and those at risk of becoming dependent on TANF. States and Territories report using priority rules to meet the needs of TANF families and families at risk of becoming dependent on TANF. A large number of States and Territories waive parent fees for some or all families with open TANF cases. Coordination across programs is another way States and Territories ensure the child care needs of TANF families are met. Several States report that child care resource and referral agencies coordinate with the Lead Agency and the TANF office to help TANF families find quality child care.

Twenty-three States (AK, AZ, CO, CT, DC, DE, GA, IA, ID, KS, LA, MD, MI, MS, ND, NJ, NV, NY, OR, PA, SC, TN, UT) and one Territory (GU) waive fees for some or all families with open TANF cases.

**Alaska** waives copayments for families who are active recipients of TANF benefits.

The **District of Columbia** waives copayments for families with income below 50 percent of poverty, working foster families, child protective services families, families who have court referrals, families with adults or children with disabilities, nonemployed TANF recipients, teen parents, TANF payees and Vocational Rehabilitation clients who are not employed.

**Guam** waives copayments for families who are receiving TANF and working families terminated from TANF due to employment or child support payments.

The following are examples of additional strategies States follow to meet the needs of TANF families.

**Georgia** requires all adults who are served by a TANF program to participate in employment services unless they meet the exemption criteria. When needed to participate in a work activity, child care is available to all TANF applicants and recipients. Families leaving TANF for employment related reasons have access to subsidized child care for 1 year if they continue to meet program requirements for 6 months after leaving TANF. Thereafter, a fee is assessed based on the Lead Agency's fee chart. After 1 year of transitional care, they can continue in the program as long as they meet eligibility requirements and funds are available. Georgia allocates funds for families who are at risk of becoming dependent on TANF. These families can receive subsidized care if they meet program requirements and if funds are available.

**Maine** guarantees child care assistance to TANF families, if the family meets its employment and training plan, and families that have left TANF because of increased earnings. For families receiving TANF scholarships, child care is paid directly from Maine's TANF block grant. For families leaving TANF, child care subsidies are funded through a combination of CCDF and a TANF transfer to CCDF. Families transitioning from TANF receive a referral from their caseworker to one of the State's 11 Voucher Management Agencies, which assist families in completing necessary applications and provide payment to a family's provider of choice.

In **Pennsylvania,** TANF families who are involved in an approved work-related activity receive a child care subsidy for the actual cost up to the maximum allowance established by the Lead Agency, subject to the availability of funds. Employed TANF clients receive a child care subsidy and are responsible for a copayment based on the sliding fee scale. The subsidy begins with the date employment starts. The copayment requirement is waived for the period from the date employment begins to the month following the month in which the first pay is received to help ensure families can access child care as soon as they begin working. The Lead Agency increased the variety and distribution of consumer education materials and resource and referral services to assist TANF clients in locating child care to meet their needs.

**Tennessee** maintains a State subsidy for all TANF participants meeting participation requirements (Families First Child Care). Effective January 1, 2005, the Lead Agency introduced a new category of assistance, At-Risk Child-Only. As funding permits, this program makes child care assistance available for 1 year to caretakers in TANF child cases who meet work/education qualifications. The Lead Agency provides Transitional Child Care for families leaving TANF, up to 18 months following the termination of cash assistance. There is no lifetime limit for the Transitional Child Care assistance and a new eligibility period of 18 months is granted upon each instance of TANF closure. When funding permits,

At-Risk Child-Only assistance is available for an additional 12 months following the expiration of the 18-month Transitional Child Care period.

In **Wyoming**, families receiving assistance through the TANF program are considered categorically eligible for child care when the parent or caretaker is working or in an approved educational activity. To help ensure employment longevity, the Wyoming TANF program continues to assist the family with one-half of the TANF grant for a period of 6 months if the family transitions off TANF due to earned income and continues to meet specified eligibility criteria. During this period, the family continues to be categorically eligible for child care assistance while paying the lowest required copayment for child care. After this 6-month period, the family can continue to receive child care assistance as long as the countable family income does not exceed 200 percent of the Federal Poverty Level.

## Section 3.4.3 – Waiting Lists[16]

*Does the Lead Agency maintain a waiting list?*

*If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?*

*If no, does the Lead Agency serve all eligible families that apply?*

When faced with insufficient funding for child care subsidies to meet demand, some Lead Agencies implement a waiting list, which is kept at the Lead Agency office or its designee. Lead Agencies report a range of waiting list approaches. In most cases, waiting lists are managed locally through county or contracted agencies; however, some are maintained by the State or Territory. In certain cases, local waiting lists are linked to a central database or local administrative agencies provide regular waiting list counts to the Lead Agency.

Fourteen States (AL, AR, FL, GA, IN, LA, MD, ME, MN, MS, NJ, PA, TX, VA) and one Territory (PR) report the Lead Agency maintains a waiting list.

Most States indicate a routine process for updating waiting lists, typically at 6-month intervals. All States report that priorities for child care services determine which families are served and which are put on waiting lists. (See Section 3.4.1, page 140.)

**Indiana** requires each county intake agent to maintain a waiting list of clients eligible for the Child Care and Development Fund (CCDF) program but for whom no funding is available for enrollment. The waiting list is maintained in the State automated intake software system according to State priorities. County intake agents are required to have a process to keep the waiting list updated.

[16] Data on waiting lists are not available for American Samoa, Massachusetts or the Virgin Islands.

In **Maryland,** each waiting list case is added to the Office of Child Care Management Information System. Declared family income, household size and approved activity are entered into the system. A report is produced each week that shows the number of families and children on the waiting list for each jurisdiction.

Thirty States (AK, AZ, CT, DC, DE, HI, IA, ID, IL, KS, KY, MI, MO, MT, ND, NE, NH, NM, NV, OH, OK, OR, RI, SD, UT, VT, WA, WI, WV, WY) and one Territory (CNMI) indicate the Lead Agency does not maintain a waiting list, and all eligible families who apply are served.

The **District of Columbia** indicates that a waiting list was established in June 2002 but suspended as of April 2005, and all eligible families that apply now are served.

**Kentucky** reports avoiding waiting lists through significant cost containment measures implemented during 2003. These changes included a reduction in income eligibility for initial application from 165 percent of the Federal Poverty Level to 150 percent, with reauthorization remaining at 165 percent; an increase in parental copays for families above 150 percent of the Federal Poverty Level and a requirement of a minimum 20-hour work week or 20 hours per week of student teaching, internship or practicum for families who are working or in an education or training program. New geographic mapping will help identify other areas of cost containment.

**Vermont** is prohibited from capping the subsidy program without legislative approval. If appropriated funds are insufficient, the Lead Agency seeks additional funds through the budget adjustment process. A waiting list for services only can be established with legislative approval.

Six States (CA, CO, NC, NY, SC, TN) and one Territory (GU) indicate the Lead Agency does not maintain a waiting list and not all eligible families that apply are served.

*Are there other ways that the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies? If so, describe.*

When all eligible families cannot be served, States often develop additional funding or provide assistance to families to help address the situation.

**Florida's** Governor appointed a Child Care Executive Partnership Board, composed of business leaders from across the State, which has worked to link the funding commitment of businesses with early childhood programs and has expanded child care services, significantly increasing the number of children served.

Local Intake Agents refer **Indiana** families who cannot be served to child care resource and referral agencies, which have information about providers who may be willing to deliver services at a reduced fee or who have other sources of funding. Indiana also has a web site to assist parents in locating affordable, quality child care in their area.

**Tennessee** reports that families unable to receive child care assistance may be referred to the child care resource and referral agency in their area to explore less costly child care options, including the use of Head Start, prekindergarten, nonprofit community child care, community child care and regular child care programs that offer rates based on sliding fee scales or scholarships. Parents working at very-low-income employment are advised of the Federal Earned Income Tax credit through which 40 percent to 60 percent of their eligible tax credit can be taken out of their weekly paycheck to help offset child care expenses. Parents working in moderately higher-income employment are advised to take advantage of the Child Care Tax Credit to help offset costs.

# Section 3.5 – Sliding Fee Scale for Child Care Services

For eligible families, the Child Care and Development Fund subsidizes the cost of care up to the reimbursement rate ceiling set by each Lead Agency, and families typically share the responsibility for child care costs by paying a copayment fee (or copay) directly to the provider according to a sliding fee scale established by the State or Territory. Lead Agencies are required to base the sliding fee scale on family size and income, but may waive copayments for specific populations. Lead Agencies also are required to ensure copayments are affordable.

## Section 3.5.1 – How the Sliding Fee Scale Works

*A sliding fee scale, which is used to determine each family's contribution for the cost of child care, must vary based on income and the size of the family.*

In Child Care and Development Fund (CCDF) Plans, States and Territories provide a copy of the sliding fee scale for child care services and an explanation of how it works. While the sliding fee scale for all States and Territories is based on income and the size of the family, other factors may determine a family's contribution, including number of children in care, cost of care and/or whether care is full- or part-time.[17] The family's contribution to the cost of care, as specified in the State or Territory sliding fee scale, can be expressed as a dollar amount, a percentage of the family income, a percentage of the price of care or a percentage of the State reimbursement rate ceiling.

Thirty-three States (AK, AL, AZ, CA, CO, DC, FL, GA, IA, IL, KS, KY, MA, MN, MO, MS, MT, NE, NH, NJ, NM, OH, OK, OR, PA, SC, SD, TN, UT, WA, WI, WV, WY) and two Territories (PR, VI) express the family contribution to the cost of care in dollar terms.

**Iowa's** family contribution for the cost of child care (basic care) ranges from $0 to $3.50 per half-day unit (i.e., up to 5 hours of care). The maximum half-day fee is $6.50 if the child has a special need. The monthly income chart and sliding fee schedule for child care services are applied regardless of the services being provided by a licensed child care center, an exempt facility, a registered child development home, a nonregistered child care home or care provided in the child's home.

[17] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint guidance, FFY 2006-2007*. Retrieved May 11, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/guidance_2006_final.doc.

In **Kansas**, assigned copayments range from $0 to $243 per month for a family of three based on monthly gross income. The copayment also increases as income increases.

**South Carolina** designed a fee scale that includes affordable copayments. With the exception of clients receiving Temporary Assistance for Needy Families and children in foster care funded through a Social Security Block Grant, clients are required to make copayments based on the sliding fee scale. The fee scale allows clients with incomes up to 150 percent of poverty to receive services and pay a copayment of $4, $7, $9, $11 or $13 per week per child based on family size. Clients are eligible to continue to receive services until their incomes reach 175 percent of poverty.

Eight States (CT, IN, ME, NY, NC, RI, TX, VA) express the family contribution to the cost of care in their sliding fee scale as a percentage of family income, ranging from 0 percent to 17 percent of income.

**Virginia's** family contribution for the cost of care is 10 percent of gross income and applies to income-eligible families regardless of whether the care is full-time or part-time. There is a minimum copayment of $25 per month; as income increases or decreases, the fee changes accordingly.

Ten States (AR, DE, HI, ID, LA, MD, MI, ND, NV, VT) and two Territories (CNMI, GU) express the family contribution to the cost of care in their sliding fee scale as a percentage of the cost of care or the maximum reimbursement rate.

In **Arkansas**, the family contribution to the cost of care ranges from 0 percent to 80 percent of the cost of care. Because the State's sliding fee scale is set at 60 percent of the State Median Income, only 7 percent of recipients of child care assistance have to pay any fee.

In **Hawaii**, the family's contribution to the cost of care ranges from 0 percent to 20 percent of the Lead Agency's maximum reimbursement rate.

**Maryland's** copayments range from 5 percent to 50 percent of the cost of care for the first child in care. They range from 3 percent to 40 percent for the second and third child. Fourth and subsequent children require no copayment.

A summary of sliding fee scales submitted in Fiscal Year 2006-2007 CCDF Plans is presented in Table 3.5.

**TABLE 3.5**
**Child Care Assistance Family Copayment Policies, Family of Three[1]**

| State/Territory | Monthly Upper Income Level at Which Maximum Fee Is Required[2] | Are Families at or Below Poverty Required to Pay a Fee? | Minimum Family Fee (Full-Time Care)[3] | Maximum Family Fee (Full-Time Care) | Is the Same Sliding Fee Scale Used in All Parts of the State? | Does the State Prohibit Providers from Charging Families Any Unsubsidized Portion of Providers' Normal Fees? |
|---|---|---|---|---|---|---|
| Alabama | $2,682.00 | some | $5.00/week<br>50% of fee for each additional child | $72.50/week<br>50% of fee for each additional child | yes | no |
| Alaska | $3,854.00 | some | $13.00/month | $766.00/month | yes | no |
| American Samoa* | NA | NA | NA | NA | NA | yes |
| Arizona | $2,213.00 | some | $1.00/day<br>$0.50/day 2nd child | $10.00/day<br>$5.00/day 2nd child | yes | no |
| Arkansas | $2,081.00 | none | 0% of fee | 80% of fee | yes | yes |
| California | $2,925.00 | none | $2.00/day | $10.50/day | yes | no |
| Colorado | $3,050.00 | some | $7.00/month | $427.00/month<br>$40.00/month 2nd child | yes | yes |
| Commonwealth of the Northern Mariana Islands | $2,156.00 | all | 10% of cost of care | 30% of cost of care | yes | no |
| Connecticut | $4,515.00 | some | 2% of income | 10% of income | yes | no |
| Delaware | $2,612.00 | some | 1% of cost of care | 80% of cost of care | yes | yes |
| District of Columbia | $2,892.00 | some | $0.00 | $13.08/day 1st child<br>$9.81/day 2nd child | yes | yes |

**TABLE 3.5**
**Child Care Assistance Family Copayment Policies, Family of Three[1]**

| State/Territory | Monthly Upper Income Level at Which Maximum Fee Is Required[2] | Are Families at or Below Poverty Required to Pay a Fee? | Minimum Family Fee (Full-Time Care)[3] | Maximum Family Fee (Full-Time Care) | Is the Same Sliding Fee Scale Used in All Parts of the State? | Does the State Prohibit Providers from Charging Families Any Unsubsidized Portion of Providers' Normal Fees? |
|---|---|---|---|---|---|---|
| Florida | varies by locality | some | $0.63/day | $14.00/day | no | no |
| Georgia | $2,200.00 | some | $0.00 | $45.00/week | yes | no |
| Guam | $2,011.00 | some | 10% of cost of care | 50% of cost of care | yes | no |
| Hawaii | $3,678.00 | none | 0% of reimbursement rate ceiling | 20% of reimbursement rate ceiling | yes | no |
| Idaho | $1,706.00 | some | 7% of cost of care | 66% of cost of care | yes | no |
| Illinois | $2,532.00 | all | $4.33/month, one child<br>$8.67/month, two children | $186.32/month, one child<br>$320.64/month, two children | yes | yes |
| Indiana | $1,703.00 | none | $0.00 | 9% of income | yes | no |
| Iowa | $2,723.00 | none | $0.00 | $14.00/day for full-day | yes | yes |
| Kansas | $2,481.00 | some | $0.00 | $243.00/month | yes | no |
| Kentucky | $2,099.00 | some | $0.00 | $10.50/day, one child<br>$11.50/day, two or more children | yes | no |
| Louisiana | $2,653.00 | some | 35% of cost of care | 75% of cost of care | yes | no |

## TABLE 3.5
### Child Care Assistance Family Copayment Policies, Family of Three[1]

| State/Territory | Monthly Upper Income Level at Which Maximum Fee Is Required[2] | Are Families at or Below Poverty Required to Pay a Fee? | Minimum Family Fee (Full-Time Care)[3] | Maximum Family Fee (Full-Time Care) | Is the Same Sliding Fee Scale Used in All Parts of the State? | Does the State Prohibit Providers from Charging Families Any Unsubsidized Portion of Providers' Normal Fees? |
|---|---|---|---|---|---|---|
| Maine | $3,546.00 | some | 2% of income | 10% of income<br>50% of applicable fee for 2nd child<br>25% of applicable fee for 3rd child | yes | no |
| Maryland | $2,499.00 | some | 5% of average cost of care<br>3% of average cost of care for 2nd & 3rd child | 50% of average cost of care<br>40% of average cost of care for 2nd & 3rd child | yes | no |
| Massachusetts* | $4,104.00 | none | $0.00 | $120.00/week | yes | yes |
| Michigan | $1,990.00 | some | 5% of reimbursement rate ceiling | 30% of reimbursement rate ceiling | yes | no |
| Minnesota | $3,352.00 | some | $0.00/month | $737.00/month | yes | no |
| Mississippi | $2,917.00 | some | $10.00/month, one child<br>$20.00/month, two children | $212.00/month, one child<br>$222.00/month, two children | yes | no |
| Missouri | $1,518.00 | some | $1.00/year | $5.00/day/child | yes | yes |
| Montana | $1,959.00 | some | $10.00/month | 14% of income | yes | no |

**TABLE 3.5**
**Child Care Assistance Family Copayment Policies, Family of Three[1]**

| State/Territory | Monthly Upper Income Level at Which Maximum Fee Is Required[2] | Are Families at or Below Poverty Required to Pay a Fee? | Minimum Family Fee (Full-Time Care)[3] | Maximum Family Fee (Full-Time Care) | Is the Same Sliding Fee Scale Used in All Parts of the State? | Does the State Prohibit Providers from Charging Families Any Unsubsidized Portion of Providers' Normal Fees? |
|---|---|---|---|---|---|---|
| Nebraska | $2,481.00 | none | $53.00/month, one child<br>$106.00/month, two children | $241.00/month, one child<br>$482.00/month, two children | yes | yes |
| Nevada | $3,308.00 | some | 0% of child care benefit | 80% of child care benefit | yes | no |
| New Hampshire | $2,548.00 | some | $0.00 | $0.50/week | yes | no |
| New Jersey | $3,352.00 | some | $9.10/month, 1st child<br>$6.80/month, 2nd child | $294.90/month, 1st child<br>$221.20/month, 2nd child | yes/no | yes |
| New Mexico | $2,700.00 | some | $0.00 | $218.00/month, one child<br>$327.00/month, 50% of fee for each additional child | yes | yes |
| New York | varies by locality | some | varies by locality—lowest copay is less than 1% of income | varies by locality—highest copay is 16.2% of income | yes | no |
| North Carolina | $2,946.00 | some | 10% of income | 10% of income | yes | no |
| North Dakota | $2,463.00 | some | 20% of reimbursement rate ceiling, up to a maximum of $42.00/month | 80% of reimbursement rate ceiling, up to a maximum of $365.00/month | yes | no |

## TABLE 3.5
### Child Care Assistance Family Copayment Policies, Family of Three[1]

| State/Territory | Monthly Upper Income Level at Which Maximum Fee Is Required[2] | Are Families at or Below Poverty Required to Pay a Fee? | Minimum Family Fee (Full-Time Care)[3] | Maximum Family Fee (Full-Time Care) | Is the Same Sliding Fee Scale Used in All Parts of the State? | Does the State Prohibit Providers from Charging Families Any Unsubsidized Portion of Providers' Normal Fees? |
|---|---|---|---|---|---|---|
| Ohio | $3,592.00 | some | $0.00/month | $314.00/month | yes | yes |
| Oklahoma | $2,425.00 | some | $0.00 | $154.00/month for one child<br>$226.00/month for two children | yes | yes |
| Oregon | $2,010.00 | some | $25.00/month | $454.00/month | yes | no |
| Pennsylvania | $3,151.00 | some | $5.00/week | $70.00/week | yes | no |
| Puerto Rico | $1,279.00 | all | $36.00/month | $48.00/month | yes | no |
| Rhode Island | $3.017.00 | none | $0.00 | 14% of income | yes | yes |
| South Carolina | $2,347.00 | some | $4.00/child/week | $13.00/child/week | yes | no |
| South Dakota | $2,682.00 | none | $0.00 | 15% of family income | yes | no |
| Tennessee | $2,336.00 | some | $1.00/week, one child<br>$2.00/week, two children | $47.00/week, one child<br>$82.00/week, two children | yes | no |
| Texas | varies by locality | some | varies by locality—7% of income, one child<br>9% of income, two children | 12% of income, one child<br>varies by locality—13% of income, two children | no | no |

**TABLE 3.5**
**Child Care Assistance Family Copayment Policies, Family of Three[1]**

| State/Territory | Monthly Upper Income Level at Which Maximum Fee Is Required[2] | Are Families at or Below Poverty Required to Pay a Fee? | Minimum Family Fee (Full-Time Care)[3] | Maximum Family Fee (Full-Time Care) | Is the Same Sliding Fee Scale Used in All Parts of the State? | Does the State Prohibit Providers from Charging Families Any Unsubsidized Portion of Providers' Normal Fees? |
|---|---|---|---|---|---|---|
| Utah | $2,432.00 | some | $10.00/month, one child<br>$15.00/month, two children | $255.00/month, one child<br>$281.00/month, two children | yes | no |
| Vermont | $2,586.00 | all | 10% of reimbursement rate ceiling | 90% of reimbursement rate ceiling | yes | no |
| Virginia | $2,481.00 | some | $25.00/month | 10% of income | no | no |
| Virgin Islands* | $1,826.00 | none | $0.00 | $10.00/week | yes | no |
| Washington | $2,682.00 | some | $15.00/month | $50.00/month plus 44% of the difference between family income and 137.50% of Federal poverty level (calculated at $418.72/month at the highest income level) | yes | yes |
| West Virginia | $2,181.00 | some | $0.00 | $5.75 per child | yes | yes |

**TABLE 3.5**
**Child Care Assistance Family Copayment Policies, Family of Three[1]**

| State/Territory | Monthly Upper Income Level at Which Maximum Fee Is Required[2] | Are Families at or Below Poverty Required to Pay a Fee? | Minimum Family Fee (Full-Time Care)[3] | Maximum Family Fee (Full-Time Care) | Is the Same Sliding Fee Scale Used in All Parts of the State? | Does the State Prohibit Providers from Charging Families Any Unsubsidized Portion of Providers' Normal Fees? |
|---|---|---|---|---|---|---|
| Wisconsin | $2,682.00 | some | $5.00/week, one child licensed care<br>$2.00/week, one child certified care<br>Higher fee for additional children | $59.00/week, one child licensed care<br>$41.00/week, one child certified care<br>Higher fee for additional children | yes | no |
| Wyoming | $2,682.00 | all | $0.40/day per child | $4.00/day per child | yes | no |

NA = Not Applicable

* In AS, all CCDF participants are at or below the Federal Poverty Income Guidelines and the Lead Agency chooses not to apply copayments to families at or below the Federal Poverty Income Guidelines. Data provided for MA and VI are from the FY 2004-2005 CCDF Plans.

---

[1] Copayment fees included in this table apply to a family of three, including one or two children in full-time, center-based care who are not infants or children with special needs. Some States and Territories require different fee amounts for families with infants or children with special needs.

[2] When the Lead Agency provides information on an annual income, income is divided by 12 and reported as "monthly." When the Lead Agency reports information on a weekly income, it is multiplied by 4 and reported as "monthly." All monthly income levels are rounded to the nearest dollar. Typically, this is the maximum income at which families are eligible to receive child care assistance. These monthly income levels at which the maximum fee is capped are drawn from individual State or Territory sliding fee scales and do not necessarily correspond to the monthly income levels used to limit eligibility. (See Table 3.3.1.) In some States and Territories, the sliding fee scale is maintained and applied separately from the policies affecting income eligibility thresholds.

[3] Minimum copayment fees are based on sliding fee schedules (as submitted with CCDF Plans) for families paying a sliding fee and do not reflect waivers for specific populations.

## Additional Factors Used to Determine Copayment Levels

*Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care?* **(658E)(c)(3)(B), §98.42(b))**

States and Territories report using additional factors besides family size and income to determine a family's copayment requirement. While some States and Territories set copayments as a relationship to the cost of care or reimbursement rate ceilings, others also factor in the number of children in care or whether the child care provided was part-time.

Thirty-one States (AK, AL, AZ, CO, CT, DC, DE, FL, GA, IA, IL, KY, LA, MA, MD, ME, MO, NC, ND, NE, NJ, NY, OK, SC, SD, TX, UT, VA, WA, WI, WV) and one Territory (GU) report that the Lead Agency uses additional factors to determine a family's contribution to the cost of child care services.

**Alabama** reports that families with more than one child in care pay one-half the applicable fee for each additional child in care.

**Illinois** reduces the copayment by half if the majority of child care for the month is for fewer than 5 hours per day.

**Iowa** establishes copayments for half-day units to reduce family fees for part-time care.

**Maine** indicates that if a family has more than one child in care, the fee for the second child enrolled is reduced by 50 percent, the fee for the third child is reduced by 75 percent and no additional fee is assessed for any more children.

**West Virginia** requires that the same copayment is charged for the first three children in care, but there is no additional charge for more than three children.

## Section 3.5.2 – Use of Statewide Sliding Scale Fees

*Is the sliding fee scale provided used in <u>all</u> parts of the State?* **(658E(c)(3)(B))**

The majority of States and Territories use the sliding fee scale in all parts of the State or Territory.

Only three States (FL, TX, VA) indicate that the sliding scale provided in the Child Care and Development Fund Plan is not used in all parts of the State. These States have different sliding scales for various geographic jurisdictions.

In **Texas**, the sliding fee scale is established by the Local Workforce Development Board.

In **Virginia**, local agencies may opt to establish their own sliding fee scale.

## Section 3.5.3 – Waiving Copayments

*The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size.* **(§98.42(c))**, *and the poverty level used by the Lead Agency for a family of 3 is: _____.*

### Poverty Level

Lead Agencies in 30 States and Territories report using Federal Poverty Income Guidelines for Fiscal Year (FY) 2005 ($16,090 annually) for the poverty level for a family of three. Other States and Territories either report Federal Poverty Income Guidelines for previous fiscal years or did not specify the fiscal year used by the Lead Agency.

> Twenty-five States (AZ, CO, FL, GA, IA, LA, MD, MN, MT, NE, NH, NJ, NV, NY, OK, OR, PA, RI, SD, UT, VA, WA, WI, WV, WY) and two Territories (CNMI, GU) report using the poverty level at 100 percent of the FY 2005 Federal Poverty Income Guidelines. In addition, two States (NM, SC) report using the poverty level at 150 percent of the FY 2005 Federal Poverty Income Guidelines, and one State (AL) reports using the poverty level at 130 percent of the FY 2005 Federal Poverty Income Guidelines.

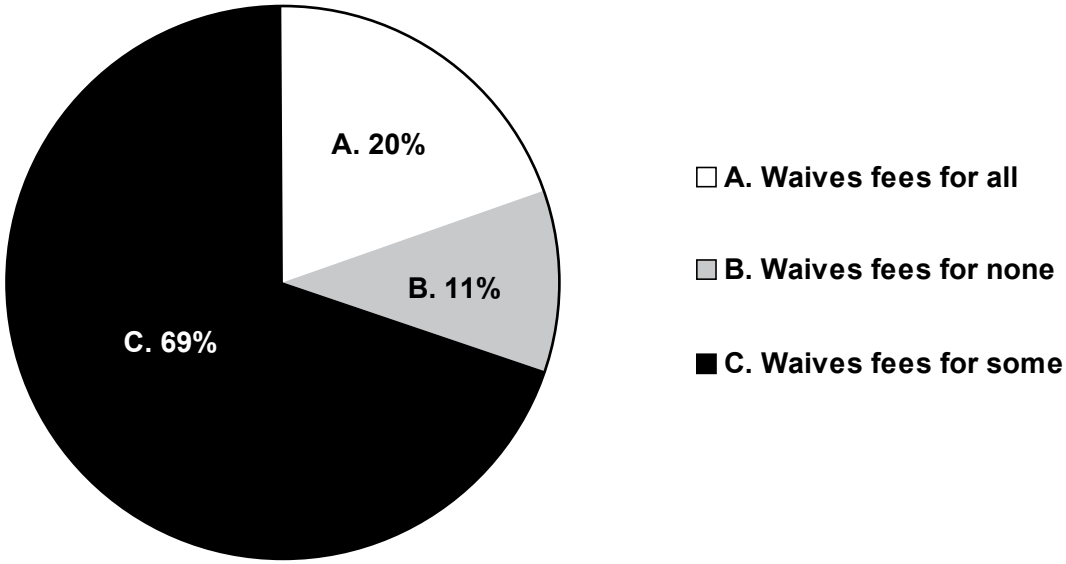
### Waiving Copayment Options

*The Lead Agency must elect ONE of these options:*

- *ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.*
- *ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.*
- *SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The following describes these families.*

As indicated in Chart 3.5, most States and Territories waive fees for some families with incomes at or below the poverty level. In addition, some States and Territories report that the Lead Agency waives fees or allows fees to be waived for families receiving protective services. (See Section 3.3.4, page 137.) In some States and Territories, fees also are waived for families receiving Temporary Assistance for Needy Families (TANF).

## CHART 3.5
### State and Territory Copayment Waiver Policies for Families at or Below Federal Poverty Income Guidelines




| | |
|---|---|
| A | AR, AS, CA, HI, IA, IN, MA, NE, RI, SD, VI |
| B | CNMI, IL, MS, PR, VT, WY |
| C | AK, AL, AZ, CO, CT, DC, DE, FL, GA, GU, ID, KS, KY, LA, MD, ME, MI, MN, MO, MT, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA, WI, WV |

N=56 (Data provided for AS, MA and VI are from the FY 2004-2005 Child Care and Development Fund Plans.)

Nine States (AR, CA, HI, IA, IN, MA, NE, RI, SD) and two Territories (AS, VI) waive fees for all families with incomes at or below the poverty level.

Four States (IL, MS, VT, WY) and two Territories (CNMI, PR) require all families, including those with incomes at or below the poverty level, to pay a fee.

Thirty-eight States (AK, AL, AZ, CO, CT, DC, DE, FL, GA, ID, KS, KY, LA, MD, ME, MI, MN, MO, MT, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA, WI, WV) and one Territory (GU) waive fees for some families with incomes at or below the poverty level.

**Kansas** waives the copayment for TANF recipients, families below 70 percent of Federal Poverty Income Guidelines, families receiving social service child care, Food Stamps and employment and training and work program participants.

In **Utah**, some families at or below 100 percent of the poverty level are not subject to the income adjustment scale and participate in the Family Employment Program. Families who transition off the Family Employment Program may receive up to 3 consecutive months of child care without being required to pay a fee. They must meet all other employment support eligibility factors.

In **Virginia**, recipients of TANF whose income is at or below the Federal poverty guideline are not required to pay a fee for child care. A family with a child enrolled in Head Start does not pay a fee for that child's care if the family income is at or below the Federal poverty guideline. If siblings of the Head Start child also receive a subsidy, the fee applies. The income eligibility period for families with a child in Head Start continues without re-determination for as long as the child remains enrolled in a Head Start program.

## Section 3.5.4 – Prohibitions on Charging Additional Fees

*Does the Lead Agency have a policy that prohibits a child care provider from charging families any unsubsidized portion of the provider's normal fees (in addition to the contributions discussed in 3.5.1*)? **(§98.43(b)(3))**

As shown in Table 3.5 (See Section 3.5.1, page 147.), most States and Territories do not prohibit providers from charging families for the unsubsidized portion of providers' normal fees, in addition to the copayment/sliding fee. Some of the unsubsidized fees that providers are allowed to charge in these States and Territories include activity fees, late fees and registration fees.

Fifteen States (AR, CO, DC, IA, IL, MA, MO, NE, NJ, NM, OH, OK, RI, WA, WV) and one Territory (AS) report having a policy prohibiting providers from charging families for the unsubsidized portion of providers' normal fees, in addition to the copayment/sliding fee.

In **Arkansas**, providers are required to sign the Child Care System Participant Agreement attesting to the following: "the Provider agrees to accept the Lead Agency Certificate of Authorization as authorization to provide services. The Provider agrees to accept reimbursement received from the Lead Agency as payment in full for all services covered by this Agreement except the collection of fees expressly authorized by the Lead Agency."

**Iowa** requires a subsidized child care assistance provider to sign a Child Care Assistance Provider Agreement. By signing this agreement, the provider accepts payment through the Lead Agency's payment system and cannot request additional payment from the parent, except for the fees from the sliding fee scale. However, the cost of care provided beyond the approved hours, which is not covered by the number of approved units of service, is the responsibility of the parent.

Thirty-six States (AK, AL, AZ, CA, CT, DE, FL, GA, HI, ID, IN, KS, KY, LA, MD, ME, MI, MN, MS, MT, NC, ND, NH, NV, NY, OR, PA, SC, SD, TN, TX, UT, VA, VT, WI, WY) and four Territories (CNMI, GU, PR, VI) do not prohibit providers from charging families for the unsubsidized portion of providers' normal fees, in addition to the copayment/sliding fee.

**Delaware** implemented a Purchase of Care Plus option that allows a provider to charge parents the difference between the Lead Agency rate and the provider's private rate. Providers must agree to accept Lead Agency participants who are not required to pay a fee and who cannot be charged the difference between the provider's rate and the Lead Agency rate. This change also allows self-arranged parents whose provider does not have a subsidy slot available

to opt to pay only the difference between the Lead Agency rate and the provider's private rate, eliminating the wait for client reimbursement.

In **Maryland**, if a caregiver has a policy of requiring a one-time deposit, registration fee or application fee for all clients, the parent is responsible for an amount up to the assessed parent fee, and the voucher management agency or provider must pay the difference up to the market rate. The deposit or fee is paid in addition to the agreed upon weekly rate. Special activity fees are the responsibility of the parent. If the parent elects not to pay, the caregiver is responsible for providing alternative child care for children who do not participate in the activity. Transportation fees, late pickup fees and other fees of this nature are the responsibility of the parent.

## Section 3.5.5 – Affordable Copayments

*The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) are affordable.* **(§98.43(b)(3))**

In Fiscal Year 2006-2007 Child Care and Development Fund Plans, many States and Territories describe specific strategies to ensure child care is affordable for all families. The most frequently reported strategy focuses on the percentage of family income that eligible parents contribute toward the cost of care. This percentage varies depending on family size and income, number and age of children in care, actual amount of care used, actual cost and reimbursement level of care and additional provider charges. Some States report they include multiple levels in the sliding fee scale to ensure family fees increase gradually so families can afford care as their income increases.

Twenty-seven States (AK, AL, AR, CA, CT, DC, IL, IN, KS, KY, MA, ME, MI, MS, MO, MT, NC, NJ, NM, NV, OH, PA, TN, UT, WI, WV, WY) and one Territory (VI) report that family fee is affordable because it is does not exceed 10 percent of the family income for all or the vast majority of families receiving child care assistance.

All **Connecticut** families with earnings are required to pay a fee ranging from 2 percent to 10 percent of their annual or monthly gross income. If there is more than one child, the family is not required to pay any additional fee. In establishing the sliding fee scale, the Lead Agency reviewed national studies on the amount families can pay at various income levels.

In **Indiana**, families above 100 percent of the Federal Poverty Level have copayments based on income and family size. In all cases, the required copayment is less than 10 percent of family income.

Seven States (CO, DE, KS, ME, MN, MT, VT) indicate that the sliding fee scale has multiple levels to ensure the family contribution to the cost of care increases gradually as income increases.

**Vermont** adjusted its distribution on the sliding fee scale to reduce gradually the family's subsidy amount as their income increases.

The following are examples of other strategies States use to ensure affordability. Some States and Territories indicate they waive fees for very-low-income families, as described in Section 3.5.3 on page 155. Other States reduce the amount of the family contribution for additional siblings receiving subsidies.

In **Iowa**, fees are not charged to families at or below 100 percent of the Federal Poverty Level, those participating in the PROMISE JOBS program or those receiving services without regard to income due to a protective services situation.

**Maryland's** copayment is calculated as a percent of the average cost of care. Copayments range from 5 percent to 50 percent for the youngest child in the family receiving care, and from 3 percent to 40 percent for the second and third children receiving care (fourth and subsequent children in care require no copayment). When expressed as a percent of total gross income, copayments range from 1 percent to 14.7 percent of annual total gross income for the youngest, and from 1 percent to 12.1 percent for second and third children. The average copayment in January 2005 was 9.36 percent of a family's gross income (considering only families with copayments).

To ensure the copayment is affordable, **North Dakota** uses the family cap to set the client's copayment when the family has high child care expenses because there is a large number of children, or a number of children younger than 3 years old. After the family's copayment is determined, based on the sliding fee scale, it is compared to the family cap and the family pays the lower amount. The sliding fee scale includes the cap amount for each family size along with the percentage on the sliding fee scale.

**Rhode Island** calculates copayments for families according to income level and family size. At each of five established levels, a certain percent of gross family income is assigned. At incomes at or below 200 percent of poverty, this percent does not exceed 10 percent, which is generally recommended as an acceptable affordability test. At income levels between 200 percent and 225 percent of the poverty level, copayment is assigned as 14 percent of the family's income.

In **Texas**, Local Workforce Development Boards determine the family's share of cost based on the local economy and local cost of living indicators. The sliding fee scales are no more than 11 percent to 14 percent of the family's gross monthly income, with a majority of Boards establishing rates between 9 percent and 11 percent of the family's income. Boards or their child care contractors may, on a case-by-case basis, temporarily reduce fees when extenuating circumstances jeopardize a family's self-sufficiency.

# PART 4 PROCESSES WITH PARENTS

Child Care and Development Fund (CCDF) Lead Agencies continue to refine processes with parents. To help ensure all families have access to high-quality child care services, States and Territories continue to promote access to child care assistance. To inform parents about quality status, States and Territories also continue to track and report complaints filed against child care programs and make the information available to parents. Some States have automated their tracking of complaint information and others use the Internet to allow parents to request, review and/or receive complaint information. In addition, each State and Territory has taken steps to ensure parents have unlimited access to their children in care.[1]

## Section 4.1 – Application Process/Parental Choice

Lead Agencies continue to help families apply for and receive child care services by promoting awareness of the child care subsidy system, providing parents with a variety of ways to apply for assistance and informing parents about exceptions. States and Territories also work to reduce barriers to the subsidy program by placing applications online, increasing the use of automation, extending office hours and other methods.

### Section 4.1.1 – Applying for and Receiving Child Care Services

*The following describes the process for a family to apply for and receive child care services* **(658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a)** through **(e))**. *If the process varies for families based on eligibility category, for instance, Temporary Assistance for Needy Families (TANF) versus non-TANF, please describe. The description should include:*

- *How parents are informed of the availability of child care services and about child care options*
- *Where/how applications are made*
- *Who makes the eligibility determination*
- *How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4*
- *Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs*
- *Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies*[2]

[1] Data provided for American Samoa, Massachusetts and the Virgin Islands are from Fiscal Year (FY) 2004-2005 CCDF Plans.

[2] Child Care and Development Fund (CCDF) Plan Preprint text appears in italics throughout this report. References to relevant laws and regulations appear in bold.

## Promoting Awareness of Child Care Subsidies

Child care resource and referral agencies continue to be primary partners in State and Territory efforts to inform parents of the availability of child care assistance. In many States and Territories, child care providers also help inform parents about child care subsidies. States and Territories commonly develop and disseminate promotional materials about child care assistance and, in a number of States, these materials are available in multiple languages. These materials typically are available at State, Territory and local offices where families apply for public assistance and may be distributed by community agencies, Head Start grantees, child care programs, employment and training centers and child care resource and referral agencies. Most States indicate that information about child care services and subsidies, including information about applying for child care subsidies, is available on their web sites.

Forty-eight States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NM, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and five Territories (AS, CNMI, GU, PR, VI) report using State and/or local government agencies to promote awareness of child care.

- Forty-six of these States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, MS, MT, NC, NE, NH, NM, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) indicate they use TANF offices to promote awareness of child care.

Forty-eight States (AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and one Territory (PR) report that they use child care resource and referral agencies to provide information to families about availability of child care subsidies and available types of child care programs.

Twenty States (AR, AZ, CO, CT, DC, FL, IA, ID, LA, MA, MT, NC, NE, OK, PA, RI, SC, SD, WA, WV) and four Territories (AS, GU, PR, VI) report that they use child care centers and family child care homes to conduct outreach to parents.

Eighteen States (AZ, CT, FL, IA, KS, MA, ME, MN, MO, NC, NE, PA, RI, SD, TX, UT, VT, WA) report that community-based organizations team with the Lead Agency to promote awareness of subsidies for child care.

Ten States (CT, FL, HI, ME, MI, ND, SC, UT, VT, WY) and two Territories (GU, VI) report that Head Start grantees team with the Lead Agency to promote awareness of subsidies for child care.

Six States (AR, FL, IN, NC, SC, TX) report the Lead Agency partners with public schools to promote awareness of subsidies for child care.

Fifty States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) note that information about child care subsidies, and in some cases application forms, are available on their web sites.

Twenty-eight States (AK, AR AZ, CA, CO, FL, GA, HI, ID, IL, KY, LA, MA, MD, MN, MO, MT, ND, OH, OK, PA, RI, TX, UT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) indicate they have developed brochures, flyers and other promotional materials to inform families about child care subsidies.

Eleven States (AR, DC, FL, KY, LA, MA, NE, NV, PA, TX, WV) and four Territories (AS, CNMI, GU, VI) indicate they use print media, radio and/or television to distribute information about child care subsidies.

As shown in Chart 4.1-A, States and Territories use a variety of strategies to promote awareness of child care assistance to parents.

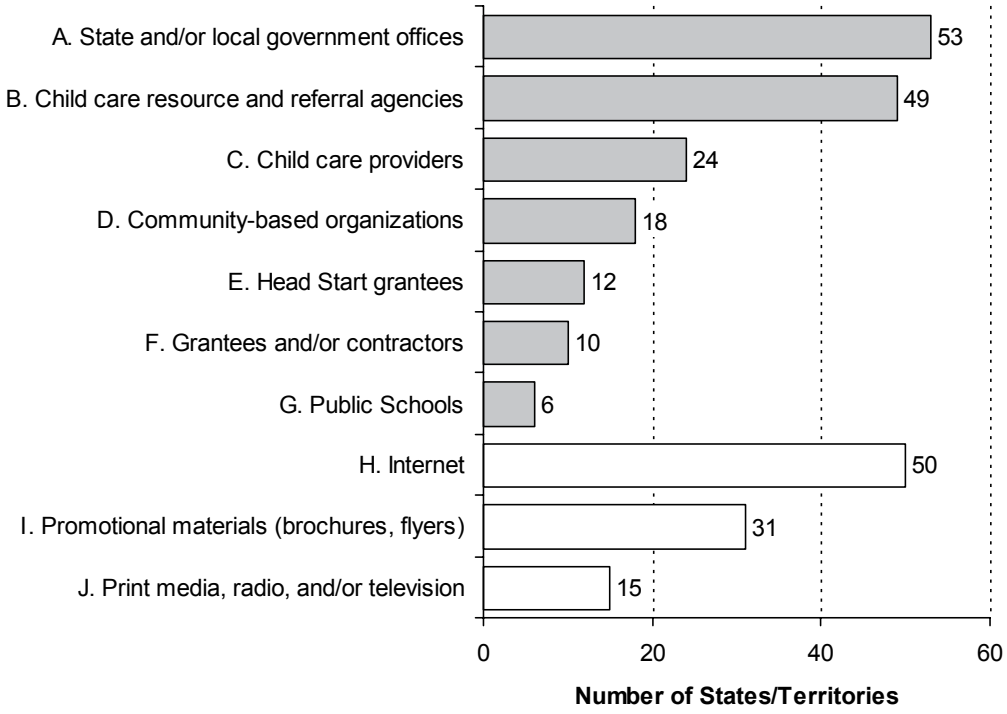
The following are examples of the range of methods States and Territories use to promote awareness of child care subsidies.

**Alaska** parents learn about available child care services and options on the Lead Agency web site and through brochures distributed by local grantees and contractors, State child care resource and referral agencies, public assistance offices and local child care assistance administrator offices. Public assistance case workers help TANF families find child care services. Families also receive information on accessing child care resource and referral services. The south central Alaska child care resource and referral agency, Child Care Connection, maintains an office in the Anchorage Job Center, and all child care resource and referral agencies and child care assistance grantees maintain a relationship with local job centers to provide parents access to child care information.

In **Florida**, parents learn of early learning services through the following:

- Early learning coalitions and their service providers;
- The Agency for Workforce Innovation Office of Early Learning web site, which includes a single point of entry system for parents to prequalify for early education and care services;
- Workforce development programs;
- Florida Department of Children and Families Economic Self-sufficiency units;
- The statewide child care resource and referral network;
- Promotional materials and public service announcements;
- Early learning providers;
- Local public schools; and
- The provider search tool on the Florida Department of Children and Families web site.

## CHART 4.1-A
### Promoting Awareness of Child Care Subsidies




| | |
|---|---|
| **A** | AK, AL, AR, AS, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NM, NY, OH, OK, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| **B** | AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| **C** | AR, AS, AZ, CO, CT, DC, FL, GU, IA, ID, LA, MA, MT, NC, NE, OK, PA, PR, RI, SC, SD, VI, WA, WV |
| **D** | AZ, CT, FL, IA, KS, MA, ME, MN, MO, NC, NE, PA, RI, SD, TX, UT, VT, WA |
| **E** | CT, FL, GU, HI, ME, MI, ND, SC, UT, VI, VT, WY |
| **F** | AK, AL, AZ, CT, DC, NH, NM, NV, TX, WA |
| **G** | AR, FL, IN, NC, SC, TX |
| **H** | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| **I** | AK, AR, AZ, CA, CNMI, CO, FL, GA, GU, HI, ID, IL, KY, LA, MA, MD, MN, MO, MT, ND, OH, OK, PA, PR, RI, TX, UT, WA, WI, WV, WY |
| **J** | AR, AS, CNMI, DC, FL, GU, KY, LA, MA, NE, NV, PA, TX, VI, WV |

Data provided for AS, MA and VI are from the FY 2004-2005 CCDF Plans.

In **Indiana**, parents may self-refer for the CCDF program, or they may be referred by social services agencies such as the local Office of Family and Children/TANF, schools, workforce development agencies or local child care resource and referral agencies. Information is also available on the CareFinder Indiana web site.

**Kentucky** parents are informed of the child care subsidy program through public announcements, the Cabinet for Health and Family Services web site, pamphlets, a network of child care resource and referral agencies, Cabinet newsletters, Comprehensive Family Services and other government agencies. Child care resource and referral agencies and other agencies make referrals to the Cabinet or a Cabinet child care assistance payment service agent.

## Where and How Families Apply

States and Territories provide parents with a variety of ways to apply for child care assistance. Typically, parents apply in person at the Lead Agency or the State, Territory or local agency responsible for administering the TANF program, either to fill out an application form, present verifying documentation or both. However, some States do not require families to schedule an in-person interview for initial eligibility determination or review. More States are using the Internet to make applications available, help families estimate whether they might be eligible for assistance or allow completion and submission of the application. Eligibility typically is determined by the Lead Agency, its field offices or a combination of governmental and non-governmental entities.

Forty-nine States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) indicate that information about applying for subsidies is available on the Web.

Thirteen States (AK, AR, AZ, DE, ID, IL, KS, MD, MI, ND, OH, OK, VT) report that child care subsidy applications are available on the Web.

Parents or custodians in **Arkansas** may request an Application for Child Care Assistance at any county Department of Health and Human Services office or by calling a toll-free number. Applications also are available on the Department web site. Completed applications may be mailed or delivered to any local Department of Human Services county office or the central office in Little Rock. The eligibility specialist or TANF caseworker provides individual assistance or accommodations as needed.

In **Illinois**, the Lead Agency publicizes the child care assistance program and other child care services through its web site, which features a child care assistance program eligibility calculator, a downloadable program application and a link to the Illinois Network of child care resource and referral agencies so parents can locate the agency in their area.

For the child care assistance program in **North Dakota**, clients are not required to have an interview to apply for assistance. They can access an application on the child care web page or have one sent to them by the county social service office. Some child care providers also keep applications on hand at their facilities; completed applications can be mailed or taken to the county social service office.

Twelve States (DC, GA, HI, IA, NC, NE, NH, NM, UT, VA, WI, WV) and two Territories (AS, VI) note that an in-person application is required.

> Income eligible parents in **New Mexico** can bring all paperwork to determine eligibility, including proof of income, directly to the Children Youth and Families Department child care office.
>
> Applications to the CCDF program in the **Virgin Islands** are made in person with the Child Care Specialists at the Virgin Islands Department of Human Services in Charlotte Amalie, St. Thomas, and Christiansted, St. Croix.

Twelve States (AK, AR, AZ, CT, ID, KS, MS, ND, OR, SC, SD, WY) indicate that they permit families to request an application for child care assistance via mail or telephone.

Seven States (DE, MS, MT, ND, OH, OK, TX) report that families can complete applications for assistance by mail or telephone without a face-to-face interview for initial eligibility determination.[3]

> In **Maryland**, local Purchase of Care workers handle both TANF and non-TANF clients. A face-to-face interview is not required for a Purchase of Care application. The applicant can request an application and list of required verifications from the local department, and complete and mail the application to the local office.

Five States (DE, KS, OH, SD, VT) report permitting families to complete applications via e-mail or on the Web.

> In **Kansas**, parents are determined eligible for child care services under CCDF by completing a hard copy or online application.
>
> With conversion to the Bright Futures Information System public portal, the **Vermont** Child Development Division encourages everyone to access information and apply online. Applications can be filed electronically, by mailing the application or by taking it to the community child care agency. Staff is available in each community agency and at the central office to help families with the application process, including an information system help line for families who apply electronically. If a family receives TANF and wants to access a legally exempt child care provider, applications are obtained from their TANF Reach Up specialists or online.

Four States (IL, KS, MA, MI) report that they provide an online tool to help families estimate whether they are eligible for child care assistance.

> **Kansas** has an online assessment along with the online application for parents to request TANF cash assistance, Food Stamps, medical benefits and child care assistance services. A set

[3] Only States specifically reporting the completion of applications by mail or telephone without a face-to-face interview are counted.

of cross-program assessment tools allows applicants to evaluate their need for services. One tool was designed for applicants to use outside the normal in-office process, while another form was designed for workers interviewing applicants to ensure all family needs are reviewed and addressed.

## Who Makes Eligibility Determinations

In most States and Territories, the Lead Agency determines, or works with another agency to determine, eligibility for child care assistance. In 19 States (AR, DE, GA, HI, IA, ID, KS, KY, LA, MD, MI, MO, NE, OK, RI, SD, UT, WA, WY) and four Territories (AS, CNMI, GU, VI), eligibility is determined by the Lead Agency and/or the Lead Agency's field offices.

**Arkansas** has 46 child care eligibility specialists who cover areas of four to six counties and determine eligibility for low-income families who work or attend school. Eligibility for TANF subsidies is established in a local Department of Human Services County Office by a TANF caseworker, then referred to the Lead Agency for child care assistance if needed.

In **Wyoming**, Department of Family Services staff determines child care eligibility and explains the child care program to applicants. Each application is acted upon within 30 days of receipt.

Eighteen States (AK, AZ, DC, FL, IN, MA, MS, MT, NC, NH, NJ, NM, NV, PA, SC, TN, TX, VA) and one Territory (PR) indicate that eligibility is determined by a combination of agencies that may include the Lead Agency and other public and/or private entities.

In **New Hampshire**, the Department of Health and Human Services district office or contract agency staff determines eligibility and sends a Notice of Decision to applicants and providers when the determination is made. Decisions are made within 30 days. The New Hampshire Employment Program and/or the Division of Family Assistance notify participants about eligibility decisions.

Eligibility determination of non-TANF participants in **Puerto Rico** is completed by child care providers under contract, child care directors, family day care network directors, social workers, family and social assistance technicians, family support service personnel and quality control personnel.

Seven States (AL, CA, CT, IL, ME, VT, WV) indicate that non-governmental organizations, such as voucher management agencies and child care resource and referral agencies, make the eligibility determination.

The direct service contractor or the Alternative Payment Program in **California** makes the eligibility determination based on written documentation, which verifies the family meets both income eligibility and need criteria for subsidized child care services.

In **Maine**, contracted child care agencies and voucher management agencies determine eligibility, which is completed only if all supporting documentation is received within 30 days of the application completion.

Seven States (CO, MN, ND, NY, OH, OR, WI) report that eligibility determinations are made by non-CCDF State agencies, local government agencies and/or contractors.

Eligibility determinations in **New York** are made by staff of the local Department of Social Services, which is required to determine eligibility within 30 days of receiving a completed application. A notice of eligibility or ineligibility must be sent to applicants within 15 calendar days after the determination has been made.

## How Parents Are Informed About Exceptions to Individual Penalties

Typically, States and Territories indicate that parents who receive TANF benefits are informed verbally about the exception to individual penalties in their initial interviews with TANF caseworkers or contracted staff.[4] In many instances, this information is also provided in written form. Parents also may receive notification about the exceptions to penalties during TANF orientation sessions.

The following examples illustrate the range of typical methods for informing parents about exceptions.

In **Arizona**, a parent who receives TANF benefits is informed by the TANF employment case manager, during the assessment process, about the exception to individual penalties. The criteria and process for determining whether a TANF participant qualifies for a child care exception is explained verbally to the client. A written document also is provided that explains what to do if a provider cannot be located.

According to **California's** Department of Social Services *Manual of Policies and Procedures*, prior to or at a California Work Opportunity and Responsibility to Kids (CalWORKs) appraisal, counties must provide clients with specific information, in writing, regarding CalWORKs Welfare-to-Work activities. The information must include the "good cause" criteria in the manual, which excuses a recipient from participation in Welfare-to-Work activities for lack of necessary supportive services, including the lack of appropriate and/or available child care.

In **Hawaii**, TANF parents are informed of their exception to individual penalties through a review of their Rights and Responsibilities sheet. The client signs this document after discussion.

[4] A State may not reduce or terminate TANF assistance to a single custodial parent caring for a child younger than age 6 for refusing to engage in required work, if the parent demonstrates an inability (as determined by the State) to obtain needed child care. This exception applies to penalties the State imposes for refusal to engage in work in accordance with either section 407, "Mandatory Work Requirements," or section 402(a)(1)(A)(ii), "Eligible States," of the Social Security Act.

Parents receiving TANF benefits in **Michigan** are informed about the exception to individual penalties at the initial interview, in print in the Personal Responsibility Plan and Family Contract (Part 1), at an orientation and through the exemption policy contained in the *Program Eligibility Manual*.

In **Missouri**, the TANF application is an automated, interactive process. Parents who receive TANF benefits are informed about exceptions to individual penalties through a written interview summary given at the time of application for TANF.

## Length of Eligibility Period

In most States and Territories, once initial eligibility has been determined, families continue to receive child care assistance as long as they continue to meet State or Territory eligibility criteria. However, subsidy payments typically are authorized for 6 or 12 months, after which time the Lead Agency or its designee reviews the family's circumstances to ensure they continue to meet eligibility criteria.

Two States (HI, ND) report that eligibility is determined monthly.

In **Hawaii**, Department of Human Services child care procedures delineate the time period for application, receipt of services and conditions for payment. Generally, clients are asked to apply for services once every 12 months, and the application form is mailed to them. Eligibility is determined monthly based on proper submission of pay stubs and verification of other activity hours and child care cost. The Lead Agency is working toward a simplified reporting process, tied to the Food Stamps 6-month reporting period, to ease monthly paperwork flow.

In **North Dakota**, statewide eligibility is for only one month. However, Grand Forks, Traill and Williams counties operate a project for extended eligibility in which clients can be certified up to a year.

Twenty-nine States (AK, AL, AR, CO, CT, DE, IA, ID, IL, IN, MA, ME, MN, MS, MT, NE, NH, NM, NV, OR, PA, RI, SD, TN, UT, WA, WI, WV, WY) and three Territories (AS, CNMI, GU) authorize payments for 6 months.

In **Alaska**, once initial eligibility is determined, non-TANF families continue to receive child care assistance as long as they continue to meet eligibility requirements and their contribution amount does not exceed the maximum allowable cost of care. Authorizations for child care assistance may be made for up to 6 months when there is stable work or training. Parents do not have to report increases in income unless they exceed $200 per month. TANF families are responsible for notifying their case managers when their eligibility factors change. Case managers schedule eligibility reviews with TANF recipients to monitor parent participation and activities.

Nineteen States (AZ, CA, DC, FL, GA, KS, KY, LA, MD, MI, MO, NC, NJ, NY, OH, OK, SC, VA, VT) and one Territory (VI) authorize payments for 12 months.

The **Kentucky** Cabinet for Health and Family Services or a child care assistance payment service agent determines eligibility for services based on criteria in the CCDF Plan. Once issued, the certificate remains in effect until the family's eligibility changes. Eligibility is redetermined annually or when circumstances change that affect the certificate, such as change in provider, rates charged by provider, level and amount of care needed, family income or members in the household.

One Territory (PR) reports that the length of eligibility is 2 years.

One State (TX) reports that the length of eligibility varies by county or other local jurisdiction.

In **Texas**, Local Workforce Development Boards establish local eligibility periods, which range from 6 to 12 months.

Seven States (CO, DC, IL, MD, NV, OR, SD) and three Territories (CNMI, GU, PR) report extending the eligibility period for families whose children also are enrolled in a collaborative Head Start child care program.

In the **Commonwealth of the Northern Mariana Islands**, child care services are provided for a period of 6 months from the date of approval of service. The single exception is for Head Start wraparound, which is for the 160-day Head Start school year.

In the **District of Columbia**, children enrolled in Head Start who are also eligible for subsidized child care retain eligibility for one full Head Start year.

In **Guam**, child care services are provided for a period of 6 months from month of application for all families, including TANF/Job Opportunities and Basic Skills and protective services families. The only exception is for Head Start wraparound families; the eligibility period for these families is for 12 months.

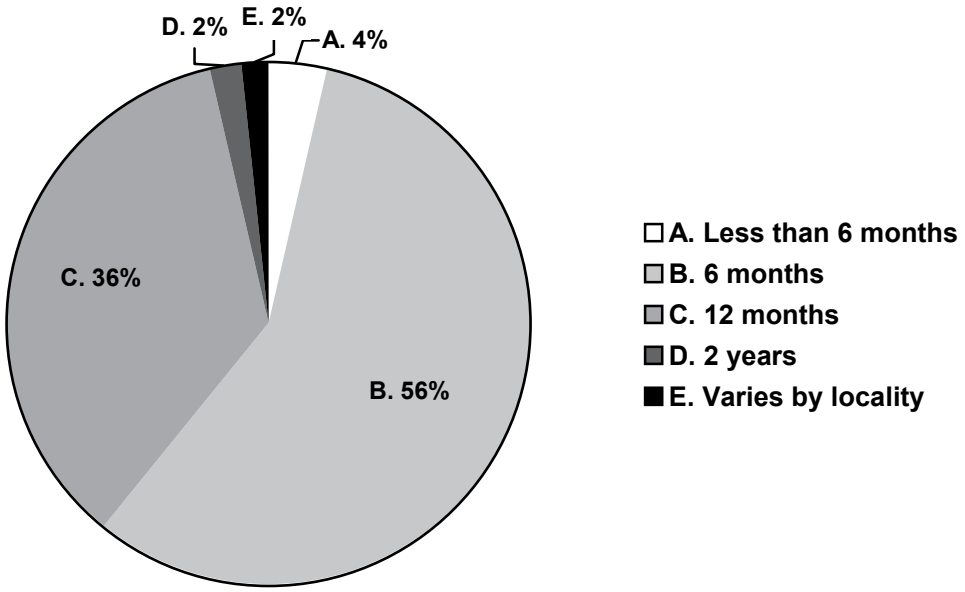
Chart 4.1-B illustrates the length of the eligibility period for families receiving child care services. Most States and Territories generally authorize payments to families for 6 months.

## Reducing Barriers to Initial or Continuing Eligibility

States and Territories report on measures they have planned or implemented to reduce barriers to families applying for and continuing to remain eligible for child care assistance, including extending office hours, simplifying application and redetermination procedures, minimizing or eliminating in-person visits and using automation.

Seventeen States (AK, AZ, CO, GA, KY, MI, MN, MO, MS, OH, PA, RI, SC, TN, UT, VA, WV) and one Territory (GU) identify simplified application and/or redetermination procedures as a method of reducing barriers.

## CHART 4.1-B
### Length of Eligibility Period for State and Territory Child Care Services




| | |
|---|---|
| A | HI, ND |
| B | AK, AL, AR, AS, CNMI, CO, CT, DE, GU, IA, ID, IL, IN, MA, ME, MN, MS, MT, NE, NH, NM, NV, OR, PA, RI, SD, TN, UT, WA, WI, WV, WY |
| C | AZ, CA, DC, FL, GA, KS, KY, LA, MD, MI, MO, NC, NJ, NY, OH, OK, SC, VA, VI, VT |
| D | PR |
| E | TX |

N=56 (Data provided for AS, MA and VI are from the FY 2004-2005 CCDF Plans.)

In **Minnesota**, TANF and TANF non-assistance recipients who request child care assistance during the TANF interview may use the Child Care Assistance Application Addendum, a shortened application with the TANF Combined Application Form. Non-TANF applicants complete the Minnesota Child Care Assistance Application form.

Eleven States (AK, AZ, DE, GA, KY, MD, MS, ND, OH, RI, WI) and one Territory (GU) specify that they reduce the number of required in-person visits to determine eligibility, or do not require them.

**Georgia** allows families to mail documentation of income at the 6-month review, so they do not have to take time off from work to attend an eligibility interview.

Eight States (AK, AR, DC, IN, LA, TX, VA, WV) report extending office hours to facilitate access to child care subsidies.

**Indiana** reports that part of the selection process for local intake agents is to evaluate the degree of customer service proposed, such as evening and weekend hours, convenience of intake locations and accommodations for working parents.

Eight States (DE, KS, MD, ND, OH, RI, TN, VT) report using automation to reduce barriers to eligibility for parents.

> Individualized recertification forms are generated by the Lead Agency's Integrated **Rhode Island** System and automatically mailed to working families 7 weeks prior to the end of their eligibility period. Families update the information, attach current wage verifications and verification of any new information or relevant changes and return the form at least 2 weeks before the eligibility end date. Three weeks prior to the end date, a reminder letter is mailed to all families who have not returned their recertification forms. Families who return the recertification form on time are granted up to 6 weeks of continuing approval while department staff process their continuing eligibility.

> The Bright Futures Information System in **Vermont** allows for electronic sharing of information between the Economic Services Division or TANF agency and the child care subsidy specialists to expedite the eligibility process and reduce the amount of paper verification.

Five States (AK, DC, MA, NH, OH) report establishing multiple locations to reduce barriers to subsidy eligibility.

> In the **District of Columbia**, initial eligibility and reviews may be completed at the main administrative office of the Office of Early Childhood Development, at 49 community-based child care sites throughout the eight wards of the District or, for TANF recipients, at TANF vendors located in the community.

Two States (DE, MT) report using presumptive eligibility.

> In **Delaware**, although verification of appropriate information to establish need is important, the system authorizes presumptive child care service for approximately 1 month while verification is pending. If the system does not authorize presumptive child care, parents or caretakers have 10 days from the date of initial application to provide the necessary documentation.

One State (CO) reports efforts to coordinate eligibility policies across programs.

> **Colorado** counties can continue assistance for 6 months for families who exceed the county's eligibility limits. The State also reduces barriers by not requiring a Low Income application in the transition from TANF Colorado Works, and accepting the Head Start application as a substitute for the Colorado child care assistance program application.

## Section 4.1.2 – Ensuring Parents Are Informed About Child Care Options

*The following is a detailed description of how the State ensures that parents are informed about their ability to choose from among family and group home care, center-based care and in-home care including faith-based providers in each of these categories.*

States and Territories report a wide variety of strategies to inform parents about child care options. Parents typically are informed verbally upon application for child care subsidies and also receive written application materials, brochures, booklets, information sheets and/or flyers. Additionally, States and Territories may provide information about child care options through videos, public service announcements, toll-free telephone numbers or web sites.

The following examples illustrate the range of approaches employed by Lead Agencies.

In **Alabama**, parental choice is explained at application and each time the parent wishes to change child care providers. Parents receive a Parental Choice form, which explains their right to choose from among all legally operating child care providers. A statement explaining parents' ability to choose from among all categories of legally operating child care is included on the Parent Agreement, which they receive every time they apply.

In **Kentucky**, the child care worker helps the family plan for child care and understand what to look for when choosing an arrangement. At an interview, parents receive an explanation of regulated and unregulated child care arrangements; requirements for participation in the child care assistance program; the Division of Child Care's web site address for information about regulated providers; facts about group size, staff-child ratio, staff qualifications and program activities; information about available space in centers and homes and the 1–5 star rated provider license and what the license indicates.

**Minnesota** ensures parents learn about their ability to choose child care arrangements through the *Child Care Assistance Program* brochure, referral to child care resource and referral agencies, information from county child care staff and Temporary Assistance for Needy Families and employment service workers. The child care assistance program application describes options, which include center-based care, family child care, in-home care and licensed and legal non-licensed such as neighborhood, community, school or faith-based providers.

**North Dakota** distributes pamphlet DN 861, *Child Care Assistance Program,* which states parents have the right to choose the provider, whether nonprofit, for-profit, sectarian or a relative. Parents also are informed they can choose a center, group home, family home, self-certified provider or approved relative.

In **South Carolina**, eligible families receive materials informing them of their choice among family and group home care, center-based care and in-home care, including faith-based providers. Parents learn about the wide range of quality child care through the award-winning video, *Come, Play With Me*, and printed materials. The consumer publication, *A Parent's Guide to Choosing Quality Child Care in South Carolina*, is distributed throughout the State by a variety of agencies and organizations. The Lead Agency maintains a toll-free number, which is publicized statewide and, as part of a new management information system, the Lead Agency will develop a consumer education web site.

## Section 4.2 – Records of Parental Complaints

*The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request.* **(658E(c)(2)(C), §98.32))**

Every Lead Agency has a procedure for maintaining records of substantiated parental complaints. In most States and Territories, records of substantiated complaints are maintained by the State's licensing agency, which in some States and Territories also is the Child Care and Development Fund (CCDF) Lead Agency. Some States report automated systems to track and maintain these records. Information regarding complaints generally is made available to the public upon request at the designated agency's main office, or county or local offices, usually in accordance with the State's open records law. In some States and Territories, complaint information can be requested through a toll-free number, and some States post on the Web select information concerning substantiated complaints or licensure status.

Fourteen States (AK, AZ, GA, HI, MN, MO, NC, NJ, NM, OK, RI, SD, VT, WI) and one Territory (CNMI) note that review of public records is carried out at government offices.

By law, the **Arizona** Department of Health Services is responsible for child care provider licensure and maintaining a record of substantiated complaints, which is available for public review, upon request, in Office of Child Care Licensure offices at locations around the State. The public also may contact an Office of Child Care Licensure and request that complaint information be provided verbally, by mail or fax.

In **Wisconsin**, substantiated parent complaints about licensed child care providers are documented in individual licensed provider files at the regional office of the Bureau of Regulation and Licensing, Department of Health and Family Services. Upon request, these files are open to the public and may be reviewed at the regional office or by phone. Substantiated parental complaints about certified child care providers are documented in individual certified provider files at the county or Tribal agency. Upon request, these files are open to the public and may be reviewed at the local agency or by phone. Provider records are considered public records, including information about both the complaint and the investigation; criminal history, except for juvenile records and other background information, with the exception of alcohol and other drug abuse, mental health issues and details of abuse and neglect investigations and findings.

Thirteen States (AZ, IL, MA, MT, NC, NE, NY, SD, VA, VT, WA, WI, WY) and one Territory (AS) report that parents or others can request substantiated complaint information through a toll-free telephone number.

In **Illinois**, information about substantiated complaints against child care providers can be obtained by calling the Department of Children and Family Services toll-free Day Care Information Hotline. Substantiated complaint information is available through this hotline for 1 year. After that time, a Freedom of Information Act request must be submitted to the Lead Agency.

Inquiries in **Virginia** can be made to the statewide toll-free number for licensing, which directs callers to the appropriate regional licensing office for specific information. Callers can receive complaint information from the regional licensing office by telephone or in writing, which includes the nature of the complaint, findings of the investigation and final determination, including any required corrective action or negative action taken. The toll-free number is listed on the State's web site and in child care booklets and brochures developed by the Lead Agency.

Nine States (MA, MD, MS, NE, NY, TN, TX, WA, WV) report an automated system to track complaint information.

The Lead Agency in **Nebraska** uses the automated Child Care Complaint Tracking system, which lets staff track individual case complaints and generate reports based on types of complaints, geographic areas of the State, referral to other entities or programs and disposition. Complaints alleging unlicensed care also are tracked and individual cases can be monitored by supervisors and administrators.

Local departments of health and human resources child care staff and State licensing staff in **West Virginia** enter information in a management information system for all substantiated parental complaints regarding family child care providers, family child care facility providers, legally exempt school-age child care programs and child care centers. When a parent requests a history of substantiated complaints, a History of Non-Compliance Report is generated, indicating the complaint, any corrective action and dates of completion. This information is accessible to local departments of health and human resources child care staff, child care resource and referral workers and State licensing staff. When a request for information is made, the worker provides a copy of applicable pages but cannot provide additional information or discuss complaints.

Nine States (FL, GA, IN, MI, NC, NY, OH, VA, VT) report allowing parents to request, review or receive complaint information via the Internet.

Parental complaints in **Indiana** are investigated by Bureau of Child Development staff. Substantiated complaints are listed on the CareFinder Indiana web site. Parents can search the databases of licensed and registered providers by city, county, State and name of child care provider. Complaints also are available in the Lead Agency's official files. Complaints about child care providers who are not required to be licensed and accept CCDF funds are investigated when there are allegations regarding CCDF standards. These files are stored at each child care resource and referral office.

Three States (DC, GA, MD) specify that requests for information about substantiated complaints can be made in writing.

Two States (AZ, OK) report that requests for complaint information are made by fax.

One State (KS) specifies that requests for information about substantiated complaints must be made in writing.

One State (AL) uses self-assessments for informal, unregulated providers.

In **Alabama**, for care that is exempt from licensure, the Child Care Management Agencies or licensing units of the Lead Agency act as intake points. Since there is no legal access to providers exempt from licensure, no investigation is conducted; therefore, neither party makes a determination of substantiation of complaint. Instead, if the complaint is made to the Lead Agency, it is referred to the appropriate legal entity (i.e., the District Attorney). If the Child Care Management Agency receives the complaint, the parent is given a form on which to note complaints. This form is forwarded to the provider, who is allowed and encouraged to make a rebuttal. The response is shared with the parent making the complaint, kept on file at the Child Care Management Agency for release upon request and forwarded to the appropriate Lead Agency licensing unit, where it is referred to the appropriate legal entity.

## Section 4.3 – Unlimited Access to Children in Child Care Settings

*The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds.* **(658E(c)(2)(B), §98.31))**

As required, each Lead Agency affords parents unlimited access to their children while they are in the care of a provider who receives funds through the Child Care and Development Fund (CCDF).[5] In most States and Territories, giving parents unlimited access is a condition for obtaining a child care license. Many Lead Agencies stipulate that parents be afforded unlimited access through subsidy requirements, fiscal agreements and/or signed declarations of providers. States and Territories typically use this strategy to ensure unlimited access to parents using license-exempt care. States and Territories also inform parents of unlimited access at the time of application for subsidy and through consumer education materials.

Forty-three States (AK, AL, AR, AZ, CA, CT, DE, GA, HI, IA, ID, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NV, NY, OH, OR, PA, RI, SC, SD, TN, UT, VA, VT, WA, WI, WY) and one Territory (CNMI) report that providing parents with unlimited access to children in care is a requirement for licensure or certification.

The **Washington** State Code WAC 388-295-6050(1)(a), WAC 388-296-0500(5) and WAC 388-151-170(2)(o) provide the following directive to child care centers, family home licensees, and school-age care programs: "The licensee shall give the parent the following written policy and procedure information: Permission for free access by the child's parent to all center (home) areas used by the child." Information regarding unlimited parental access also is found in booklets given to child care providers: *Minimum Licensing Requirements for Child Day Care Centers*, *Child Care Business Regulations (Minimum Licensing Requirements) for Family Child Day Care Homes* and *Minimum Licensing Requirements for Child Day Care Centers Caring Exclusively for School-Age Children*. However, many children in protective

[5] CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

services have court orders outlining parental contact, which supersede the need for providers who receive CCDF funds to allow parents unlimited access to their children.

Forty-one States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KY, LA, MD, MI, MN, MO, NC, ND, NE, NM, NV, NY, OK, OR, RI, SC, SD, TN, TX, UT, VA, VT, WI, WV, WY) and four Territories (AS, GU, PR, VI) report that parents' unlimited access to children while in care is stipulated in the subsidy requirements, fiscal agreements and/or signed declaration of the provider.

In **Michigan**, informal enrolled child care providers must sign the DHS-220, *Day Care Aide/ Relative Care Provider Application,* which requires the provider to certify parents have unlimited access to their children while they are in care. Licensed child care providers make this same assurance through the Licensing Rules for Family and Group Day Care Homes and the Licensing Rules for Child Day Care Centers. For homes, the rule is as follows: R 400.1805 (3), "A home shall permit parents or legal guardians to visit at any time children are in care." For centers, the rule specifies: R 400.5106 (4), "A center shall permit parents to visit the program for the purpose of observing their children at all times."

Twenty-two States (AL, AR, CA, CO, DC, IL, IN, MA, MD, MN, MO, MT, NC, ND, NH, NJ, NM, PA, SC, TX, VA, VT) and two Territories (AS, GU) report various mechanisms are used to inform parents they have the right to unlimited access to their children while in care.

**Colorado** counties provide child care assistance families with written information on their right to unlimited access to their children.

In **Minnesota**, the child care assistance program brochure is given to all parents and states that providers must let parents see their children at all times; providers who do not give total access are not eligible to receive program funds.

## Section 4.4 – Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care[6,7]

*The regulations at* **§98.33(b)** *require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.*

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

[6] American Samoa and the Commonwealth of the Northern Mariana Islands do not have Temporary Assistance for Needy Families programs and therefore are not included in this section.

[7] Idaho and Massachusetts do not provide definitions for each term. Idaho reports exceptions will be made on a case-by-case basis by a reasonable person concept. Massachusetts provides regulations for the Department of Transitional Assistance in response to this question.

*NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: _____.*

*"appropriate child care"*

*"reasonable distance"*

*"unsuitability of informal child care"*

*"affordable child care arrangements"*

Temporary Assistance for Needy Families (TANF) terminology submitted as part of each Child Care and Development Fund Plan is summarized in this section. This terminology is established by TANF agencies and varies by State and Territory.[8]

## Appropriate Child Care

In defining appropriate child care, State and Territory TANF agencies referred to regulated and legal child care, child care that meets children's needs for growth and development, hours of operation and location of child care to meet the needs of TANF participants, services for children with special needs, child care that meets health and safety standards and parent choice in care.

Forty States (AK, AL, AR, AZ, CA, CT, DC, DE, GA, HI, IA, IL, IN, KS, KY, LA, ME, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, OH, OK, PA, RI, SC, SD, TN, TX, VA, VT, WA, WI, WY) and two Territories (PR, VI) describe appropriate child care as child care that is regulated or legal. Regulated child care includes child care that is licensed, certified for public funding or determined to meet specific health and safety standards.

Fifteen States (AK, CO, DE, FL, IL, MD, MI, MN, MO, NM, NV, OR, SC, SD, VT) and two Territories (GU, VI) report that child care is appropriate if it is determined to help meet children's needs for growth and development.

Ten States (CO, DE, LA, MD, NC, NM, OR, SC, TX, WY) and one Territory (GU) refer to healthy and safe environments in their definitions of appropriate child care.

Ten States (DC, MD, MO, NC, NH, NJ, NY, OR, VT, WV) and one Territory (PR) indicate that appropriate child care should have operating hours or locations that meet the needs of TANF participants.

Nine States (CA, MN, NC, NH, NJ, NY, OR, VT, WV) and one Territory (PR) report definitions that reference care appropriate to the development of children with special needs or to child care providers willing and able to provide services to children with special needs.

[8] Complete definitions supplied by States and Territories are available from the National Child Care Information Center by calling 800-616-2242 or visiting the Web at http://nccic.acf.hhs.gov/pubs/stateplan2006-07/index.html.

Seven States (AL, CA, LA, MS, UT, VA, WA) refer to parental choice in their definitions.

## Reasonable Distance

States and Territories define reasonable distance for TANF participant travel in terms of time or distance to and from child care and/or the work activity, or allowed local discretion on what was reasonable or customary commuting time in the community.

Thirty-one States (AK, AL, AZ, DC, DE, GA, HI, IA, IL, IN, KS, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NJ, NV, OR, PA, UT, VA, WI, WV, WY) and two Territories (GU, PR) define reasonable distance based on the time of travel, setting a time limit or guideline for daily travel to and from child care and/or work. Time limits and guidelines range from 30 minutes to 2 hours, one-way. The time limit or guideline sometimes differs based on the mode of transportation or variations in customary local commuting time.

Eighteen States (AR, CA, CT, CO, FL, ID, KY, NH, NM, NY, OH, OK, RI, SC, SD, TN, TX, WA) and one Territory (VI) allow discretion in determining what is reasonable, based either on local administrative agency judgment or customary distance or time traveled by working families in the community.

Two States (MS, VT) set a distance limit for travel in their definitions.

## Unsuitability of Informal Child Care

In their definitions of unsuitability of informal child care, States and Territories indicate that child care is determined unsuitable if it does not meet health and safety concerns or regulations, is not in the best interest of the child, there are concerns due to criminal or abuse and neglect records or the child care program is operating illegally. In their definitions, States and Territories also describe parental choice in whether to use informal or regulated care, including how parents can raise informal care issues.

Twenty-five States (CT, DC, GA, HI, IA, KY, LA, MD, MI, MN, MS, NC, NJ, NM, NV, NY, OR, RI, SC, SD, TN, TX, VA, WA, WY) and two Territories (PR, VI) consider an informal child care setting unsuitable if there are health and safety concerns or violations of health and safety standards.

Sixteen States (AK, AL, AR, CO, CT, DC, DE, IL, IN, KS, MO, NE, OK, PA, SD, TN) and one Territory (GU) consider an informal child care setting unsuitable if it does not meet the best interests of children because it is potentially unsafe, harmful or inappropriate to the children's development.

Fourteen States (CA, FL, HI, IA, KS, ME, MS, NC, NH, NJ, NV, OH, UT, WY) and one Territory (PR) consider an informal care provider unsuitable based on criminal or abuse and neglect records.

Ten States (AZ, MO, MT, NC, ND, NV, SC, TX, UT, VT, WI) include parental choice in whether to use informal or unregulated care, or described a process parents can use to raise issues about the appropriateness or quality of informal care settings.

Six States (AL, IA, IL, IN, NV, UT) indicate that informal care is unsuitable if it is operating illegally under State law or regulations.

One State (WV) indicates unsuitability is determined on a case-by-case basis. The family support specialist has discretion to determine unsuitability.

## Affordable Child Care Arrangements

In their definitions of affordable child care arrangements for TANF participants, TANF agencies in States and participating Territories most often refer to affordability in relationship to maximum payment rates, availability of child care subsidy assistance, copayment requirements or percentage of income.

Twenty States (AZ, CA, FL, HI, IN, KY, LA, ME, MI, MN, MS, ND, NJ, OK, PA, SC, TX, UT, VA, WY) and one Territory (PR) indicate that they consider child care to be affordable when costs are equal to or less than subsidy payment rates or maximum payment rates or a percentage of payment rates.

Fifteen States (AK, AL, AR, DC, IA, IL, IN, KS, NC, NM, OH, RI, TN, WI, WV) indicate that they consider child care to be affordable when child care subsidy assistance is available to families.

Ten States (AR, GA, IA, IN, MD, NE, NJ, RI, TX, WA) report that child care is affordable to TANF participants when copayment requirements are waived or costs are equal to or less than the copayment requirement in the State's child care subsidy program.

Eight States (CO, CT, MO, MT, NV, NY, OR, VT) and one Territory (VI) define affordability as child care costs that are within a percentage of family income, typically from 10 percent to 25 percent.

Three States (DE, NH, SD) define affordability as child care arrangements that ensure equal access and can be maintained without undue financial hardship to the family.

PART 5

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

States and Territories continue to improve child care services for children and families, focusing specifically on efforts to improve child care quality, affordability and availability. Expenditures for quality activities include congressionally mandated earmarks and the 4 percent quality funds, which have been set aside by States and Territories for specific purposes. These funds not only help States and Territories improve services, but also are used to support President Bush's *Good Start, Grow Smart* initiative. The Child Care and Development Fund (CCDF) Lead Agencies are partnering with agencies and organizations in their respective jurisdictions to develop early learning guidelines and plan and implement related professional development activities.[1]

## Section 5.1 – Quality Earmarks and Set-Asides

Expenditures for quality activities include congressionally mandated earmarks for infant and toddler care, child care resource and referral services and school-age care. States and Territories also set aside a portion of their federally allocated child care funds to administer child care and quality improvement activities.

### Section 5.1.1 – Quality Earmarks

*The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities, identifies the entities providing the activities, and describes the expected results of the activities. For the infant and toddler earmark, the State must note in its description of the activities what is the maximum age of a child who may be served with such earmarked funds.*[2]

Congress has earmarked funds for specific quality and access activities. The infant and toddler earmark requires the expenditure of funds to increase the supply of quality child care for infants and toddlers. The earmark for resource and referral activities and child care services for school-age children provides funds for activities to plan, establish, operate, expand, develop and improve resource and referral activities and for school-age activities.[3] States and Territories engage in a variety of quality activities using these earmarks. The CCDF Plan Preprint requests separate descriptions of Lead Agency activities and services to improve the quality of care for infants and toddlers, as well as resource and referral services and school-age activities.[4]

---

1 Data provided for American Samoa, Massachusetts and the Virgin Islands are from the 2004-2005 CCDF Plans.

2 Child Care and Development Fund (CCDF) Plan Preprint text appears in italics throughout this report. References to relevant laws and regulations appear in bold.

3 Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (1999, May). *Child Care and Development Fund program instruction*. Retrieved April 30, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/pi9905/pi9905.htm.

4 Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint, FFY 2006-2007*. Retrieved April 25, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/preprint_2006_final.htm.

## Infant and Toddler Care

Quality infant and toddler care is characterized by parental choice of child care arrangement, continuity of care with a primary caregiver and across early education settings and care that both nurtures relationships and stimulates early learning. With additional funding available to States and Territories to increase the supply of quality care for infants and toddlers, States and Territories have targeted specific activities for infants and toddlers. Activities include coordinated, systematic planning of activities; providing training and education, technical assistance and evaluation to child care providers; increasing reimbursement rates and compensation; expanding the supply of care and providing consumer education and child care referrals. Most States set the maximum age of a child who may be served with such earmark funds at 36 months.

Forty-five States (AK, AL, AR, AZ, CA, DC, DE, FL, GA, HI, IA, ID, IN, KS, KY, LA, MA, MD, ME, MN, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WI, WV, WY) and four Territories (CNMI, GU, PR, VI) report that they offer specialized training for providers caring for infants and toddlers.

**Florida's** Lead Agency developed early learning guidelines for infants and toddlers and training and technical assistance regarding the guidelines through the Quality Initiative. A specialized training initiative, Learning in Everyday Moments, is under development through the Florida State University Center for Prevention and Early Intervention Policy that integrates the Birth to Three Early Learning Guidelines into daily routines. The Center for Prevention and Early Intervention Policy also developed the Ten Components of Quality Infant/Toddler Care and delivers this training around the State.

The **Texas** Department of Family and Protective Services collaborates with Local Workforce Development Boards to provide required training on preventing Shaken Baby Syndrome, preventing Sudden Infant Death Syndrome and understanding early childhood brain development. Some Boards offer the Program for Infant and Toddler Caregivers training, Ages and Stages Questionnaires training, Center for Improving the Readiness of Children for Learning and Education language and literacy training or training on the High Scope Infant and Toddler Approach. Further, some Boards coordinate resources in the community to offer scholarships to child care providers seeking training on infant and toddler care.

Twenty-four States (AL, AR, CA, DC, DE, FL, GA, ID, KS, KY, MD, ME, NC, ND, NJ, NM, NV, NY, OK, PA, RI, TN, WA, WV) and two Territories (GU, PR) report they fund technical assistance services for infant and toddler providers.

**Kansas** funds Excellent Care for Early Learning, a project that offers a limited number of child care providers at least eight technical assistance visits a year. These visits result in a written technical assistance plan as well as customized professional development opportunities and group meetings for practitioners who work with infants and toddlers.

Twenty-three States (AK, AL, DC, DE, FL, GA, ID, IN, KS, KY, MA, ME, NC, ND, NJ, OH, OK, PA, RI, SD, TN, UT, WV) indicate they use the Infant/Toddler Environment Rating Scale as part of their infant and toddler initiatives.

The **Georgia** Standards of Care program offers free training to address the learning needs of infants and toddlers, with sessions based on the Infant/Toddler Environment Rating Scale-Revised. A baseline observation using the scale is conducted, followed by an infant and toddler quality enhancement grant. Centers that complete the program and meet scoring requirements (as measured by the scale) earn the Center of Distinction or Center of Recognition designation.

The Lead Agency in **Ohio** assessed 915 infant and toddler environments and randomly assigned them to one of three intervention groups. One group received an environment rating scale summary report, while another received the environment rating scale summary report and access to community-based Program for Infant/Toddler Caregivers training. The third group received a complete environment rating scale report, access to community-based Program for Infant/Toddler Caregivers training, coordination with Healthy Child Care Ohio nurses and onsite mentoring from infant and toddler specialists. Pre- and post-tests were conducted to determine which intervention generated the greatest change.

Twenty-five States (AL, AK, AR, CA, DE, FL, IA, IL, KY, MN, MT, NC, NH, NM, NV, NY, PA, OR, RI, SC, SD, TX, VT, WI, WV) and one Territory (VI) report that the Lead Agency provides financial incentives such as stipends, scholarships, bonuses, wage supplements or higher reimbursement rates to help programs that serve infants and toddlers.

**North Carolina** supports a salary initiative, called WAGE$, as well as T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Health Insurance Benefits, which helps child care employers pay for insurance for infant and toddler caregivers. To participate, regulated child care centers or family child care homes must show their staff members have, or are working toward, early childhood/child development degrees.

**West Virginia** continues to fund its One Step at a Time Infant and Toddler Training Program, which is a 45-hour class taught by training specialists employed by the six child care resource and referral agencies. A bonus of $400 is paid to participants upon completion.

Twenty-one States (AK, AR, AZ, CA, DE, GA, IL, MA, ME, MN, MT, NC, NH, NV, NY, RI, SC, SD, UT, VT, WV) and two Territories (PR, VI) report that they make quality improvement grants for equipment and supplies available to programs that serve infants and toddlers.

**Montana's** Best Beginnings Infant Toddler Mini Grant Program is designed to cover the cost of infant and toddler training, infant and toddler developmentally appropriate equipment, supplies and/or costs associated with meeting infant and toddler regulatory requirements. The goal of the grant is to improve the quality of care available for infants and toddlers. Maximum awards are $1,500 for licensed child care centers and $1,000 for registered group and family child care homes.

**Puerto Rico** uses infant and toddler earmark funds to implement mini grants for minor remodeling, equipment and educational materials, training, curriculum development, technical assistance, specialized support personnel and payment of necessary staff to maintain appropriate staff-child ratios. These funds help ensure quality infant and toddler care, adequate health and safety practices, appropriate ratios, early intervention, individualized care based on children's needs and professional development.

Nineteen States (CA, CO, FL, IA, IL, KS, KY, MA, MD, ME, MI, NC, ND, NE, OH, OK, TN, WA, WV) and two Territories (AS, VI) reference infant and toddler specialists or health consultants when asked to report on the use of infant and toddler set-aside funds. Infant and toddler specialists support professionals and caregivers who provide early care and education to infants and toddlers.[5] Health consultants address issues such as increasing immunization rates, using safe sleeping practices and increasing the number of children with medical homes (primary physicians) and health insurance.

**Illinois** child care resource and referral agencies, in partnership with local health departments, provide Healthy Child Care Illinois services for children with a focus on those age birth through 2 years. Child care nurse consultants, employed by county health departments, are located at each child care resource and referral agency. Nurse consultants provide technical assistance, training and referrals for child care providers and parents. The goal of the program is to connect public health and child care systems to support healthy child care environments and outcomes for children.

The **Iowa** Program for Infant/Toddler Caregivers supports development of an infant and toddler specialist network. Regional infant and toddler specialists, located in the five child care resource and referral agencies and regional offices, coordinate free, community-based training across the State.

Fifteen States (AR, CA, CO, KS, KY, MT, NC, OR, SC, SD, TN, VA, WA, WV, WY) report that they offer train-the-trainer sessions on working with infants and toddlers.

**California's** Program for Infant/Toddler Caregivers is a comprehensive multimedia training program for trainers of infant and toddler caregivers, presented in four modules offered in intensive institutes (two modules per institute) for approximately 60 participants per module. Institutes cover social-emotional development, quality group care, cognitive and language development and cultural and family issues.

The Lead Agency in **South Carolina** supports infant and toddler services from an infrastructure development perspective, using staff from colleges and universities, State agencies, Head Start, South Carolina First Steps and child care resource and referral agencies statewide. The organizations are encouraged to work together in regions so a variety of skills and expertise are available to child care programs throughout the State.

[5] The National Infant & Toddler Child Care Initiative, Child Care Bureau, U.S. Department of Health and Human Services. (2004). *Keys to high quality child care for babies and toddlers: Infant/Toddler specialists*. Retrieved December 30, 2005, from http://www.nccic.org/itcc/PDFdocs/Tabloid-ITSpec.pdf.

Thirteen States (AR, DC, IA, MT, NV, NY, RI, SC, SD, TN, UT, WI, WY) indicate that they established or continue to support providers who pursue an infant and toddler credential.

> **Wisconsin** developed an Infant/Toddler Credential to provide appropriate and effective training to infant and toddler caregivers. The credential begins with 12 credits of required coursework. Following the completion of the first three courses, students engage in their own culminating experience and are responsible for developing a personal infant/toddler portfolio. Upon completion, students request their portfolio be reviewed by the Registry Credential Commission and are eligible to receive the Infant/Toddler Credential.

Ten States (AR, AZ, CO, DC, IA, IN, MA, OK, TN, VA) report they were engaged in planning focused on infant and toddler care.

> **Indiana's** Infant/Toddler Professional Development Network brings together infant and toddler caregivers from Head Start, child care, First Steps and other organizations to identify needs and plan training, including an Infant/Toddler Credential that is recognized by Indiana's institutions of higher education.

> **Tennessee's** Lead Agency created a team of representatives from providers, faith-based and other child-serving agencies to help incorporate infant and toddler services into all systems. Key goals include improving environment rating scale scores for programs serving infants and toddlers and increasing affordability and availability of care.

Ten States (AK, AL, AR, CA MA, MS, NE, OH, SC, VA) report that they administer infant and toddler training using distance-learning strategies.

> **Nebraska's** First Connections is a training project designed to provide those caring for infants and toddlers with technology-based options for extending their knowledge of child development and effective ways of working with very young children, including those with disabilities. Participants can access training via the Internet, which is augmented with a compact disc and supported with a web site. The curriculum is based on Child Development Associate credential competencies, and participants who complete the course are eligible for 3 hours of college credit through any of the State's community colleges.

Eight States (AK, CA, HI, MA, NE, NV, VA, VT) focus some infant and toddler training on encouraging and supporting early care and education practitioners who serve children with special needs.

> The **Nevada** Early Intervention Services-Rural Services Agency offers a host of supports, including training to child care centers, Early Head Start centers, parents and others who care for developmentally delayed infants and toddlers.

Eight States (AR, DC, IL, MN, NY, RI, UT, VT) offer start-up or expansion grants for programs that establish new child care slots for infants and toddlers.

The **New York** State request for proposals for early childhood development programs includes an incentive for the creation of infant slots. The incentive provides up to $6,000 for each infant slot created, nearly double the amount provided for other age groups. It also allows programs to receive up to $250,000 in total child care start-up grant funds, $50,000 more than programs without infant slots are eligible to receive.

Eight States (AR, CA, FL, KS, KY, ME, SD, VA) and two Territories (GU, VI) report that they use infant and toddler set-aside funds to support parent and consumer education initiatives.

**Kansas** health care providers educate parents on the importance of the early years and the need for high-quality child care. Two pediatricians from the University of Kansas Medical Center in Kansas City volunteered to pilot the project at their clinic. During routine well-baby visits, pediatricians give parents a mirror magnet, which features parental reminders from a baby's viewpoint, and use it as an opportunity to discuss early development and quality child care.

Seven States (DC, IA, KS, ME, MI, NE, NV) and one Territory (CNMI) report that they established infant and toddler initiatives in collaboration with Head Start or Early Head Start.

The Lead Agency in **Michigan** collaborates with the Head Start Association to provide Early Head Start services for families with children birth to 3, or with an unborn child with a sibling younger than age 5, who use informal care providers or are involved in the child welfare system (i.e., active protective services, prevention services or foster care). One hundred families are expected to receive services.

Seven States (AK, FL, IN, MD, MT, OR, WI) support mentoring projects for infant and toddler caregivers.

**Alaska's** First Steps Mentoring Program provides small incentives to providers who agree to become mentors for other infant and toddler caregivers. Protégés meet with mentors once a month and attend six workshops. Mentors attend special meetings and teach or co-teach a workshop. The Infant/Toddler Environment Rating Scale or the Family Day Care Rating Scale assessment tool is used to measure improvement in environment and caregiving factors.

Six States (CA, GA, MD, OH, OK, WV) use CCDF infant and toddler set-aside funds to support evaluation of initiatives that serve or target children between birth and 3 years of age.

The Lead Agency supports the **Oklahoma** Department of Human Service's Research Unit and child care resource and referral agencies' efforts to capture and evaluate data on infants and toddlers (children 0–3 years of age) and young children regarding supply of and demand for care.

Five States (CT, DC, KS, MA, VT) report they contract directly with programs to provide infant and toddler care.

**Vermont** established contracts or grants for infant and toddler care to promote quality care for this age group. To be eligible, providers must be accredited or participate in the Step Ahead Recognition System, participate in a child care network, maintain individual professional development plans for all staff and have a business plan. The contract or grant reimburses at a higher level to help ensure there are professional development opportunities and providers receive adequate compensation.

Four States (FL, HI, MA, OR) use infant and toddler set-aside funds to support child care initiatives that serve teen parents.

In **Hawaii**, the Lead Agency provides high-quality infant care at certain high schools, which allows teen students to complete their high school education.

Three States (AR, CA, DC) report that they use infant and toddler set-aside funds to support family child care associations, networks or satellite services.

In **California**, the Family Child Care Association Development Project supports the professional development of family child care associations. The project focuses on recruiting new associations in under-represented areas of the State, providing grants to the associations for professional development activities and training to assist them as necessary.

Two States (CA, UT) report that they use infant and toddler set-aside funds to support recruitment of new providers to serve infants and toddlers.

**Utah's** child care resource and referral agencies encourage recruitment of infant and toddler care providers by offering start-up grants for family child care providers.

## Resource and Referral Services

Funding from the earmark that includes resource and referral services is used for activities such as program planning and evaluation, contracting for consumer education and referrals for parents, training and education services for child care providers and collecting data. All States contract with public or private entities to provide resource and referral services for families served by CCDF as well as for all other families. In all Territories, the Lead Agency provides resource and referral services. As reported in Section 1.6 on page 29, in 15 States (AR, DC, GA, HI, IA, KS, KY, MA, MS, NE, NM, OK, SC, TN, VA), the Lead Agency assists parents with locating child care in conjunction with contracted child care resource and referral agencies.

Child care resource and referral agencies assist families in funding, selecting and paying for child care and work with child care providers and community agencies. These agencies often help develop new child care slots and analyze and report on child care supply and demand. In some States, child care resource and referral agencies also partner with the Lead Agency to conduct the market rate survey, which is required by CCDF legislation, while in some States they provide training, technical assistance and quality improvement funds for child care professionals.

The following examples illustrate quality activities States undertake through contracts with child care resource and referral agencies.

In **Minnesota**, statewide services such as development of programs, translation of materials and compilation and analysis of child care data are provided by the child care resource and referral network in collaboration with the Lead Agency and other statewide entities.

In **Pennsylvania**, child care resource and referral agency staff from child care information service agencies created a statewide provider database to offer parents information about any regulated provider in the State, including days and hours of operation, education level of caregivers, location of facility, special services and accommodations, language capability, school districts served and availability of transportation for children, including public transportation. Information also is provided on the Keystone STARS (Standards, Training, Assistance, Resources, and Support) Quality Initiative.

The **Texas** Workforce Commission contracts with the Texas Health and Human Services Commission to provide child care information and referral services across the State through the Information and Referral Network 2-1-1 Texas system, which provides a single point of access for information on all government-subsidized child care and education services in local communities. The 2-1-1 Texas system integrates information from community- and faith-based organizations with information from State and local agencies. Further, the Department of Family and Protective Services maintains a State web site with information about child care, including type of setting, ages served, hours and days of operation, capacity, compliance and accreditation. Local Workforce Development Boards provide additional information to parents.

In **Washington**, child care resource and referral agencies provide licensed child care referrals, needs assessments, resource development, provider training, technical assistance and parent training and outreach. The statewide child care resource and referral network works with the Lead Agency to formulate statewide strategies for effective public-private partnerships. The statewide child care resource and referral network also provides training, creates standards of service and delivers general technical assistance to the 18 locally based child care resource and referral programs. In 2005, the child care resource and referral network coordinated regional cross-trainings for child care licensors, licensing health specialists, child care health consultants and local child care resource and referral staff.

Eleven States (AK, AR, DE, ID, NE, NH, NY, PA, TN, UT, WV) report that they use CCDF set-aside funds for establishing, maintaining or upgrading the automation/data collection systems used in providing child care resource and referral services.

The **Alaska** child care resource and referral network is converting to the National Association of Child Care Resource and Referral Agencies NACCRRA*ware* Internet Mask Module, which allows parents to access child care consumer information and online child care referrals at their convenience. This will improve parent access to child care while providing information about quality child care.

Three States (AK, CO, WV) report that they contract with child care resource and referral agencies to provide expanded referrals and supports for children with special needs.

The Lead Agency in **Colorado** contracts with the Qualistar Early Learning child care resource and referral service to offer expanded referral and support services to families who have children with special needs. Staff also works with families and providers to identify and address barriers to the inclusion of children with special needs in typical child care and school-age settings.

One State (OH) reports it is using child care resource and referral agencies to implement its new Quality Rating System.

In **Ohio**, child care resource and referral staff oversees submission of applications, administers environment rating scales, recommends quality improvement grants and provides technical assistance associated with the State's Quality Rating System, Step Up to Quality.

## School-Age Care

Quality school-age care provides youth with safe and supportive environments that foster relationships between young people and caring adults, and creates opportunities for youth to develop knowledge and skills, pursue their interests and discover their strengths. Funding from the earmark that includes school-age child care is used to offer training and education, technical assistance and evaluation to child care providers; support program evaluation and accreditation; increase reimbursement rates and compensation; contract with other agencies to deliver services and expand the supply of care and provide consumer education and child care referrals.

Thirty States (AK, AR, CA, CO, DC, FL, IA, ID, IL, KY, MA, MD, MN, MT, ND, NE, NJ, NV, NY, OR, PA, RI, SC, SD, TN, UT, VT, WA, WI, WY) and two Territories (PR, VI) use school-age child care set-aside funds for practitioner training.

**Maryland** contracts with a variety of nonprofit and for-profit organizations to deliver training to providers operating before- and after-school programs for school-age children. Regional conferences and training help providers improve their skills in using the Core of Knowledge Curriculum approved by the State Credentialing Branch.

In **North Dakota**, CCDF funds support school-age child care trainings and workshops to build awareness of school-age child care, promote program development and provide consultation and technical assistance.

**Oregon's** School Age Care Enrichment and Recreation Program at Portland State University receives CCDF funds earmarked for school-age child care programs. The project supports community programs through training and technical assistance and improves coordination among local programs that provide before- and after-school activities.

Twenty-two States (AR, CA, FL, IL, KS, KY, MA, ME, MN, NC, ND, NE, NJ, NY, OK, OR, PA, SD, TN, VT, WA, WI) and one Territory (GU) fund technical assistance activities and/or grants for school-age child care programs.

**North Carolina** uses set-aside funds to support grants for school-age child care programs to become licensed or upgrade their license through the State's rated license system.

Fourteen States (AK, AR, CA, GA, IA, IL, MA, MO, NC, NJ, UT, VA, VT, WA) and one Territory (VI) use set-aside funds for grants to help improve the quality of school-age child care programs.

**Georgia** funds mini-grants (ranging from $1,000 to $4,000) to support start-up, quality improvement, expansion or State regulatory compliance. Each grantee receives technical and professional development assistance by a quality improvement coordinator employed by the local child care resource and referral agency.

Eleven States (AR, KY, ME, MI, MN, NE, NY, RI, UT, VT, WA) contract with school-age child care providers or organizations to assist with training, technical assistance and/or start-up.

The **Nebraska** Department of Education and the Early Childhood Training Center will provide technical assistance to the Nebraska School Age Care Alliance and the Community Learning Network to establish a network of school-age care providers in the State. The Early Childhood Training Center will continue to provide resources and technical assistance for school-age care professional development.

Eleven States (AR, CO, GA, IA, IL, MA, MN, NE, UT, VA, VT) and one Territory (VI) report they use set-aside funds for grants to help start or expand school-age child care programs.

In **Virginia**, grants are awarded to organizations through competitive bids to help communities plan, develop, establish, expand and/or improve existing before- and after-school child care programs. Fiscal Year 2006 grantees must demonstrate that funding is used for programs that provide a variety of enrichment activities (indoors and outdoors), serve children 5–12 years old, are licensed, have additional funding and use no more than 25 percent of the award for staff salaries, unless the program exceeds licensing standards.

Nine States (AL, HI, KS, KY, MO, OH, SC, SD, TX) and two Territories (CNMI, GU) use school-age child care set-aside funds to assist school districts in providing school-age services.

In **Hawaii**, the Department of Education runs an after-school program called A+, which is available to all elementary school-age children in the State public school system, regardless of income level. To facilitate participation of low-income families, the Lead Agency has an agreement with the Department of Education to provide subsidies for after-school child care services to elementary school-age children who are eligible for free or reduced price lunch at public elementary schools statewide. The Department of Education currently provides $70 per month, per child. Children from higher-income families pay the fee to the Department of Education.

The **Kentucky** Division of Child Care and the Kentucky Department of Education cooperate to promote quality after-school and summer programs in select Appalachian counties with high rates of poverty and participation in the Temporary Assistance for Needy Families program. The after-school and summer programs allow children to receive help with homework and individualized attention from trained and caring adults, practice reading skills and participate in supervised activities including art, music and field trips.

Eight States (AK, DC, DE, FL, IN, ME, NY, SD) report they use set-aside funds to support staff pursuing a school-age child care credential.

**Alaska** worked with the University of Alaska Anchorage Recreation Department to create a school-age child care certificate program, a 12–14 credit-hour program that has been authorized by the State university.

Six States (DE, KY, MA, OK, PA, TN) report that they use the School-Age Care Environment Rating Scale to measure improvement in the quality of school-age child care programs.

**Oklahoma** provides trained consultants, through the Center for Early Childhood Professional Development, who assess school-age environments in child care facilities using the School-Age Care Environment Rating Scale.

Six States (FL, NE, NJ, NY, RI, SD) provide grants or targeted assistance to help school-age child care programs attain accreditation.

The Lead Agency in **New Jersey** makes mini-grants available to school-age programs interested in improving quality and moving toward accreditation.

Five States (OH, OK, RI, TN, VT) use set-aside funds to support State school-age child care specialists and/or community-based school-age child care specialists.

In **Ohio**, child care resource and referral agencies funded by the Lead Agency will have a school-age consultant to provide technical assistance to school districts and providers regarding school-age issues. There will be stronger linkages with the 21st Century Community of Learners, and the State has received the Mott Foundation Grant.

Three States (DC, MT, NV) and three Territories (GU, PR, VI) use school-age child care set-aside funds for parent and consumer education.

In **Montana**, the statewide child care resource and referral network coordinates with the Montana Afterschool Network to support public outreach and awareness activities and an after-school web site, as well as a host of training and technical assistance activities for school-age programs.

Two States (CA, NY) report that they use the set-aside to invest in train-the-trainer initiatives focused on school-age child care.

The **New York** Lead Agency sponsors an annual Quality Advisor Training by the National Institute on Out-of-School Time so regional out-of-school time specialists will be trained as accreditation endorsers.

Two States (LA, NM) use school-age child care set-aside funds to help support a school-age child care reimbursement rate increase.

In **Louisiana**, the school-age earmark money is used to fund a provider rate increase designed to enhance the quality of school-age care.

In **New Mexico**, the school-age child care earmark funds the higher reimbursement rates that are paid for this age group, which are due to both an increased training requirement for providers and greater parental need for this type of care. The expected result is an increase in provider capacity for serving school-age children.

## Section 5.1.2 – Quality Set-Asides

*The law requires that not less than 4% of the CCDF be set aside for quality activities.* **(658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51)** *The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds).*

Quality set-aside funds support activities designed to improve the quality and availability of child care and increase parental choice. Federal law requires States and Territories to use a minimum of 4 percent of Federal child care funds on quality activities.[6] Table 5.1.2 shows the estimated dollar amount and estimated percentage of the CCDF allocation State and Territory Lead Agencies plan to use for quality activities. On average, CCDF Lead Agencies estimate 7.5 percent of their CCDF allocation will be set aside for quality activities.

[6] Child Care and Development Fund (CCDF) Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

| TABLE 5.1.2<br>Estimated CCDF Set-Aside for Quality Activities | | |
|---|---|---|
| **State/Territory** | **Estimated Dollar Amount** | **Estimated Percentage** |
| Alabama | $4,415,249 | 4.00% |
| Alaska | $7,500,000 | 26.68% |
| American Samoa* | $105,846 | 4.00% |
| Arizona | $4,574,633 | 4.00% |
| Arkansas | $2,987,637 | 6.00% |
| California | $74,262,854 | 6.82% |
| Colorado | $4,400,000 | 4.00% |
| Commonwealth of the Northern Mariana Islands | $68,695 | 4.00% |
| Connecticut | $1,246,092 | 4.00% |
| Delaware | $696,659 | 4.00% |
| District of Columbia | $3,167,754 | 11.00% |
| Florida | $24,247,172 | 5.40% |
| Georgia | $9,330,000 | 4.00% |
| Guam | $164,199 | 4.00% |
| Hawaii | $4,212,272 | 8.80% |
| Idaho | $1,300,000 | 4.00% |
| Illinois | $11,000,000 | 4.00% |
| Indiana | $8,124,787 | 6.00% |
| Iowa | $14,745,524 | 20.00% |
| Kansas | $10,317,420 | 14.20% |
| Kentucky | $13,493,637 | 8.07% |
| Louisiana | $5,100,000 | 4.00% |
| Maine | $4,095,315 | 17.20% |
| Maryland | $4,242,608 | 4.00% |
| Massachusetts* | $11,521,866 | 5.10% |
| Michigan | $15,500,000 | 8.90% |
| Minnesota | $5,869,373 | 4.40% |
| Mississippi | $2,752,738 | 4.00% |
| Missouri | $6,233,907 | 4.80% |
| Montana | $876,801 | 4.00% |
| Nebraska | $3,018,082 | 5.80% |
| Nevada | $2,545,300 | 6.40% |
| New Hampshire | $1,167,906 | 4.00% |

## TABLE 5.1.2
### Estimated CCDF Set-Aside for Quality Activities

| State/Territory | Estimated Dollar Amount | Estimated Percentage |
|---|---|---|
| New Jersey | $14,100,000 | 4.00% |
| New Mexico | $1,520,294 | 4.00% |
| New York | $82,000,000 | 20.00% |
| North Carolina | $11,322,222 | 4.00% |
| North Dakota | $859,638 | 8.00% |
| Ohio | $19,317,021 | 4.00% |
| Oklahoma | $10,800,000 | 6.70% |
| Oregon | $5,305,000 | 4.75% |
| Pennsylvania | $35,663,551 | 16.20% |
| Puerto Rico | $1,545,652 | 4.00% |
| Rhode Island | $2,750,000 | 7.80% |
| South Carolina | $3,028,537 | 4.00% |
| South Dakota | $3,923,847 | 18.90% |
| Tennessee | $9,300,000 | 6.00% |
| Texas | $17,950,748 | 4.00% |
| Utah | $5,029,000 | 12.98% |
| Vermont | $2,352,928 | 11.00% |
| Virgin Islands* | $83,782 | 4.00% |
| Virginia | $5,555,141 | 4.00% |
| Washington | $9,300,000 | 4.00% |
| West Virginia | $1,319,755 | 4.00% |
| Wisconsin | $9,003,500 | 8.99% |
| Wyoming | $2,000,000 | 18.11% |

* Data provided for AS, MA and VI are from the FY 2004-2005 CCDF Plans.

## Section 5.1.3 – Improving the Availability and Quality of Child Care

*Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities).* **(658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))**

- *Comprehensive consumer education;*
- *Grants or loans to providers to assist in meeting State and local standards;*
- *Monitoring compliance with licensing and regulatory requirements;*
- *Professional development, including training, education, and technical assistance;*
- *Improving salaries and other compensation for child care providers;*
- *Activities in support of early language, literacy, pre-reading, and early math concepts development;*
- *Activities to promote inclusive child care;*
- *Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children;*
- *Other quality activities that increase parental choice, and improve the quality and availability of child care.* **(§98.51(a)(1) and (2))**

States and Territories continue to be involved in a variety of activities to improve the availability and quality of child care. Table 5.1.3 summarizes these activities, but is not an exhaustive list of all quality activities that meet the requirements of the Child Care and Development Fund (CCDF) Act.

## Section 5.1.4 – Summary of Quality Activities

*Describe each activity that is checked "Yes" above, identify the entity(ies) providing the activity, and describe the expected results of the activity.*

All States and Territories indicate they will engage in some or all the activities to improve the availability and quality of child care that are listed in the Child Care and Development Fund (CCDF) Plan Preprint. Activities to further professional development of providers/teachers and to support early language, literacy, pre-reading and early math concepts were the quality improvement activities States and Territories ranked highest among those they plan to conduct.

### Quality Activity: Comprehensive Consumer Education

Most States and Territories report they will undertake comprehensive consumer education activities to improve child care quality. A growing number of States use Quality Rating Systems and web sites to educate consumers about the quality and supply of early childhood programs.

## TABLE 5.1.3
## Lead Agency Activities to Improve the Availability and Quality of Child Care*

| Activity | Number of States/ Territories | State/Territory Names |
|---|---|---|
| Comprehensive consumer education | 54 | AK, AL, AR, AS, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| Grants or loans to providers to assist in meeting State or local standards | 46 | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, IA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, NE, NH, NJ, NM, NV, NY, OH, OR, PA, PR, RI, SC, SD, UT, VA, VI, VT, WA, WI, WV |
| Monitoring compliance with licensing and regulatory requirements | 51 | AK, AL, AR, AS, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, VA, VI, VT, WA, WI, WV, WY |
| Professional development, including training, education and technical assistance | 56 | AK, AL, AR, AS, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| Improving salaries and other compensation for child care providers | 48 | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TX, UT, VA, VT, WA, WI, WV, WY |
| Activities in support of early language, literacy, pre-reading and early math concepts development | 55 | AK, AL, AR, AS, AZ, CA, CNMI, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| Activities to promote inclusive child care | 53 | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV |
| Healthy Child Care America and other health activities, including those designed to promote the social-emotional development of children | 52 | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, VA, VI, VT, WA, WI, WV, WY |
| Other quality activities that increase parental choice and improve the quality and availability of child care | 51 | AK, AL, AR, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, HI, IA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, TN, TX, UT, VA, VI, VT, WA, WI, WY |

* This table presents information which summarizes State and Territory responses to closed-ended yes/no questions included in the CCDF Plan Preprint. Data provided for AS, MA and VI are from the Fiscal Year 2004-2005 CCDF Plans.

Forty-two States (AK, AL, AR, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NM, NV, NY, OH, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI) and three Territories (AS, GU, PR) use CCDF funds to support preparation of parent information packets or other consumer education materials on choosing child care.

Child care resource and referral agencies in **Alaska** receive funding from the Lead Agency to develop booklets explaining what to look for in child care. Child care resource and referral agencies present consumer education information to various groups, including recipients of Temporary Assistance for Needy Families, local businesses and parent groups. They also develop and distribute radio public service announcements and posters explaining the importance of quality child care.

The Lead Agency in **Maine** developed parent packets that feature fact sheets on the cost of child care, Maine's new enhanced State Dependent Care Tax Credit for Providers with Quality Certificates, quality care for infants, choosing child care and the Maine Care health insurance program.

Twenty-four States (AK, AZ, DC, DE, FL, GA, ID, IL, KS, KY, MA, MT, NE, NJ, NY, OH, OR, TN, TX, UT, VT, WA, WI, WY) and three Territories (AS, PR, VI) report they are involved in a public awareness campaign to promote early care and education.

Each child care resource and referral agency in **Illinois** has a Quality Counts van for outreach to parents, providers and the community. The vans are equipped with consumer education materials, literacy packets, health and safety information and supplies, child development information and lending library resources. Outreach at community events helps educate parents and the public about legal and quality child care, the Child Care Assistance Program, Kid Care (state-subsidized health care), child development and early literacy. Site visits to child care programs provide one-on-one training and technical assistance to help improve quality of care with an emphasis on literacy.

The Lead Agency in **Oregon** developed a public information campaign to inform employers about the importance of child care to the workforce and how Oregon's employer tax credits can help offset expenses.

Seventeen States (IN, MA, MD, MN, MT, NC, NH, NM, NY, OH, PA, SC, TN, UT, VA, WA, WV) include information about a consumer education web site or web page.

As part of a new information management system, the **South Carolina** Lead Agency will develop a web site as a forum for disseminating information and receiving complaints.

The Lead Agency in **Utah** created a comprehensive web-based presentation for parents applying for child care subsidies. The presentation provides information about subsidies, selecting child care and indicators of high-quality child care settings. The presentation is expected to assist parents with the child care application process and educate them about high-quality child care.

Twelve States (AR, AZ, CA, DC, HI, IL, IN, MA, NE, NY, PA, SD) report parent education activities in this section of the Fiscal Year (FY) 2006-2007 CCDF Plan.

**Indiana** partners with public broadcasting stations to implement the Parenting Counts initiative.

The Lead Agency in **South Dakota** supports the Bright Start Update, an initiative that provides monthly mail or electronic updates to parents of newborn children. Topics include child health and development, choosing child care, working with a child care provider and others.

Ten States (DC, FL, IL, MA, MN, NC, NY, RI, TX, VA) and one Territory (AS) indicate that they translate outreach and education materials into other languages.

**Minnesota** partners with the Cultural Resource Center to support activities designed to reach families and providers from immigrant communities. Trainers were recruited from Hmong, Guatemalan, Colombian and other communities.

Seven States (CO, MT, NC, NM, OK, SD, TN) indicate they developed, or plan to develop, a child care Quality Rating System as a consumer education strategy.

**Montana** contracts with Banik Creative Group to coordinate, develop and manage an early childhood consumer education campaign that focuses on the importance and benefits of choosing quality child care. Banik Creative Group designed the Star Quality and BLOCKS logos that are displayed by one-star and two-star quality licensed/registered providers throughout the State, helping inform parents about the quality of child care services.

**North Carolina** supports a five-star rated license through contracts with the North Carolina Rated License Assessment Project and monitoring by Lead Agency licensing consultants. The system affords consumers a tool for comparing the quality of child care programs.

Seven States (AK, AL, CT, HI, NE, RI, SC) report they developed videos to educate consumers about child care quality and/or child development issues.

In **Connecticut**, the statewide child care resource and referral agency, Child Care INFOLINE, distributes a host of materials about choosing child care, including videos for parents.

Three States (CO, ID, KS) report they use regional planning groups to develop or implement consumer education activities.

**Colorado** uses infant and toddler earmark funds for community efforts to encourage new methodologies for instituting long-term, systemic improvements in quality care practices for infants and toddlers. In Consolidated Child Care Pilot communities, faith-based organizations, private, local public and other nonprofit entities are part of a local consortium, and activities are embedded within the broader framework of early childhood systems development.

## Quality Activity: Grants or Loans to Providers to Assist in Meeting State and Local Standards

States and Territories continue to support child care programs by awarding start-up grants and loans to providers, school districts, faith-based and community-based organizations.

Twenty-seven States (AK, AL, AR, CA, CO, FL, GA, IA, ID, IL, IN, KY, LA, MA, MD, MI, MN, MO, MT, NE, NH, OR, PA, SC, UT, VA, VT) and one Territory (GU) established child care quality improvement grant programs.

**Louisiana** offers repair and improvement grants to licensed or registered providers or those who have applied to become licensed or registered, assisting them in meeting State or local licensing and safety standards or helping them improve the quality of child care services. These grants are limited to providers who care for children receiving child care assistance.

**Utah** licensed and legally exempt child care providers have the opportunity to receive a Quality Improvement Grant every other year, based on an onsite assessment completed by a quality improvement consultant from the child care resource and referral agency.

Nineteen States (AR, CO, DE, FL, GA, IA, IL, KY, MA, MI, NC, NE, NH, OR, SD, VA, VT, WA, WI) and one Territory (VI) report that they use CCDF funds to support child care start-up or expansion grants.

**Michigan** gives start-up grants to providers opening new child care facilities (centers, family and group homes) who plan to provide care for low-income children.

**Nebraska's** Lead Agency, in collaboration with the Nebraska Department of Economic Development and Nebraska Department of Education, blends Community Development Block Grant, Head Start Collaboration or other funds administered by the Department of Education with CCDF to provide start-up grants for nonprofit, community-based child care centers in nonurban areas of the State that identified a need for center-based child care and other early childhood education programs (i.e., Early Head Start, Head Start or early childhood special education).

Sixteen States (AK, AR, AZ, CA, CO, GA, LA, MD, MT, NE, NV, NY, OH, SD, VT, WV) and one Territory (VI) established specific grant programs to assist child care providers in complying with State and local standards.

In **West Virginia**, each child care resource and referral agency receives an allocation to give small grants to family child care providers to assist them in meeting new regulatory requirements.

Fifteen States (AL, AR, AZ, DC, FL, IL, KY, LA, MA, ME, NE, NH, NV, UT, VT) report they established grant programs to help child care providers pursue accreditation.

The Lead Agency in **Alabama** collaborates with quality contractors to offer grants or stipends to center and home providers to assist them in achieving national accreditation. Additionally, the Auburn University/Family Child Care Partnerships Project offers equipment grants to home providers working toward National Association for Family Child Care accreditation. The Child Care Management Agency/Child Care Resource Center offers resource development grants, through the Employers' Child Care Alliance, to center providers working toward National Association for the Education of Young Children accreditation. Childcare Resources offers material stipends to centers participating in the Reaching Improvement through Self-Evaluation Assistance to Accreditation program to make quality improvements in their programs.

Thirteen States (AR, CO, CT, IA, KS, MD, NC, ND, NH, NJ, NY, RI, WA) and one Territory (PR) established child care loan programs.

**Kansas** partners with the Development Corporation for Children to plan, develop and finance early education businesses in low- and moderate-income communities. A Child Care Business Development Center will provide supports, and First Children's Finance will make low-interest business loans available to child care centers and child development homes.

**Washington's** Lead Agency works with the Department of Community, Trade and Economic Development to support the Child Care Advantages program, which offers grants, low-interest loans and technical assistance for child care facility development. A statewide Child Care Facility Fund provides grants and low-interest loans to employers and child care providers interested in opening or expanding child care centers. A Child Care Micro Loan program distributes funds to lending institutions that provide small, below market rate loans to child care providers to help them start or expand their businesses.

Seven States (CO, DC, MT, NC, NM, PA, SD) established grant programs to help early childhood programs improve their star or quality rating.

The Keystone STARS (Standards, Training, Assistance, Resources, and Support) Quality Improvement Initiative in **Pennsylvania** includes several financial supports and grants, such as assistance grants to improve providers' physical and learning environments, professional development educational opportunities for staff members as they work toward achieving a star designation, merit awards to providers who achieve a star designation and education and retention awards to assist programs in maintaining qualified staff.

Three States (CO, PA, VA) established flexible community planning grants to expand the supply and improve the quality of local child care programs.

**Virginia** awarded Early Childhood Development Partnership grants to three collaborations in the Fairfax, Hampton and Williamsburg child care communities. These 2-year grants allow the Lead Agency to pilot various elements of a comprehensive early care and education system on a local scale.

## Quality Activity: Monitoring Compliance with Licensing and Regulatory Requirements

CCDF funds are an important source of support for monitoring compliance with State and Territory child care licensing and regulatory requirements.

Forty-one States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, IA, IN, KS, KY, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, VA, VT, WA, WI, WV, WY) and four Territories (AS, GU, PR, VI) report using CCDF funds to support licensing staff.

In **Guam**, CCDF funds are used to compensate three inspectors who monitor compliance with and enforcement of licensing and regulatory requirements.

**Maryland** funds positions in the Office of Licensing to perform mandated licensing and regulatory functions in a timely and thorough manner. Additional staff members may be added to improve the licensing staff/facility ratio and meet demands generated by new initiatives as funds are available.

An interagency agreement with the **Rhode Island** Department of Children, Youth and Families supports the Child Care Licensing Unit, which provides additional licensing staff and improved technology, including laptop computers for use in the field. Through this partnership, the licensing staff is better able to appropriately monitor existing programs, assist new applicants in becoming licensed and respond to complaints regarding potential regulatory violations.

Twelve States (AL, AR, FL, IA, KY, MN, MO, NM, NY, SC, SD, WA) mention a variety of planning and training initiatives to strengthen capacity to monitor compliance with regulatory standards.

**New Mexico** uses an effective inter-agency monitoring strategy, offering grants to Food Sponsor Agencies that send food monitors to a 45-hour, entry-level course to learn more about child development and quality child care indicators. These monitors conduct visits to registered homes to monitor child care quality indicators and make referrals for technical assistance.

**South Carolina** partners with WestEd to support distance learning and team teaching. In addition to the credit course work offered by the University of South Carolina, the State's child care licensing workers receive 2 days of Program for Infant/Toddler Caregivers training. A library of video clips will be developed to assist staff in providing training and technical assistance to providers. The Lead Agency seeks to establish and maintain this core knowledge across agency lines.

Nine States (AR, CO, FL, HI, MA, RI, SC, VA, WV) use CCDF funds to support establishing a new, or upgrading an existing, automation system to maintain child care regulatory and/or complaint information.

The **Arkansas** licensing unit's Child Care Licensing Eligibility and Nutrition computer system allows staff to eliminate almost all paperwork related to the application process and documentation of minor visits and complaint investigations.

**West Virginia's** Lead Agency piloted an enhancement to its Families and Children Tracking System using personal digital assistants. Staff can download case files and record compliance information while onsite. Using a hot-synch function, compliance information can be transferred to the system. This process decreases the amount of time staff spends on data entry and allows more time for regulatory efforts.

## Quality Activity: Professional Development, Including Training, Education and Technical Assistance

Building a professional development system for early care and education practitioners has emerged as a priority activity supported by CCDF quality funds. Forty-one States report using CCDF quality funds to help build or support a professional development system, up from 30 States and Territories reporting so in Fiscal Year (FY) 2004-2005 CCDF Plans.

Forty-one States (AK, AR, CA, CO, CT, DE, FL, IA, ID, IL, IN, KY, LA, MD, ME, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, VT, WA, WI, WV, WY) describe efforts to build or support an early care and education career development system.

The **Illinois** Gateways to Opportunity Early Care & Professional Development Network is the result of a collaborative effort of State government and non-governmental agencies, child care resource and referral agencies, child care providers and 2- and 4-year colleges. The system is administered by the Illinois Network of Child Care Resource and Referral Agencies. The Gateways to Opportunity web site contains information about the early care and education field, including contacts for career advisors; professional development opportunities, such as training and college courses; job postings; child care resource and referral services and links to other relevant web sites.

The **Wyoming** Lead Agency continues to fund the statewide Training and Resource System, a professional development system that includes trainer and training approval, a career lattice, the educational scholarship program and the Wyoming Apprenticeship program. The system is administered by the Wyoming Children's Action Alliance, a private nonprofit organization.

Thirty-six States (AL, AR, AZ, CA, CO, DC, FL, HI, IL, IN, KY, MA, MI, MN, MS, MT, NC, ND, NE, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, VT, WA, WI, WV) and one Territory (VI) describe partnerships with institutions of higher education. These partnerships are designed to enhance quality by improving teacher preparation, easing access to training and supporting articulation agreements that simplify transfer of credits between 2-year and 4-year institutions of higher education.

The **North Carolina** Lead Agency supports participation of the North Carolina Community College System in the National Association for the Education of Young Children Associate Degree Program Accreditation for Early Childhood Programs. This project will establish a standard of excellence in early childhood teacher preparation.

The **Oklahoma** Lead Agency contracts with the State Regents for Higher Education to administer the Scholars for Excellence in Child Care program. The program places scholar coordinators in 2-year colleges statewide to recruit and mentor child care providers seeking credentials and degrees in early childhood education. The program also includes scholarships that cover college tuition, books, fees and assessment fees for providers obtaining Child Development Associate and Certified Childcare Professional credentials.

**Washington** community and technical colleges and State universities, in partnership with the Head Start–State Collaboration Office, developed a common statewide Associate of Applied Science degree, which has been widely accepted. The new degree will provide the critical content early childhood education professionals need and will secure transfer opportunities between 2-year colleges and 4-year institutions.

Twenty-nine States (AK, AL, CA, CO, DC, DE, GA, IA, ID, IL, IN, MA, ME, MI, MN, MO, ND, NH, NJ, NM, NY, OR, PA, SD, TN, WA, WI, WV, WY) report they work with child care resource and referral agencies to implement and/or coordinate training.

**North Dakota** has six regional child care resource and referral offices, each with a local training advisory committee that includes representatives of county licensing, family and center-based child care, Head Start, parents, public health, early childhood trainers, food program sponsors, Tribal liaisons and others. Training is developed and delivered based on local input.

**West Virginia** child care resource and referral agencies submit an annual training plan for their service delivery region, linked to core knowledge and core competencies. The plan must be developed in collaboration with a training advisory council, which includes the training team, providers, regulators and other early childhood services in the region.

Twenty States (AL, CO, DE, FL, IA, IL, IN, MI, MN, MO, NC, NE, NM, NV, OH, PA, SC, VA, WA, WI) report that they are involved in implementation of the T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood Project.

The **Alabama** Partnership for Children, of which the Lead Agency is a member, administers the T.E.A.C.H. Early Childhood Alabama Project, which provides scholarship opportunities for directors and teachers employed in licensed centers and home providers who are pursuing a degree in child development/early care and education from an Alabama community college, or need assistance paying the Child Development Associate assessment fee.

In **Delaware**, the quality set-aside supports staffing and infrastructure for the T.E.A.C.H. licensee, Family and Workplace Connection, and helps ensure the Training for Early Care and Education curriculum is available, along with qualified trainers, for apprenticeship training through Vocational Education High School Adult Education. CCDF funds are used to train some of the Training for Early Care and Education instructors who will provide first year training. T.E.A.C.H. funds will be used for the second year of related instruction for apprentices.

Fifteen States (AK, AL, AR, CO, IL, MA, MI, MS, NE, NY, OK, PA, SC, WA, WI) indicate they support development and/or delivery of training initiatives that incorporate distance-learning techniques.

The Lead Agency in **Alaska** supports development of Distance Delivery Modules, and the Association for the Education of Young Children–Southeast Alaska Resource and Referral Agency is conducting an evaluation of them.

**Mississippi** State University/Cooperative Extension Services uses Web TV technology in family homes participating in the project to make training and technical assistance accessible. Progress is measured using the Family Day Care Rating Scale, the Caregiver Interaction Scale, the Preschool Language Scale and the Bracken Basic Concept Scale.

Twelve States (AL, CA, FL, GA, HI, MN, NH, NJ, NV, NY, RI, VT) use CCDF funds to support training for unregulated child care provided by family, friend and neighbor caregivers.

In **Nevada**, a cadre of trainers provides training in early literacy and language to licensed providers as well as informal care providers.

To improve the quality of care in informal subsidized child care settings in **New York**, the Lead Agency will restructure market rates for a higher reimbursement rate for informal child care providers who attend at least 10 hours of training annually and improve their skills.

**Vermont's** Community Child Care Support Agencies receive funds for a host of activities, including making training available to legally exempt child care providers.

Ten States (AR, CA, DC, FL, MT, PA, TN, VT, WI, WV) and one Territory (CNMI) report that they support mentoring projects for early care and education practitioners.

The Lead Agency in the **Commonwealth of the Northern Mariana Islands** developed a continuum of training opportunities linked to follow-up mentoring of child care providers and staff to assist them in implementing strategies and responding effectively to diverse groups of children.

Nine States (AK, CO, MA, NC, NE, RI, WA, WI, WV) indicate that they are engaged in cross-system training initiatives.

The **Alaska** Child Care Food Program, sponsored by the U.S. Department of Agriculture, offers training workshops, mentoring activities and technical assistance to approved and licensed providers. Child care and food program staff works closely in monitoring child care facilities, sharing information and holding joint training sessions.

**Colorado's** Lead Agency is involved in a cross-system effort to coordinate training, education and technical assistance statewide. This approach keeps information centralized, helps identify training gaps and enables providers to receive a listing of all available training. As part of this effort, the Division of Child Care contracts with the Colorado Department of Education to develop and support ongoing operation of a network of approximately 35 grassroots training and technical assistance units (early childhood learning clusters) across the State.

Seven States (CA, MA, MD, NC, NE, SD, TN) report that they fund the cost of training practitioners to administer environment rating scales.

The Lead Agency in **South Dakota** partners with the Bush Foundation and WestEd to support an initiative that will incorporate the new Program for Infant/Toddler Caregivers Assessment Rating Scale and provide additional information about the quality of interactions between caregivers and children.

Five States (CT, DC, RI, SD, WV) report that they support an accreditation facilitation project.

The **Rhode Island** Lead Agency supports a School-Age Accreditation Project, which works with the National After-School Association accreditation process. Additionally, accreditation facilitation is offered to preschool programs seeking National Association for the Education of Young Children or National Association for Family Child Care accreditation, in coordination with CHILDSPAN, the State's child development and education training system.

Four States (AR, CA, SD, TX) report that they support business training for child care providers.

Through the **Arkansas** Women's Business Development Center, a 23-county area in the Delta will have specialized training seminars and one-on-one sessions to support long- and short-term business counseling and guidance for starting a child care business.

Three States (CA, FL, NJ) describe efforts to support English as a second language.

The **California** Department of Education is updating the publication *Assessing and Fostering a First and a Second Language in Early Childhood*. In addition, a training manual and companion video using existing and updated materials will be developed. Statewide train-the-trainer sessions will support preschool teachers, teacher aides and regional program coordinators of English language learners who work with children. Materials that address the diverse early learning population will be revised to assist early educators in their work with an increasing number of English language learners.

## Quality Activity: Improving Salaries and Other Compensation for Child Care Providers

States continue to use CCDF funds to plan or implement strategies to address practitioner compensation. States describe strategies such as wage supplements, one-time bonuses or quality awards and child care staff benefit initiatives.

Seventeen States (AK, CA, DC, GA, ID, IL, MN, MT, NC, NJ, OK, PA, SC, UT, VT, WI, WV) report they are involved in some type of child care practitioner wage initiative.

The **Alaska** Child Care Grant awards small monthly cash grants that may be used only on specific items, including staff salaries, substitute care providers, health and safety-related items, supplies and equipment for children in care and education and training related to child development. Providers are reimbursed at a base rate per child on a monthly basis. Approximately 46 percent of these grant funds are spent by providers on salaries for child care staff. Additionally, Alaska child care resource and referral agencies continue to offer Retaining Our Outstanding Teacher annual awards, which are based on completed training and continued employment in child care.

The **Pennsylvania** Keystone STARS Child Care Quality Improvement Initiative includes several program operating grants, including merit awards and education and retention funds. Linking staff retention grants to Keystone STARS is designed to reduce staff turnover, which will help sites meet higher performance standards and achieve higher star levels.

**Utah** operates a statewide Training and Longevity Wage Supplement Program, which offers individual caregivers working in licensed child care programs a yearly wage supplement of between $100 and $900. The amount of the supplement depends on a combination of the provider's level of Career Ladder certification and the number of years of continuous employment in the same child care program.

Four States (FL, NC, NY, RI) report they use CCDF funds to support child care staff benefit initiatives.

The **New York** Lead Agency works with the State Insurance Department on a pilot health insurance program for child care businesses that cannot afford health benefits. The pilot, which is linked to the State's Healthy NY subsidized health insurance program for low-wage workers, offers a $50 per month insurance premium offset for individual coverage and $100 per month for two adults or family premiums.

**North Carolina's** T.E.A.C.H. Early Childhood Health Insurance uses CCDF funds to help child care providers pay for health insurance for employees. To participate, regulated child care centers or family child care home operators must show staff has or is working toward early childhood or child development degrees.

## Quality Activity: Support of Early Language, Literacy, Pre-Reading and Early Math Concepts Development

States and Territories support development of early language, literacy, pre-reading and early math concepts through activities that align State and Territory early learning guidelines with the professional development system core body of knowledge, Quality Rating Systems or other quality improvement efforts.

Forty-two States (AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, ID, IL, KY, MA, MD, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SD, TN, TX, UT, VA, WA, WI, WV, WY) and four Territories (CNMI, GU, PR, VI) report that they support training initiatives to assist early care and education practitioner promotion of early language, literacy, pre-reading and numeracy.

The Lead Agency in **Nebraska** will develop training and web site information on the knowledge and skills needed to support young children's foundational needs in language and literacy development. This information and training will build on extensive resources developed over the past several years, including those developed as part of Nebraska's Early Language, Literacy, and Learning Connection, an early childhood professional development grant funded by the U.S. Department of Education.

**Rhode Island's** Early Learning Standards Professional Development Training reaches approximately 250 professionals each year. Participation in the courses is free, although there is a nominal charge for those earning credits from the University of Rhode Island. Three strands will be offered at least once each year. For program year 2005-2006, 12 Level II groups, one administrator's track and six Level I groups (four in English, two in Spanish) were planned.

The **Texas** State Center for Early Childhood Development provides early language, literacy and numeracy training to teachers participating in Texas Early Education Model pilots across the State. The State Center also offers Center for Improving the Readiness of Children for Learning and Education language and literacy training to Educational Service Centers, independent school districts, Head Start and Early Head Start grantees and child care programs.

Thirteen States (AK, AR, FL, HI, IA, IL, IN, MA, MI, PA, SD, TX, VT) are involved in family literacy projects.

**Florida's** Even Start Family Literacy Programs are school-community partnerships that integrate early childhood education, adult literacy and parenting education.

Eleven States (AR, CA, DC, MO, NE, NV, PA, SD, TN, WI, WV) and one Territory (PR) report they funded train-the-trainer initiatives to help early care and education trainers learn more about how to promote early language, literacy, pre-reading and numeracy development.

**Puerto Rico** will begin a train-the-trainer effort among contracted providers to expand social-emotional development training and the literacy-based Strategic Teacher Education Program initiated by the Head Start Bureau.

**Wisconsin** developed comprehensive training that is linked to the Wisconsin Model Early Learning Standards. In 2005, the effort produced 68 approved model trainers who represent every region of the State.

Ten States (CO, DC, DE, IL, IN, MS, NE, NJ, PA, RI) and one Territory (GU) report that they support technical assistance focused on helping early childhood programs promote language, literacy, pre-reading and numeracy development in young children.

**Pennsylvania** holds numerous trainings specifically designed to teach caregivers about early literacy and numeracy development. In addition, train-the-trainer programs help providers promote early literacy.

Eight States (AR, CA, DE, IA, NV, RI, WA, WV) support the creation of curricula to promote early language, literacy, pre-reading and numeracy development.

The Lead Agency in **Nevada** uses curriculum guides that support the State's prekindergarten standards in math, language and literacy, science, art, music, social-emotional development and physical development.

Seven States (CO, DC, GA, NC, NM, OH, TN) indicate that they use the statewide Quality Rating System to help promote language, literacy, pre-reading and numeracy development in young children.

**Tennessee** plans to include the State's early learning guidelines in the criteria for the Tennessee Report Card and Star Quality program.

Seven States (MA, MT, NE, NH, TN, TX, WI) report they work on literacy activities in partnership with Head Start/Early Head Start agencies.

The **New Hampshire** Head Start–State Collaboration Office implemented initiatives to transition parents and their children from early care and education programs to public schools. The goal of successful transition partnerships is to improve learning outcomes for children and reduce barriers to parent involvement in their children's school.

**Wisconsin** uses CCDF funds in conjunction with funding from other State agencies, including funding from the Department of Public Instruction and the Wisconsin Head Start Collaboration Office, to support six regional community collaboration coaches. The coaches

link programs and agencies by sharing information and training opportunities to support a comprehensive approach to the Wisconsin Model Early Learning Standards. Community collaborations among child care, Head Start, public school and other early education providers are encouraged to reduce the number of transitions a child makes during a day and to improve the quality of care.

Six States (DC, DE, GA, IN, MS, NE) report that they use classroom or program assessment to encourage strategies that promote language, literacy, pre-reading and numeracy development in young children.

**Mississippi** State University/Partners for Quality Child Care Program offers training and technical assistance to 25 new child care centers and 50 prior year participating centers. For centers that participate fully in technical assistance offered through the project, at least two-thirds are expected to show improvement of at least one indicator rating point from pre- to post-scores as measured by the Early Childhood Environment Rating Scale-Revised and the Infant/Toddler Environment Rating Scale-Revised assessment tools.

**Nebraska** implemented training on the Early Language and Literacy Classroom Observation instrument to increase awareness of classroom practices and environments related to children's language and literacy development. Trained observers use the instrument for program evaluation of the State Early Childhood Education Grant programs.

Five States (AL, IN, NJ, SD, VT) support distribution of books to young children and their families.

The Lead Agency in **Vermont** partners with the Vermont Center for the Book and the Humanities Council to support a variety of literacy, language and numeracy activities for home- and center-based providers, including book distribution.

Four States (AK, AL, CA, MS) describe working with their local public broadcasting station to promote early language, literacy, pre-reading and numeracy development.

**Mississippi** Public Broadcasting developed a multi-media approach that uses the Right from Birth/Going to School/Ready to Learn program to train child care professionals. Progress is evaluated using the Early Language and Literacy Classroom Observation assessment tool.

Four States (AR, DC, MA, SD) report they work in partnership with libraries to promote early language, literacy, pre-reading and numeracy development in young children.

**South Dakota** Child Care Services trained 25 early childhood professionals and librarians as "Mother Goose" trainers who are available to promote literacy in child care programs through various Mother Goose programs. The curriculum, an early childhood literacy program developed by the Vermont Center for the Book in cooperation with The Library of Congress, trains child care providers to share books with the children in their care. Trained providers receive a starter set of children's books for their facility.

Four States (KS, MN, NM, WA) report promoting child assessments to strengthen early language, literacy, pre-reading and numeracy development in young children.

During the initial year of prekindergarten learning outcomes implementation, **New Mexico** teachers will use the instrument Get It, Got It, Go! to document children's progress. The assessment will be given three times during the year and will measure some indicators for preliteracy. In addition, a prekindergarten Early Learning Outcome Observation Tool is available for staff to assess children on selected indicators from the learning outcomes. Teachers observe children and rate the indicators as not present, emerging or established.

In **Washington**, a multi-agency work group composed of representatives from Part B and Part C of the Individuals with Disabilities Education Improvement Act, Head Start, the Early Child Education Assistance Program (the state-funded preschool), Even Start, child care and the health community is writing a comprehensive early childhood assessment manual. The manual will provide early childhood communities with a common understanding of the use of screening, evaluation and ongoing assessment, the various roles each early childhood community plays in this process and resources and information for professional development.

Two States (NE, OR) indicate they use provider mentoring strategies to promote early language, literacy, pre-reading and numeracy development in young children.

Early language, literacy, pre-reading and numeracy components are included in **Oregon's** First by Five training as well as the statewide mentoring program for child care providers.

One State (DC) partners with faith-based organizations to promote early language, literacy, pre-reading and numeracy development.

The **District of Columbia** partners with the faith-based community, employees of State government agencies, a hotel association and other service and fraternal groups to provide volunteer readers for children in early care and education programs.

## Quality Activity: Promoting Inclusive Child Care

States and Territories indicate they support training and technical assistance initiatives designed to encourage, and strengthen the capacity of, early care and education programs to serve children with special needs.

Thirty-five States (AK, AL, AR, AZ, CA, CT, DC, DE, GA, HI, IA, IL, IN, MA, MD, MI, MN, MS, NC, ND, NE, NH, NJ, NV, NY, OK, OR, PA, SD, TX, UT, VA, VT, WA, WV) and two Territories (GU, PR) report that they support training aimed at helping practitioners serve children with special needs.

The **Alabama** Lead Agency contracts with United Cerebral Palsy of Huntsville and Tennessee Valley to fund the Quality Enhancement with a Purpose Project, which promotes the inclusion of children with special needs in child care settings and trains providers in

establishing a quality inclusive child care environment. Five satellite United Cerebral Palsy agencies help to implement the project. United Cerebral Palsy also offers stipends for substitutes while providers participate in training.

Welcome the Children training and technical assistance in **Arkansas** is designed to help child care providers and educators understand cultural issues, learn strategies to support Latino children and make appropriate referrals for possible developmental delays.

**Utah** Career Ladder training includes 40 hours of provider training specific to including children with disabilities in child care programs. This training constitutes the Special Needs Endorsement for the Career Ladder Program.

Twenty-nine States (AK, AR, AZ, CO, DE, FL, GA, HI, IA, IN, MA, MD, ME, MN, MS, MT, NC, ND, NE, NH, NJ, NV, OH, OR, PA, SC, SD, TN, WV) and one Territory (GU) indicate that they support technical assistance or consultation for child care programs and practitioners to encourage and assist them in including children with special needs in their early childhood classrooms.

Each **West Virginia** child care resource and referral agency employs a behavior support specialist to assist child care providers in working with children with special needs or behavior problems. The behavior specialist provides onsite consultation, observation, technical assistance and training to caregivers upon request.

Sixteen States (AK, AR, CT, ID, IL, KS, KY, MO, NH, NY, OH, OK, TX, VA, WA, WI) offer higher rates or other enhanced financing opportunities to child care programs that serve children with special needs.

The **Alaska** child care assistance program offers a supplemental rate for the care of children with special needs to parents who meet the income eligibility standards for child care assistance and to providers who need additional support to care for these children.

The Lead Agency in **Idaho** is working to allow providers serving children with special needs to be compensated through Medicaid.

The **Virginia** Lead Agency partners with the State Department of Mental Health, Mental Retardation and Substance Abuse Services to provide child care subsidies for children with special needs.

Fourteen States (AR, CA, FL, HI, IA, MA, ME, MN, NE, NM, PA, RI, WI, WV) describe their involvement in cross-system planning and coordination to improve early care and education services for children with special needs.

Through the **Pennsylvania** Natural Allies Project, community colleges and universities review their early childhood curricula to help ensure content dealing with inclusion of children with special needs is integrated throughout program instruction and not only as a separate course.

Ten States (FL, GA, MA, ME, MO, MT, NJ, SD, TN, WV) report that they fund inclusion specialists or have health, mental health or nurse consultants who work with programs to promote inclusion. These individuals play a variety of roles to support children with special needs and their families.

The **Missouri** Child Care Resource and Referral Network supports child care services for families of children with special needs by staffing child care inclusion coordinators in each of its seven agencies. Key activities of the child care inclusion coordinators are to increase the number of regulated child care facilities able to care for children with special needs; provide technical assistance to child care providers pertaining to the care of children with special needs; assist families in finding and/or maintaining child care for children with special needs and develop training initiatives to prepare child care providers for addressing the needs of children with special needs and their families.

Nine States (AR, DE, FL, IL, MI, MN, NE, OR, PA) report that they support train-the-trainer initiatives designed to help early childhood practitioners serve children with special needs.

**Florida's** Transition Project for Infants, Young Children and Their Families assists local communities in establishing trained teams who work to develop a seamless system of transitioning between agencies providing services to young children with disabilities, birth to 6 years of age, and their families.

The **Illinois** Child Care Resource and Referral Network conducts voluntary Developmental Screening Training, a curriculum that emphasizes the importance of offering developmental screening in all types of child care settings. Training focuses on how to administer a user-friendly tool, the Ages & Stages Questionnaire, which is designed to collect parent and provider input, and share results and community referral resources. The curriculum was piloted in FY 2005 in selected areas of the State. A cadre of trainers is being trained to make the curriculum available statewide during the FY 2006-2007 CCDF Plan period.

Seven States (IL, IN, KY, ND, NV, VT, WA) report that they fund health/mental health nurse consultants.

**Kentucky's** early childhood initiative, KIDS NOW, is expanding and enhancing mental health services to young children and their families.

Six States (DE, IL, NC, OK, WA, WI) fund resource materials for child care programs that serve children with special needs.

Five States (AL, ME, TX, VT, WV) and one Territory (PR) report that they provide or fund the acquisition of adaptive equipment.

In partnership with **Alabama's** Lead Agency, United Cerebral Palsy and the Alabama Department of Public Health/Healthy Child Care Alabama purchase adaptive equipment that is loaned or given to providers to help them serve children with special needs.

Three States (MD, NC, VT) offer grants to child care providers to increase access to child care for children with special needs.

> The **North Carolina** Lead Agency contracts with some Head Start grantees to extend Head Start into underserved areas and help improve the ability of Head Start programs to serve children with special needs.

Three States (AK, ME, VT) indicate they make funds available to support additional staff in programs that serve children with special needs.

Two States (FL, NE) report funding a warm line, which is a confidential telephone service with a trained person who can give support to callers, usually families and/or early care and education workers.

> In **Florida**, a warm line operates through the child care resource and referral network and is available to all service providers through regional inclusion specialists who also offer training and technical assistance.

## Quality Activity: Healthy Child Care America and Other Health Activities, Including Those Designed to Promote the Social-Emotional Development of Children

States and Territories use CCDF funds to support children's health, commonly by providing nursing or health consultant services. Five States report a new focus, using Healthy Child Care America resources to focus on childhood obesity prevention.

Twenty-eight States (AR, AZ, CA, DC, DE, GA, HI, IA, IL, IN, LA, MA, MD, MN, MO, MS, NC, NE, NH, NM, NY, OH, PA, TN, VA, VT, WI, WY) and one Territory (PR) report they developed or funded practitioner training as part of their Healthy Child Care America initiative.

> The **Indiana** Lead Agency is a partner for the statewide Healthy Child Care Indiana Initiative to improve the quality of care by providing professional development, informing early care and education professionals about training opportunities and increasing inclusion of National Health and Safety Standards in licensing rules.

Twenty-six States (AL, AZ, CO, DC, DE, IA, ID, IL, IN, KY, LA, MA, MO, NC, ND, NE, NJ, NV, OR, PA, SD, TN, TX, VT, WA, WV) report that they developed a network of nurse or health consultants as part of their Healthy Child Care America initiative.

> The Lead Agency in **North Carolina** partners with the Division of Public Health to support child care health consultation, and partners with the North Carolina Child Care Resource and Referral Council to provide technical assistance and consultation from infant and toddler specialists.

Twenty-one States (AK, AR, CT, DE, FL, ID, IL, LA, MA, MD, MI, MO, NE, NV, OR, PA, RI, VT, WI, WV, WY) and one Territory (GU) report they are engaged in cross-system planning focused on developing a coordinated children's services delivery system.

> Together for Kids and Families is **Nebraska's** Comprehensive Early Childhood Strategic Planning Project, which is supported by the U.S. Maternal and Child Health State Early Childhood Comprehensive Systems grant, and has three cross-cutting teams focusing on family involvement, policy alignment and data needs. [7]

Ten States (AR, DE, FL, MA, MD, NC, NE, PA, SD, WV) report they provide technical assistance on a range of health, safety and child development issues to child care programs and providers as part of their Healthy Child Care America initiative.

> The **South Dakota** Healthy Child Care Project is an ongoing program that now is supported in part by CCDF funding. Health consultant services are coordinated through child care resource and referral agencies and the licensing agency to avoid duplication of services. A joint powers agreement with the Department of Health ensures that community health nurses are available in each county for services, training and other technical assistance upon request.

Five States (DE, FL, IL, NC, NY) report that the Lead Agency is involved in activities that focus on childhood obesity prevention.

> **Delaware's** Early Childhood Physical Activity and Healthy Eating Curricula for Child Care Centers will adapt existing curricula and design new developmentally appropriate teaching tools that promote physical activity and healthy nutrition. Materials will include provider/teacher manuals, activities and equipment to use with children, information for parents and implementation guidelines for child care center administrators. The Comprehensive Child Care Center Demonstration Project will work with selected child care centers. Centers will assess their environment and, based on the results, negotiate a contract with the Nemours Division of Health and Prevention Services to support changes in physical space, schedules, menus and food service, child and parent instruction or provider knowledge and behavior.

Four States (HI, NE, TN, WI) and one Territory (PR) support train-the-trainer initiatives to promote health and safety in child care settings.

> Through the Healthy Child Care America grant, the Lead Agency in **Tennessee** provides training for health consultants, who are placed in each of the State's 11 child care resource and referral agencies.

---

[7] State Early Childhood Comprehensive Systems grants are funded by the U.S. Department of Health and Human Services Maternal and Child Health Bureau to support State maternal and child health agencies and their partner organizations in collaborative efforts to strengthen State early childhood systems of services for young children and their families. Grantees must address five focus areas: access to medical homes for all children, mental health and social-emotional development, early care and education services, parent education and family support services. For more information, visit Healthy Child Care America's web site at http://healthychildcare.org/ECCS.cfm.

Four States (DE, IA, ID, OR) developed a curriculum to promote the physical and social-emotional health of young children.

The Healthy Child Care **Idaho** project has been incorporated into the IdahoSTARS (State Training And Registry System) project as one of the core training components, requiring a 60-hour curriculum module for consultants, regional and field mentors and others who work directly with child care programs on health and nutrition issues. The Head Start State Collaboration Council awarded additional funds to ensure this curriculum extends to Head Start Health Coordinators across the State. IdahoSTARS is producing an online child care health consultant training to increase access for those in rural areas.

Four States (CA, NJ, NM, PA) developed a special hotline to make information available to parents and child care providers on children's health and safety issues.

**Pennsylvania's** Early Childhood Education Linkage System provides health and safety information and assistance via a telephone help line and e-mail, responding to requests and questions from the Lead Agency's certification representatives, early childhood education professionals and the general public.

Three States (IA, NC, WV) prepare and distribute resource materials to families and providers as part of their Healthy Child Care America activities.

In **West Virginia**, the Child Well-Being Committee under the Partners Implementing an Early Care and Education System Advisory Council developed a county-by-county list of health resources for families and providers. The resources are used collaboratively by partners with the State Early Childhood Comprehensive Systems grants.

Three States (DC, NE, VA) describe parent education activities focused on health issues.

**Nebraska's** Lead Agency and Department of Education issued a request for proposals from private, nonprofit agencies with a statewide mission to promote healthy early childhood development for children 0–8 years.

## Other Quality Activities That Increase Parental Choice and Improve the Quality and Availability of Child Care

States and Territories report a wide range of other activities to improve child care quality and availability, including development of a Quality Rating System, support for practitioner accreditation and enhanced coordination with Head Start, Early Head Start and Tribal child care.

Fourteen States (AK, AZ, CO, FL, IA, KY, MA, ME, NV, PA, SC, TN, TX, WA) mention they established a Quality Rating System or tiered reimbursement system as a strategy to increase parental choice and improve the quality of child care.

**Alaska's** Lead Agency proposed an enhanced child care assistance rate for licensed child care providers who meet certain quality measures beyond licensing standards. When implemented, the enhanced rate will increase choice for low-income parents and encourage child care providers to meet higher-quality standards.

Under the voluntary ABC Child Care Program, **South Carolina** established child care standards that are above the State's regulatory requirements. This program provides higher rates to participating providers.

Seven States (CA, NE, OH, OR, PA, VT, WI) report they were engaged in planning to improve the quality and availability of child care.

- In three of these States (NE, OR, PA), the focus was on interagency planning.
- In five of these States (CA, NE, OH, VT, WI), planning took place at the local level.

The **Wisconsin** Community Child Care Initiative developed 52 contracts with local government jurisdictions, which were responsible for certifying local child care expenditures as match to draw down additional CCDF funds. Collaborations and partnerships cover a range of permitted Federal activities, including certification and training programs, child care professionals' education, public health nursing services provided to child care programs, crisis/respite care, start-up of school-age and wraparound care, staff time and child care coordination and other supportive services.

Seven States (AR, MA, MI, NC, OR, RI, SC) report they funded or were helping to launch research to evaluate the quality, availability and affordability of early care and education services in their State.

The **Rhode Island** Lead Agency has worked with Rhode Island Kids Count and the Wellesley Child Care Policy Research Partnership to answer key questions about the impact of policy changes on parent choice and the dynamics of the subsidy program.

Six States (GA, MA, MD, MN, NV, NY) describe outreach and technical assistance initiatives to improve the quality of child care in legally exempt child care settings.

The **Georgia** Lead Agency facilitates criminal background checks on new informal providers. A child care services consultant visits each site to check basic health and safety requirements. A health and safety packet specifically designed for informal providers is delivered at the initial monitoring visit.

Six States (IL, KY, MA, NH, NV, OH) report that they sought to increase access to quality child care through coordination with Head Start and Early Head Start.

The **Illinois** Child Care Collaboration Program, administered by the Lead Agency, encourages collaboration and blending of funds for improved coordination of services among child care programs, Head Start and State prekindergarten programs. This program modifies policy for approved collaboration providers, allowing the differences among child care, Head Start and State prekindergarten programs to be bridged. Children and families receive seamless services and increased access to quality child care.

Three States (AK, MN, WA) indicate they strengthened coordination with Tribes.

**Washington** sponsors a Tribal State Child Care Work Group that includes Tribal child care directors, the Region X Tribal specialist and the Division of Child Care and Early Learning Tribal liaisons. The group meets to share information, learn about new programs, identify problem issues, prioritize group needs and facilitate cooperation and collaboration.

Three States (DC, LA, OH) report that parent education activities help increase parental choice.

Coordinating with the Head Start Collaboration Office, the **Ohio** Lead Agency launched and maintains the Ohio Parent Information Network web site.

Three States (MO, ND, VA) report they established a toll-free number to give consumers access to information on child care program licensing violations or file complaints.

Two States (AK, MA) report they have strengthened child care licensing policies.

Two States (NJ, RI) report they fund comprehensive services/family support initiatives to work in collaboration with early childhood programs.

**New Jersey** supports comprehensive services in child care programs that are part of the Abbott preschool initiative. Services include nursing, health screenings, immunizations, health education and onsite social workers.

Two States (MA, NH) report they improved management information systems to make applying for assistance easier for families and more efficient for the Lead Agency.

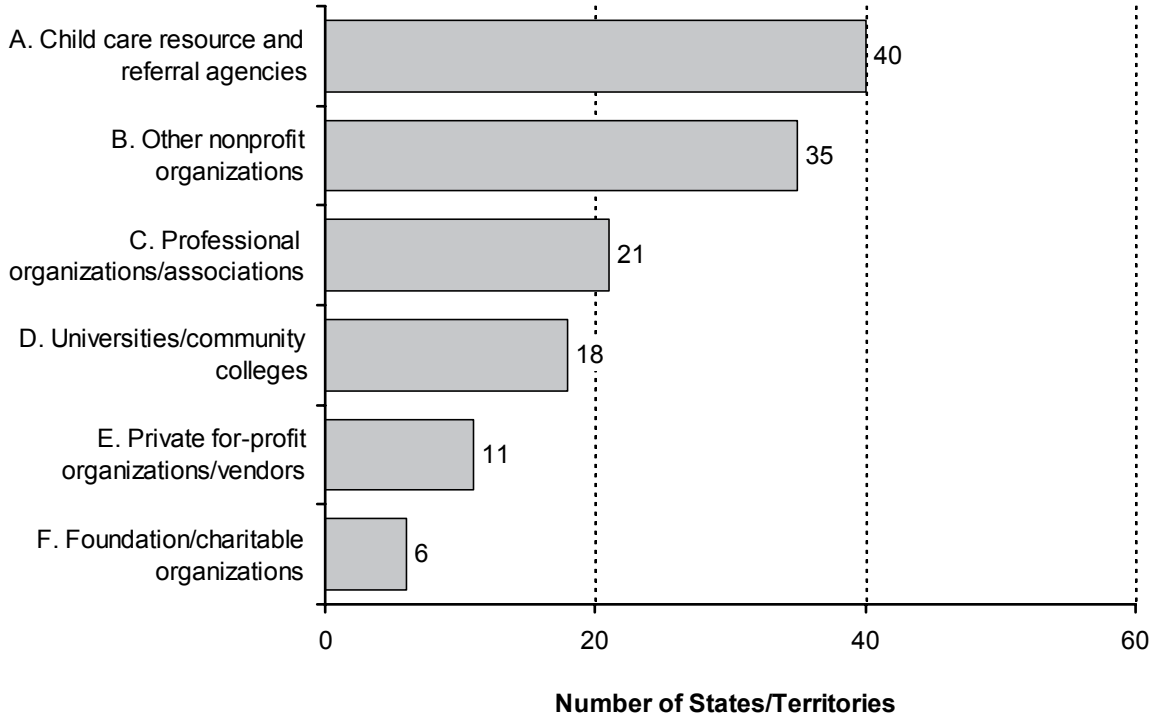
The Lead Agency in **New Hampshire** designed and developed a child care billing Web application that allows child care providers to bill via the Web. Communication is improved, and providers have more information about invoice errors and their resolution as well as payment history and calculated rates. New Hampshire also supports an electronic resource for employers to place job announcements and for early childhood professionals to identify available positions.

## Section 5.1.5 – Non-Governmental Entities

*Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity?*

As illustrated in Chart 5.1.5, most States and Territories report that the Lead Agency contracts with child care resource and referral agencies as well as other nonprofit organizations to improve the quality and availability of child care. In addition, States and Territories contract with professional entities, universities, private for-profit entities and foundations.

**CHART 5.1.5**
**Non-Governmental Entities Involved in Quality Activities Funded Under the Child Care and Development Fund (CCDF) Act**




| | |
|---|---|
| **A** | AK, AL, AR, AZ, CO, DE, GA, HI, IA, IL, IN, KS, LA, MA, ME, MI, MN, MO, MT, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, SC, SD, TN, UT, VA, VT, WA, WI, WV, WY |
| **B** | AR, AZ, CT, DC, DE, FL, GA, HI, IA, IL, IN, KY, LA, MA, ME, MI, MN, MO, MT, NC, NH, NJ, NM, NV, NY, OH, PA, RI, TN, TX, UT, VA, VT, WI, WY |
| **C** | AK, AR, DC, IA, IL, IN, KY, MA, MI, MN, NC, NJ, NM, NV, PA, SC, UT, VA, VT, WA, WI |
| **D** | AZ, CT, DC, IL, IN, KS, LA, ME, MI, MN, MT, NC, NH, NM, RI, TN, VA, VI |
| **E** | AR, AZ, DC, KS, KY, MT, NJ, RI, SC, UT, VA |
| **F** | CT, LA, MA, NC, SC, VA |

Data for MA are from the FY 2004-2005 CCDF Plan.

Forty-eight States (AK, AL, AR, AZ, CO, CT, DC, DE, FL, GA, HI, IA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and two Territories (PR, VI) indicate that some or all of the entities engaged in activities and services to improve the quality and availability of child care are non-governmental entities.

## Section 5.2 – *Good Start, Grow Smart* Planning and Development[8]

*This section of the plan relates to the President's* Good Start, Grow Smart *initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and early math concepts and a plan for the education and training of child care providers. The third component of the President's* Good Start, Grow Smart *initiative, planning for coordination across at least four early childhood programs and funding streams, is addressed in Section 2.1.2.*

### Section 5.2.1 – Status of Voluntary Guidelines for Early Learning

*Indicate which of the following best describes the current status of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and early math concepts for three to five year-olds.*

- *Planning. The State is planning for the development of early learning guidelines.*
- *Developing. The State is in the process of developing early learning guidelines.*
- *Developed. The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan.*
- *Implementing. In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system.*
- *Revising. The State has previously developed early learning guidelines and is now revising those guidelines.*
- *Other (describe).*

*Good Start, Grow Smart* is President Bush's initiative to help States, Territories and local communities strengthen early learning for young children, in part by establishing guidelines or standards for young children's learning to increase school readiness. States and Territories have made progress in developing, implementing and in some States revising, early learning guidelines to address learning and development goals in all care settings. Technical assistance provided by the Child Care Bureau, as well as State and Territory initiatives to enhance school readiness, have increased the focus on the importance of early care and education and children's readiness for school.

[8] Massachusetts data in Section 5.2 are from the Fiscal Year 2006-2007 Child Care and Development Fund Plans.

Two Territories (AS, VI) are planning for the development of early learning guidelines.

Ten States (AK, AL, CA, GA, MA, ND, NH, NY, OR, SD) are in the process of developing early learning guidelines, the last of which is scheduled to be completed by December 2006.

Four States (HI, MS, UT, VA) have approved early learning guidelines, but have not yet developed or initiated an implementation plan.

Thirty-three States (AR, CO, CT, DC, DE, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MT, NC, NE, NJ, NM, NV, OH, OK, PA, RI, TN, VT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) have embarked on implementation efforts, which may include dissemination, training or embedding guidelines in the professional development system.[9]

Four States (AZ, FL, SC,[10] TX) previously had developed early learning guidelines and now are revising them.

The following examples reflect the progress States are making to develop, revise and implement early learning guidelines since the FY 2004-2005 CCDF Plan submission.

The **California** Department of Education initially viewed the Desired Results Developmental Profile measures as its early learning guidelines. However, the Department of Education began to develop prekindergarten content standards in language, literacy and mathematics for 3- and 4-year-olds. These will be required of all prekindergarten children in contracted programs in FY 2006. Work has begun on prekindergarten content standards in science and history-social science; a draft also will be available in FY 2006. These content standards will become the early learning guidelines. The Desired Results Developmental Profiles will be used to assess the achievement of those standards.

In **North Dakota**, an Early Learning Guidelines Committee was formed. A statewide Stakeholders Task Force convened to gain an understanding of early learning guidelines and create a vision to guide their development. A contractor is leading the planning process with significant input from the Stakeholders Task Force.

The Office of Child Care partnered with the **Utah** State Office of Education and other stakeholders to create Utah's Early Learning Guidelines. Forty hours of training based on these guidelines are being developed for implementation throughout the State as a School Readiness Endorsement to the Career Ladder Program. In the FY 2006-2007 CCDF Plan

[9] New Jersey reports it is conducting other tasks related to early learning guidelines, but text of the Fiscal Year (FY) 2006-2007 Child Care and Development Fund (CCDF) Plan indicates the State is implementing early learning guidelines. Pennsylvania, Puerto Rico and Washington report they have developed and are implementing early learning guidelines, but text of the FY 2006-2007 CCDF Plan indicates they have a plan for implementing early learning guidelines. Louisiana reports it is planning to develop in-home early learning guidelines, revising infant and toddler early learning guidelines and implementing 4-year-old prekindergarten guidelines. To avoid a duplicate count, Chart 5.2.1-A includes Louisiana, New Jersey, Pennsylvania, Puerto Rico and Washington in "implementing."

[10] South Carolina reports it is both developing and revising early learning guidelines. The *Good Start, Grow Smart* Task Force is revising guidelines for 4- and 5-year-olds as well as developing guidelines for 3-year-olds. To avoid a duplicate count, Chart 5.2.1-A includes South Carolina in "revising."

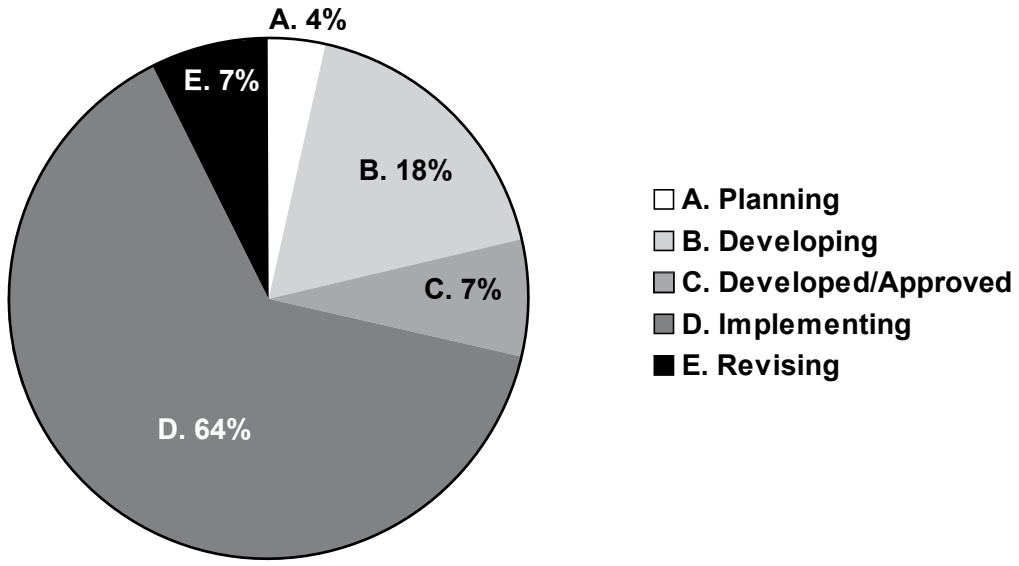
period, Utah will launch a major public awareness initiative focused on disseminating the guidelines to parents, providers and the general public.

**Washington** Early Learning and Development Benchmarks were developed through a partnership between the Office of the Governor and the Office of the Superintendent of Public Instruction, guided by a Core State Interagency Team. The *Guide to the Formation of the Washington State Early Learning and Development Benchmarks* delineates a developmental process that drew on the expertise of those who use benchmarks in their work with children and families, families themselves and those who support the early care and education system. The governor and superintendent appointed a 35-member advisory panel to help refine the guiding principles and draft benchmarks, implementation plans and evaluation plans.

Chart 5.2.1-A indicates that a large percentage of States and Territories have an implementation plan or are actively implementing early learning guidelines.

**CHART 5.2.1-A**

**Status of State and Territory Early Learning Guidelines**




| | |
|---|---|
| A | AS, VI |
| B | AK, AL, CA, GA, MA, ND, NH, NY, OR, SD |
| C | HI, MS, UT, VA |
| D | AR, CNMI, CO, CT, DC, DE, GU, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MT, NC, NE, NJ, NM, NV, OH, OK, PA, PR, RI, TN, VT, WA, WI, WV, WY |
| E | AZ, FL, SC, TX |

N=56 (Data for AS, MA and VI are from the FY 2004-2005 CCDF Plans.)

## Developing Voluntary Early Learning Guidelines

*Describe the progress made by the State in developing voluntary guidelines for early learning since the date of submission of the 2004-2005 State Plan.*

In 2004-2005 CCDF Plans, 17 States and Territories reported they were in the process of developing early learning guidelines. Two years later, all States and three Territories have advanced beyond the planning stage. Similar progress has been made in moving from developing guidelines to implementing them. In 2004-2005, 14 States reported implementation was in progress; in the 2006-2007 CCDF Plans, 31 States and three Territories report they have launched implementation efforts.

The following examples illustrate State progress in the development of voluntary early learning guidelines.

> The Lead Agency in **Georgia** recommended in the 2004-2005 revised CCDF Plan that the agency now known as Bright from the Start: Georgia Department of Early Care and Learning assume leadership for aligning the State's early learning guidelines for 4-year-olds with its K–12 educational standards. Since then, this agency revised the learning goals for 4-year-olds enrolled in Georgia's prekindergarten program to align with the Georgia Department of Education's new performance standards for kindergarten children. The Georgia Department of Early Care and Learning also has assumed leadership for developing the voluntary Early Learning Standards for children birth through 3 years old. Georgia Department of Early Care and Learning representatives also participated in the development of the Georgia Performance Standards.
>
> In **Maine**, early learning guidelines were pilot tested, revised, printed, distributed and a crosswalk was conducted to determine missing training components and develop a training plan to support guidelines implementation. The crosswalk evaluated professional development training offered by associate degree programs at community colleges, bachelor degree programs at universities, the Core Knowledge Training offered by the Early Care Development Career Development Center (Maine Roads to Quality) through Resource Development Centers, Head Start training, early intervention training and training for prekindergarten teachers.
>
> **Michigan** revised the *Early Childhood Standards of Quality for Prekindergarten*, which includes Quality Program Standards for Preschool and Prekindergarten Programs and Early Learning Expectations for Three- and Four-Year-Old Children. The document aligns with grade level content expectations for kindergarten in English language arts and mathematics.
>
> **Rhode Island** early learning standards already were developed when the 2004-2005 CCDF Plan was submitted. Since that time, Rhode Island transformed the final draft into a user-friendly document available in English and Spanish. The document and supporting materials, including a classroom poster and Family Fun Pack of information and activities for families, were disseminated widely across the State.

## Aligning Early Learning Guidelines with Other Standards

*If developed, are the guidelines aligned with K–12 content standards?*

The President's *Good Start, Grow Smart* initiative emphasizes the importance of aligning early learning guidelines with State and Territory K–12 standards to help ensure coherence and continuity of children's development from birth through formal schooling. Some States and Territories use the same domain names of K–12 standards in their early learning guidelines, while identifying developmentally appropriate skills for the age range addressed in the guidelines. Others add additional domains appropriate for younger children (e.g., "approaches to learning" or "social-emotional development") or provide explanatory language that links K–12 standards with the early learning guidelines. In addition to alignment with K–12 content standards, many States and Territories align preschool early learning guidelines with other State/Territory and national standards, as well as with birth to 3 early learning guidelines, if applicable.

Forty-six States (AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) indicate that the early learning guidelines they developed or are developing for children ages 3 to 5 years are aligned with K–12 content standards.

**Maryland's** early learning guidelines are aligned with K–12 content standards and birth to 3 standards. The Maryland Model for School Readiness outcomes and indicators are designed to frame the alignment of curriculum, assessment and early education pedagogy for the early childhood community.

**Oregon** Early Childhood Foundations are aligned with Kindergarten Foundations, grade 3 content standards and the Head Start Child Outcomes Framework.

A list of early learning guidelines that States have posted to the Web is available on the National Child Care Information Center web site at http://nccic.acf.hhs.gov/pubs/goodstart/elg-implementres.pdf. Several of the web sites listed feature materials the States developed, such as resources for parents and providers, training materials and tip sheets.

## Stakeholders Involved in Developing or Implementing Early Learning Guidelines

Stakeholders representing child care, education and Head Start are most often involved in the process of developing early learning guidelines. States and Territories also commonly report significant involvement by representatives from special education, parents and other stakeholders, including higher education. The broad representation across early care and education stakeholder groups exemplifies one of the goals of *Good Start, Grow Smart*, to develop early learning guidelines applicable to a variety of care settings.

Forty-seven States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and four Territories (AS, CNMI, GU, VI) report the child care community was involved in the process.

Forty-seven States (AK, AL, AR, CA, CO, DC, DE, FL, GA, HI, IA, IL, IN, KS, KY, MA, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and four Territories (AS, CNMI, GU, VI) report State departments of education were involved in the process.

Forty-four States (AK, AL, AR, AZ, CO, DC, DE, FL, GA, IA, ID, IN, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and four Territories (AS, CNMI, GU, VI) report Head Start was involved in the process.

Thirty-one States (AR, CA, DC, DE, FL, IA, ID, IL, IN, KS, KY, MA, MI, MN, ND, NE, NH, NJ, NM, NV, OR, PA, RI, SD, TX, UT, VT, WA, WI, WV, WY) and two Territories (CNMI, VI) report special education was involved in the process.

Twenty-five States (AR, AZ, CO, DC, DE, FL, HI, IA, ID, IN, MD, ME, MI, MT, NC, ND, NE, NJ, NM, RI, SD, TX, UT, WA, WY) and two Territories (CNMI, GU) report parents were involved in the process.

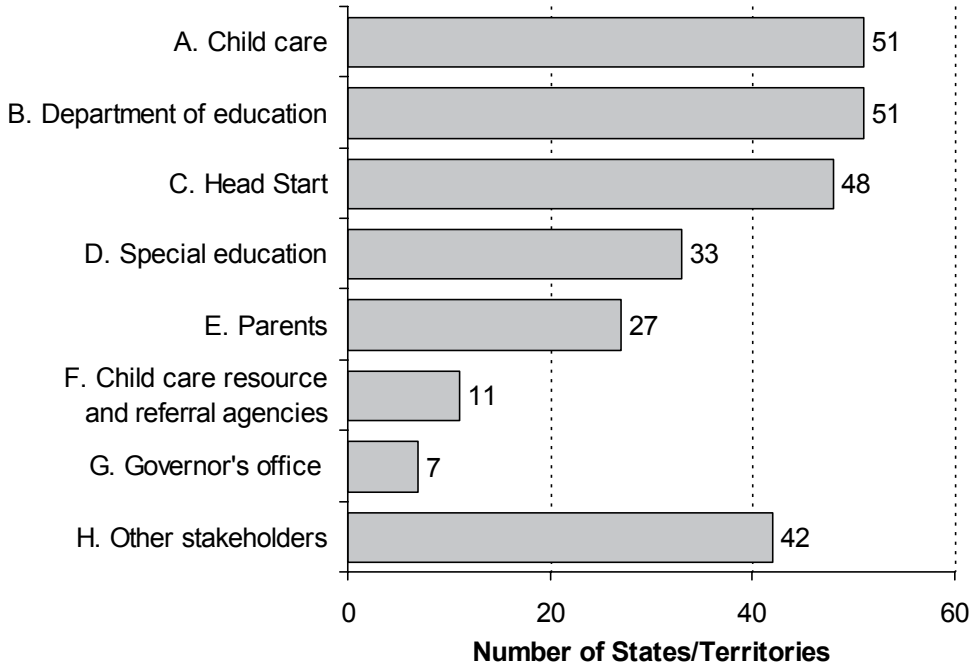
Eleven States (IA, IN, KS, KY, LA, MD, ND, NJ, PA, UT, WA) report State child care resource and referral agencies were involved in the process.

Seven States (AR, HI, IA, KY, NM, WA, WY) report the governor's office was involved in the process.

Forty States (AL, AR, AZ, CA, CT, DC, DE, FL, GA, HI, IA, ID, IN, KY, LA, MA, MD, ME, MI, MN, MO, MS, ND, NH, NJ, NM, NV, OK, OR, PA, RI, SD, TX, UT, VA, VT, WA, WI, WV, WY) and two Territories (AS, VI) report other stakeholders were involved in the process, including Tribes, businesses, county administrators, faith-based organizations and higher education.

Chart 5.2.1-B shows that States and Territories involve a variety of stakeholders in developing or implementing early learning guidelines.

## CHART 5.2.1-B
### Stakeholders Involved in Developing or Implementing Early Learning Guidelines




| | |
|---|---|
| **A** | AK, AL, AR, AS, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| **B** | AK, AL, AR, AS, CA, CNMI, CO, DC, DE, FL, GA, GU, HI, IA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| **C** | AK, AL, AR, AS, AZ, CNMI, CO, DC, DE, FL, GA, GU, IA, ID, IN, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VI, VT, WA, WI, WV, WY |
| **D** | AR, CA, CNMI, DC, DE, FL, IA, ID, IL, IN, KS, KY, MA, MI, MN, ND, NE, NH, NJ, NM, NV, OR, PA, RI, SD, TX, UT, VI, VT, WA, WI, WV, WY |
| **E** | AR, AZ, CNMI, CO, DC, DE, FL, GU, HI, IA, ID, IN, MD, ME, MI, MT, NC, ND, NE, NJ, NM, RI, SD, TX, UT, WA, WY |
| **F** | IA, IN, KS, KY, LA, MD, ND, NJ, PA, UT, WA |
| **G** | AR, HI, IA, KY, NM, WA, WY |
| **H** | AL, AR, AS, AZ, CA, CT, DC, DE, FL, GA, HI, IA, ID, IN, KY, LA, MA, MD, ME, MI, MN, MO, MS, ND, NH, NJ, NM, NV, OK, OR, PA, RI, SD, TX, UT, VA, VI, VT, WA, WI, WV, WY |

Data provided for AS, MA and VI are from the FY 2004-2005 CCDF Plans.

The following examples reflect the various approaches States and Territories are taking to involve a broad range of stakeholders in the process of developing early learning guidelines.

> The **Arizona** Department of Education assembled a team of more than 50 early childhood practitioners and stakeholders to conduct a review and revision of Arizona Early Childhood Education Standards. Team members include representatives from all facets of Arizona's early childhood community, including State agencies, private child care providers, the State School Readiness Board, Head Start programs, Native American communities and public schools. Feedback was solicited from parents, teachers, administrators and community representatives both before the revision process began and after the draft revision was finalized. The revised standards were renamed the Arizona Early Learning Standards, presented to the State Board of Education for adoption in April 2005 and approved the following month.
>
> **Guam's** Department of Health and Human Services took the lead in developing guidelines for young children ages 3- to 5-years-old by establishing the Early Childhood Care and Education Committee. Assistance came from local stakeholders, including institutions of higher learning, teachers, center- and family-based child care providers, lawmakers, child care licensing agencies, other public and private agencies and families. The team reviewed national standards, other State standards and current research to guide Guam's early learning guideline development process.
>
> In **Kansas**, the Lead Agency and the State Department of Education co-chaired a committee to develop early learning guidelines. Committee members included kindergarten teachers, school superintendents, special education teachers, infant and toddler specialists, family child care providers, child care center directors, child care resource and referral personnel and other Department of Education and Social and Rehabilitative Services representatives. The group examined examples of early learning standards developed in other States, as well as K–12 standards used in Kansas. The resulting Kansas Early Learning Guidelines apply to all children from birth through 5 years. Indicators from the School Readiness Task Force were incorporated into the guidelines, and a brochure was developed for parents, legislators and early childhood professionals.

## Framed by Legislation or Research

Research-based early learning guidelines outline expectations for children's learning based on studies of children's development. A growing number of States and Territories are developing early learning guidelines within the context of broader school readiness legislation.

The following examples illustrate how the development of early learning guidelines was framed by legislation and/or research.

> The **Florida** School Readiness Performance Standards for 3-, 4-, and 5-Year-Old Children incorporate an analysis of research, a review of best practices and standards used across the nation, principles developed by the National Association for the Education of Young Children and input from early childhood practitioners and kindergarten teachers. The

standards represent a common vision for children in the State and lay the foundation for the accountability system, which was mandated in 1999 school readiness legislation.

In **New Mexico**, the governor determined that a focus on 4-year-olds should be the first step in system alignment. A Standing Committee of the Child Development Board created several task forces to accomplish the specific activities outlined in the various components of New Mexico's Early Learning Plan, one of which includes developing Learning Outcomes for Pre-Kindergarten children.

In September 2003, the **Texas** State Legislature charged the State Center for Early Childhood Development with promoting school readiness. The State Center for Early Childhood Development convened an advisory committee, which developed the Texas Early Education Model and designed the model pilot, a multifaceted technical assistance package for 11 Texas communities willing to integrate services for young children. Based on the pilot results, the State Center for Early Childhood Development is revising Texas prekindergarten guidelines and tailoring them for all early education and care settings.

## Section 5.2.2 – Domains of Voluntary Guidelines for Early Learning[11]

Early learning guidelines reflect expectations for children's development of knowledge, skills and competencies in various domains, which differ for infants, toddlers and preschoolers. The *Good Start, Grow Smart* initiative addresses knowledge and competencies for children ages 3 to 5 years in the domains of early language, literacy, pre-reading and early math concepts. However, many States and Territories developed, or are in the process of developing, early learning guidelines that address other domains of learning, as well as guidelines for children younger than 3 years.[12]

### Guidelines for Children 3 to 5 Years

#### *Good Start, Grow Smart* Domains

*Do the guidelines address language, literacy, pre-reading, and early math concepts?*

All States and Territories that are developing or have developed early learning guidelines address the domains identified in *Good Start, Grow Smart*, and most States and Territories address additional development domains.

Fifty States (AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) address language, literacy, pre-reading and early math concepts in the guidelines.

---

[11] Data for Alaska are not available for sections 5.2.2–5.2.4.

[12] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint guidance, FFY 2006-2007*. Retrieved April 13, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/guidance_2006_final.htm.

## Additional Domains

*Do the guidelines address domains not specifically included in* Good Start, Grow Smart*, such as social/ emotional, cognitive, physical, health, creative arts, or other domains?*

Forty-nine States (AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WI, WV, WY) and three Territories (CNMI, GU, PR) report that they also address domains not specifically included in *Good Start, Grow Smart*, such as social-emotional development, cognitive development, physical, health or other domains.

- Forty-five States (AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WI, WV, WY) and three Territories (CNMI, GU, PR) address social-emotional development in early learning guidelines.

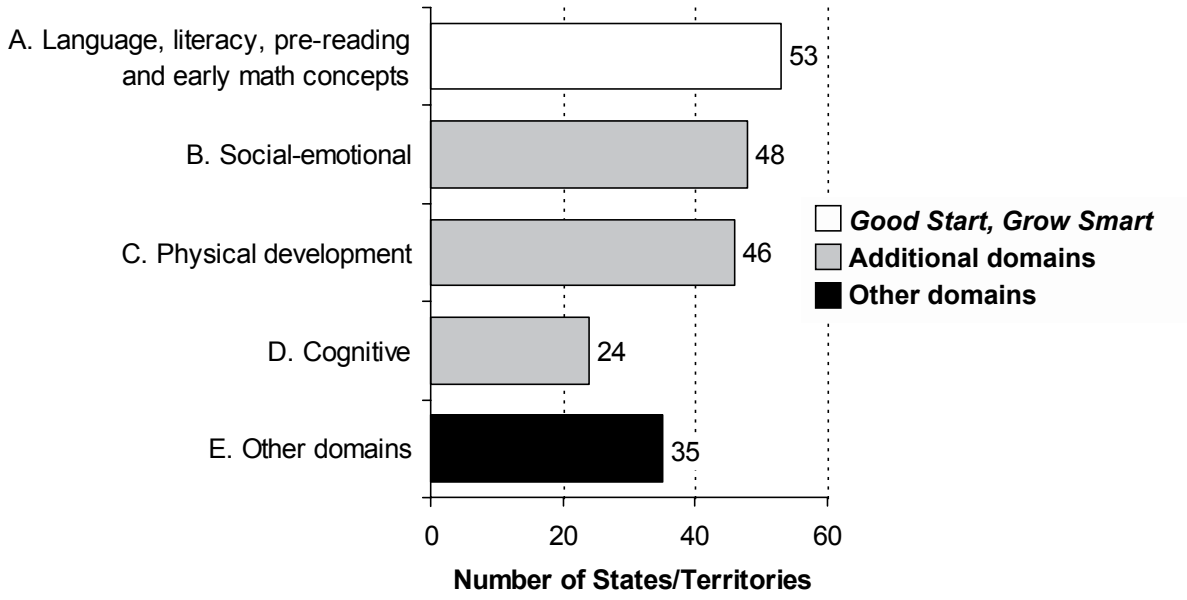
- Forty-four States (AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, UT, VT, WI, WV, WY) and two Territories (GU, PR) address physical development in early learning guidelines.

- Twenty-two States (AL, AR, CA, CO, CT, DC, FL, HI, ID, KY, LA, MD, MI, MN, NC, ND, NH, NJ, NY, PA, SC, WI) and two Territories (GU, PR) address cognitive development in early learning guidelines.

- Thirty-three States (AR, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IN, KY, ME, MI, MN, MO, MS, MT, ND, NE, NH, NM, NV, OH, OK, OR, PA, RI, TN, VT, WV, WY) and two Territories (GU, PR) address other domains in early learning guidelines, such as social studies, science, creative movement and drama and aesthetic appreciation approaches to learning.

Chart 5.2.2 illustrates the number of States and Territories that developed early learning guidelines in language, literacy and early math concepts as well as additional domains not specifically addressed in *Good Start, Grow Smart*.

## CHART 5.2.2
### Domains Addressed in Early Learning Guidelines




| | |
|---|---|
| **A** | AL, AR, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| **B** | AL, AR, AZ, CA, CNMI, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NV, NY, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, WI, WV, WY |
| **C** | AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, PR, RI, SC, SD, TN, UT, VT, WI, WV, WY |
| **D** | AL, AR, CA, CO, CT, DC, FL, GU, HI, ID, KY, LA, MD, MI, MN, NC, ND, NH, NJ, NY, PA, PR, SC, WI |
| **E** | AR, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IN, KY, ME, MI, MN, MO, MS, MT, ND, NE, NH, NM, NV, OH, OK, OR, PA, PR, RI, TN, VT, WV, WY |

Data are not available for AS or VI.

## Guidelines for Children Younger Than 3 Years

*Have guidelines been developed for children in age groups not specifically included in* Good Start, Grow Smart *(children other than those aged three to five)?*

Recognizing the importance of the earliest years in healthy development and school readiness, many States and Territories are developing early learning guidelines for children birth to 3 years. Some are developing companion documents to preschool guidelines for infants and toddlers. Others are developing guidelines for children birth through age 5.

Twenty-three States (AL, AR, CA, CT, DE, FL, GA, IA, IL, KS, KY, LA, MD, ME, MI, MN, ND, NE, NH, NY, OR, TN, WA) and two Territories (CNMI, PR) developed or are developing guidelines for children in age groups not specifically included in *Good Start, Grow Smart* (children other than those aged 3 to 5 years).

- Nine of those States (AL, KS, KY, ND, NH, NY, OR, TN, WA) and one Territory (PR) developed or are developing early learning guidelines for children birth through 4 or 5 years.

  In **Connecticut**, the Lead Agency coordinated the work of early childhood providers, parents, researchers and field experts to develop early learning guidelines for infants and toddlers. This work complements the guidance presented in the Preschool Curriculum Framework and Benchmarks for Children in Preschool Programs. The process was designed to coordinate literature review and analysis and expert testimony on the importance of supporting the development of children from birth to age 3 years. Draft versions were critiqued by focus groups of early childhood educators, parents, child advocates, public and independent school staff, community child care and education programs, professional associations, regional educational service centers and other State agencies.

  In **Georgia**, the Department of Early Care and Learning led development of the voluntary Early Learning Standards for children birth through 3 years. These standards address what children this age should be able to do, and are intended to guide teachers and parents in offering meaningful educational opportunities for children from birth through 3 years.

  The **Minnesota** Department of Human Services leads planning to develop early learning guidelines for children birth to 3 years with support and technical assistance from a Child Care Bureau–funded grant.[13] Similar to Minnesota's indicators of progress for 3- to 5-year-olds, these guidelines will communicate a common set of developmentally appropriate expectations for children in this age group. They will be used to enhance and support the development of infants and toddlers and to promote high-quality care and education.

## Section 5.2.3 – Implementation of Voluntary Guidelines for Early Learning

*Describe the process the State used or expects to use in implementing its early learning guidelines.*

Implementation plans developed by States and Territories include a variety of methods to reach a wide range of practitioners. States and Territories facilitate access to training on early learning guidelines, link with agencies and professional organizations that coordinate provider education and training initiatives and include dissemination strategies. States and Territories also work with institutions of higher education to help ensure practitioners have the core competencies to support children's learning and pilot training initiatives that support the goals of the implementation plan. In addition, States and Territories report on the applicability of the guidelines to different early care and education settings.

[13] The Child Care Bureau funds the National Infant & Toddler Child Care Initiative to work collaboratively with Child Care and Development Fund State Child Care Administrators to help advance system improvements in infant and toddler child care. Information is available on the Initiative's web site at http://nccic.acf.hhs.gov/itcc.

Thirty-eight States (AR, AZ, CA, CO, CT, DC, DE, FL, ID, IL, IN, KS, KY, LA, MD, ME, MN, MO, MT, NC, NE, NH, NJ, NM, NV, OH, OK, PA, RI, SC, SD, TN, TX, VA, VT, WI, WV, WY) and two Territories (CNMI, PR) report that the implementation plan includes training in guideline use.

> In **West Virginia**, a work group of the Professional Development Committee revised the Core Knowledge and Core Competencies for Early Care and Education Professionals. To promote the link between what adults need to know and be able to do to optimize children's learning and development, the early learning standards are aligned with related core knowledge content areas. Implementation strategies include linkages to community provider training sessions through child care resource and referral agencies, the Apprenticeship for Child Development Specialist program and the coaching/mentoring program for home-based Head Start models and other home-based education models. The design targets family providers as well as parents who use the early learning standards in a home setting.

Thirty-one States (AR, CO, CT, DC, DE, FL, ID, IL, IN, KY, LA, MN, MO, MT, ND, NE, NH, NJ, NM, OH, PA, RI, SD, TN, TX, UT, VT, WA, WI, WV, WY) and one Territory (AS) report that linkages with other provider education and training initiatives are included in the implementation plan.

> **Missouri's** prekindergarten standards are embedded in various areas of training and professional development. The standards currently are being incorporated into the State's core competencies for child care practitioners through the professional development network. In addition, the Department of Health and Senior Services Child Care Orientation Training provides a vehicle to train child care providers on the standards. Educare (now Qualistar), a resource for child care providers, provides training and technical assistance in the use of the standards for all child care settings, with a focus on providers serving subsidized children.

Twenty-eight States (AR, CA, CO, FL, HI, IA, IL, KS, KY, LA, ME, MI, MN, MO, MS, MT, NE, NH, NJ, OH, PA, TN, TX, UT, VA, WI, WV, WY) and two Territories (GU, PR) report dissemination strategies are included in the implementation plan.

> **Kentucky's** early learning guidelines document, *Early Childhood Standards, Building a Strong Foundation for School Success*, is distributed across the State at regional meetings and in sessions where early childhood professionals review the appropriate use of the material. Preschool teachers, early care and education teachers, Head Start teachers, early childhood administrators and family child care home providers are invited to the sessions. A parent guide for children from birth to 3 years of age and a parent guide for children 3 to 4 years of age were prepared and disseminated statewide. The standards also are addressed in the professional development plan, *Early Childhood Professional Development: Creating a Framework for Kentucky*.

Eighteen States (AR, AZ, DE, ID, IL, KS, KY, ME, MN, MO, MT, NH, NM, OH, PA, RI, TN, WV) report that linkages with community colleges or universities are included in the implementation plan.

**Ohio's** Early Learning Content Standards, although voluntary, are being disseminated across all early care and education settings. Literacy specialists have been hired and are located within institutions of higher learning to facilitate embedding the standards within college curricula. The specialists provide Literacy Tool Kit training to center-based child care, public prekindergarten and Head Start teachers.

Eight States (AR, CA, ME, ND, NY, RI, SC, TX) and two Territories (GU, PR) report that piloting training is included in the implementation plan.

**Maine** piloted a training curriculum for early learning guidelines in two phases. The first pilot focused on a select group of providers from Head Start, child care centers, family child care homes, nursery schools and public prekindergarten programs in three areas of the State. A second pilot of training to implement the early learning guidelines was conducted with a broader range of providers. Evaluations of both pilots informed revision of the training for all providers.

Thirty-one States (AR, AZ, CO, DC, DE, FL, IL, IN, KS, KY, MD, ME, MI, MN, MS, MT, NC, NE, NJ, NM, NV, OH, OK, PA, RI, SD, TN, UT, VT, WI, WV) and two Territories (CNMI, PR) report that other processes are included in the implementation plan, such as developing tool kits, providing technical assistance and train-the-trainer modules, linking grants to participation in initiatives, tying training to environmental assessment and providing parents with resources.

## Applicability of Early Learning Guidelines to a Variety of Settings

*Good Start, Grow Smart* encourages States and Territories to recognize that young children spend time in a variety of care settings before entering formal schooling and to develop applicable voluntary early learning guidelines. As reported in Fiscal Year (FY) 2006-2007 Child Care and Development Fund Plans, most States and Territories developed or are developing early learning guidelines that can be applied voluntarily in various early care and education settings, including school-based programs, Head Start programs, special education/early intervention programs, child care centers and family child care.

The following examples illustrate how State early learning guidelines are applicable to a variety of settings.

**Arizona** Early Learning Standards were developed for use by parents, educators and child care providers in all types of early care and education settings. A revised document contains specific information addressing use of the Standards with English Language Learners and children with special needs.

All preschool programs and family child care home education networks funded by the Lead Agency in **California** will be required to teach children the prekindergarten content standards. These standards will be voluntary for any other type of preschool programs. First 5 school readiness grant programs, new universal preschool programs, Head Start programs, Even Start and private programs are expected to adopt these standards.

In **Michigan**, Early Learning Expectations and associated Quality Program Standards are required in state-funded prekindergarten programs and are recommended highly for all other classroom-based early care and education programs. Staff in the Office of Early Childhood Education and Family Services plans to require early childhood special education programs to use the standards in FY 2006 as the basis of their work on early childhood outcomes.

**Minnesota's** early learning guidelines can be used by those working in school-based, family and early childhood special education; center and family child care settings; Head Start and public and private preschools.

In **Utah**, guidelines assist a variety of caregivers and are intended to be global and address early childhood development not only in formal educational settings, but also in a diverse and broad array of settings.

## Addressing Diversity in Implementation

*How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation?*

Young children have a wide range of needs and developmental pathways, which must be considered in the implementation of early learning guidelines. The early care and education workforce also is diverse—in educational background, experience, learning styles, language and culture. States and Territories recognize that while early learning guidelines set standards for all young children, delivery mechanisms of training and strategies for implementation must be varied to meet the individual needs of children, families and practitioners.

Thirty-seven States (AR, AZ, CA, CO, CT, DC, DE, HI, IA, IN, KS, LA, MA, ME, MN, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV) and two Territories (CNMI, PR) report strategies in implementation plans to address the diversity of children and families as well as strategies that acknowledge the diversity of child care settings.

In **Nebraska**, feedback from diverse populations, communities and viewpoints was solicited throughout the guidelines development and drafting process. Stakeholder input at the community level will lay the groundwork for developing implementation strategies conducive to positive outcomes for children and for meeting special needs.

In crafting the **North Carolina** Foundations: Early Learning Standards for North Carolina Preschoolers and Strategies for Guiding Their Success, the Early Learning Standards Task Force was sensitive to the cultural, linguistic and individual differences of children, and each domain was reviewed by work groups with these variances in mind. The cover letter, which introduces the standards to the public, states that the task force worked to create standards that provide a common vision for early care and education programs and reflect children's diversity. The guiding principles, which were used in developing the domains, include an emphasis on the uniqueness of each child, the culture into which each child was born, the family setting and experiences and the community in which the child lives.

Implementation of early learning standards in **Rhode Island** focuses primarily on professional development for child care providers and support for the engagement of families as children's first teachers. Each course is taught to a cohort of diverse providers, usually from the same community. Community groups are encouraged to include diverse provider types, such as Head Start agencies, community Early Care and Education Centers, public and private preschool programs, family child care providers and family support professionals. Support is given to bilingual providers who participate in Level II courses. Level I was developed to address the needs of less experienced providers and is offered in both English and Spanish. The Spanish course is taught by a highly qualified bilingual Early Learning Standards certified trainer consultant.

**Wisconsin** Model Early Learning Standards honor the cultural identity and background of children and families. Guiding principles inform the development and implementation of the standards and specifically recognize that children's development reflects the ethnic, cultural and linguistic diversity of their families and communities. The early learning standards were designed to support adaptation and individualization of learning experiences to provide every child with a responsive learning environment.

Ten States (FL, GA, IL, KY, MD, MI, MO, MS, NY, WY) and one Territory (GU) report strategies in implementation plans to acknowledge the diversity of child care settings.

One State (ID) reports strategies in implementation plans to address the diversity of children and families.

## Section 5.2.4 – Assessment of Voluntary Guidelines for Early Learning

*As applicable, describe the State's plan for assessing the effectiveness and/or implementation of the guidelines.*

Comprehensive plans for implementing early learning guidelines include strategies for assessing implementation effectiveness. States and Territories report two distinct assessment focuses—impact on programs and benefit to individual children.

### Assessing Effectiveness and/or Implementation of Early Learning Guidelines

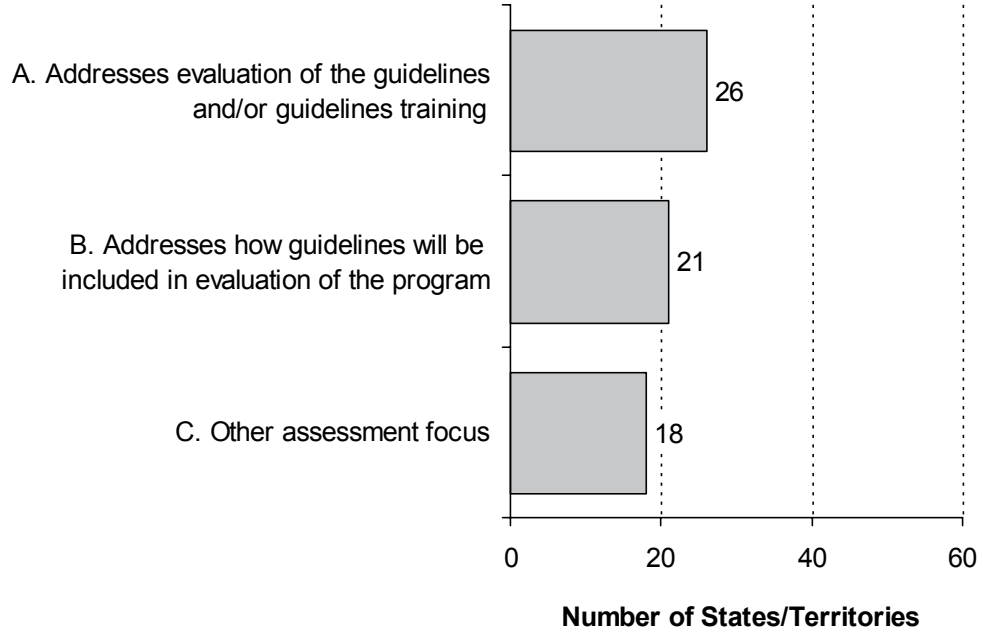
As indicated in Chart 5.2.4, more than half of the States and Territories that have early learning guidelines examine their effectiveness and/or use guidelines in program evaluations.

Twenty-four States (AR, CA, CT, IA, KS, LA, MD, ME, MO, MT, ND, NE, NH, NJ, NY, OH, PA, RI, TN, TX, UT, VT, WA, WI) and two Territories (GU, PR) have a plan that addresses the evaluation of early learning guidelines and/or guidelines training.

Twenty-one States (AR, AZ, CT, DC, FL, IA, KS, KY, LA, MI, MN, MO, MT, NE, NJ, NY, OR, RI, SC, TX, VT) have a plan that addresses how guidelines are included in program evaluations.

Seventeen States (AR, CA, CT, GA, IA, ID, IL, IN, MD, MO, MT, NJ, OH, RI, SD, VT, WA) and one Territory (CNMI) indicate another related assessment focus, including validating assessment tools, monitoring and accountability and piloting assessment systems.

**CHART 5.2.4**
**State and Territory Plans for Assessment**




| | |
|---|---|
| A | AR, CA, CT, GU, IA, KS, LA, MD, ME, MO, MT, ND, NE, NH, NJ, NY, OH, PA, PR, RI, TN, TX, UT, VT, WA, WI |
| B | AR, AZ, CT, DC, FL, IA, KS, KY, LA, MI, MN, MO, MT, NE, NJ, NY, OR, RI, SC, TX, VT |
| C | AR, CA, CNMI, CT, GA, IA, ID, IL, IN, MD, MO, MT, NJ, OH, RI, SD, VT, WA |

## Plans to Evaluate Children's Progress Based on Guidelines

Early learning guidelines are not assessment tools, but are intended to be aligned with curricula and assessment measures. States and Territories increasingly are monitoring the progress of children based on the guidelines.

Twenty-seven States (AR, AZ, CA, DC, FL, GA, IA, IL, IN, KY, LA, MO, ND, NJ, NM, NY, NV, OH, OR, PA, RI, SC, SD, TN, TX, VT, WV, WY) and two Territories (GU, PR) report that young children's progress will be evaluated based on the guidelines.

The **Arkansas** Early Childhood Curriculum Framework includes a developmental rating scale that identifies benchmarks for achievement. These assessments are used to establish program goals to help ensure children's continuing development. The programmatic assessment uses the State's Early Childhood Quality Approval/Accreditation system and annual visits incorporate an environment rating scale appropriate to the type of care provided. Training in the use of the Arnett Caregiver Interaction Scale and the Early Language and Literacy Classroom Observation has been conducted, and these tools are used in the assessment processes.

**Iowa** undertook a massive baseline data gathering effort under the Department of Education's Kindergarten Teacher Perception Survey, which measured teachers' perceptions of their kindergarten classes in the areas of communication, cognition, motor, self-management and social-emotional skills. During the past year, the State was charged with implementing an individual child assessment focused on literacy and pre-reading skills. The comprehensive assessment system will be aligned with early learning guidelines and provide information about community efforts to achieve results outlined in the State's goals for early care, health and education.

**Wyoming** Early Childhood Readiness Standards include child performance indicators. The standards recommend appropriate early childhood assessment including observation, developmental checklists linked to curricula, portfolios and parent interviews. When training is delivered to child care providers, they also are given information on appropriate early childhood assessment methods.

## Section 5.2.5 – State Plans for Professional Development[14]

*Indicate which of the following best describes the current status of the State's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education.*

- *Planning. Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.*
- *Developing. A plan is being drafted.*
- *Developed. A plan has been written but has not yet been implemented.*
- *Implementing. A plan has been written and is now in the process of being implemented.*
- *Other (describe).*

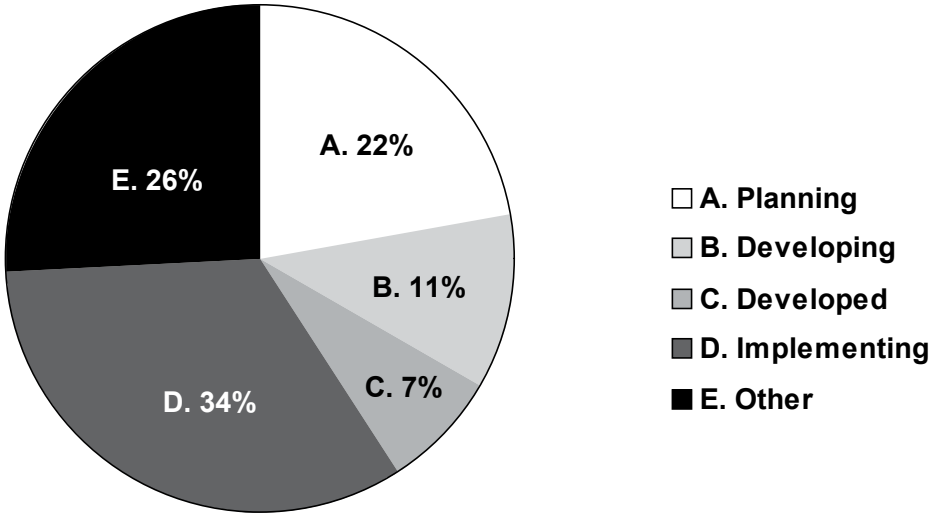
*Describe the progress made by the State in a plan for professional development since the date of submission of the 2004-2005 State Plan.*

All States and Territories engage in efforts to support and increase the skills and knowledge of adults who work with young children. Efforts have long been underway to meet the needs of the early care and education workforce. Because a professional development system continually evolves, in Child Care and Development Fund (CCDF) Plans even States with well-developed systems cite ongoing refinements to meet current needs of the populations served. In Fiscal Year (FY) 2006-2007, all States and Territories are conducting some activities to plan, develop, implement or refine their professional development plans. Eighteen States report that their plan is in the implementation phase. In all instances, the Lead Agency plays a key role in supporting State or Territory early childhood professional development.

[14] American Samoa or Virgin Islands data are not available for Section 5.2.5.

Chart 5.2.5-A illustrates the status of professional development plans and shows that most States and Territories report they are implementing them.

**CHART 5.2.5-A**
**Status of State and Territory Professional Development Plans**




| | |
|---|---|
| A | AL, AZ, CNMI, CO, CT, HI, LA, MA, MI, MS, VA, WA |
| B | GA, IA, IN, OH, PR, SC |
| C | GU, ND, RI, WY |
| D | AK, AR, DE, ID, IL, KS, KY, MO, NH, NJ, NM, OR, PA, SD, TX, VT, WI, WV |
| E | CA, DC, FL, MD, ME, MN, MT, NC, NE, NV, NY, OK, TN, UT |

N=54 (Data are not available for AS or VI.)

Eleven States (AL, AZ, CO, CT, HI, LA, MA, MI, MS, VA, WA) and one Territory (CNMI) expect to develop a plan for professional development.

**Alabama** is in the early stages of preparing a professional development plan for early care and education. The Steering Committee for Alabama's Professional Development Team met in April 2005 and agreed to serve as the core group while drawing on the knowledge and expertise of others in the early childhood community. Alabama's team includes representatives of stakeholder groups in the early care and education community: Head Start, the Alabama Department of Education, Office of School Readiness/Pre-K, Poarch Band of Creek Indians, 2-year colleges, 4-year colleges, center directors, family child care providers, faith-based child care providers, school-age child care providers, statewide professional organizations, the Department of Human Resources County Directors Association, the Alabama Department of Postsecondary Education, the Alabama Commission on Higher Education and the Alabama Department of Rehabilitation Services/Early Intervention.

In **Colorado**, planning for a professional development system for early childhood providers is led by the Colorado Department of Public Health through the State Early Childhood Comprehensive Systems grant, Early Childhood State System Team's Professional and Workforce Development Task Force. The work is ongoing, with expectations that an office of professional development will be created.

Five States (GA, IA, IN,[15] OH, SC) and one Territory (PR) report they are developing a State or Territory plan for professional development.

In November 2004, the **Ohio** Bureau of Child Care & Development, in collaboration with the Head Start Collaboration Office, the Ohio Child Care Resource and Referral Association, Build Ohio and the National Child Care Information Center, convened an institute on professional development. The purpose of the institute was to advance systems thinking on professional development; continue mapping Ohio's professional development activities and identify overlaps, gaps and barriers, as well as opportunities for further coordination and collaboration. A leadership team and four subcommittees addressed articulation, core competencies, training and trainer approval and wages and compensation. A draft State professional development plan is being prepared and a final document is expected in 2006.

Since submission of the FY 2004-2005 CCDF Plan, **Puerto Rico** established a Professional Development Committee composed of professionals from different child care sectors, expanded the professional development plan framework, identified core knowledge areas and developed the vision, mission, goals and values of the committee.

Three States (ND, RI, WY) and one Territory (GU) developed a State or Territory professional development plan that has not yet been implemented.

**Guam's** Plan for Professional Development identifies five levels of essential topic areas providers must obtain in the Framework of Areas of Knowledge (core knowledge areas) and the number of required training hours or credits to advance within the levels.

Eighteen States (AK, AR, DE, ID, IL, KS, KY, MO, NH, NJ, NM, OR, PA, SD, TX, VT, WI, WV) are implementing a State professional development plan.

Since submission of the FY 2004-2005 CCDF Plan, IdahoSTARS, the **Idaho** State Training and Registry System, implemented and accomplished the following: a Professional Development Career Lattice; a single office for child care resource and referral services and provider enrollment functions for the entire State; regional offices to coordinate and provide training for parents and providers; an incentive and scholarship payment system and an annual statewide teleconference for the coordination of child care services throughout Idaho.

Since submission of its FY 2004-2005 CCDF Plan, **Illinois** developed core competencies/ core knowledge in seven content areas that align with National Association for the Education

[15] Indiana reports it is both planning and developing a State professional development plan. From 1999–2001, Indiana had a functioning professional development system that was unable to sustain itself as a stand-alone organization. The materials developed by the Indiana Professional Development System are being reviewed, and in some cases revived, to build on advances made by the earlier initiative.

of Young Children Teacher Standards, Illinois Teacher Standards and Illinois Early Learning Standards; developed the Level 1 Credential and Curriculum for entry-level child care center staff, child care home providers, students, family, friend and neighbor caregivers and others and trained professional development advisors to assist practitioners in selecting coursework, developing career goals and plans, finding financial assistance and completing credential portfolios. The Illinois Career Lattice and Information System Project was branded as Gateways to Opportunity: The Illinois Early Care & Professional Development Network; and aligned with the Illinois Director Credential program competencies.

Fourteen States (CA, DC, FL, MD, ME, MN, MT, NC, NE, NV, NY, OK, TN, UT) report their State professional development plan is in another stage of development or implementation; specifically, plans are fully implemented or they do not have a discrete State professional development plan. States that report the latter typically report professional development activities or goals embedded in other early childhood system planning documents.

**Nevada** is revising its State Plan for Professional Development, which was originally developed in 2002. The programs in the original plan all have been developed and implemented. The same committee that developed the first plan, and the agencies and staff that are implementing the system components, are reviewing their progress and developing a new 5-year professional development plan.

**Maine's** professional development system, in place since 2000, includes training, provider registry, trainer registry and an accreditation facilitation project. The 180 hours of core knowledge training are articulated to community colleges for nine credits with submission of an acceptable portfolio. The training is developed by Maine Roads to Quality, the Career Development System, and delivered by Child Care Resource Development Centers statewide.

## Professional Development Plan Elements

*If your State has developed a plan for professional development, does the plan include:*

- *A link to Early Learning Guidelines*
- *Continuum of training and education to form a career path*
- *Articulation from one type of training to the next*
- *Quality assurance through approval of trainers*
- *Quality assurance through approval of training content*
- *A system to track practitioners' training*
- *Assessment or evaluation of training effectiveness*
- *State Credentials – Please state for which roles (e.g. infant and toddler credential, directors' credential, etc.)*
- *Specialized strategies to reach family, friend and neighbor caregivers*

*For each Yes response, reference the page(s) in the plan and briefly describe the Lead Agency's efforts. For each No response, indicate whether the Lead Agency intends to incorporate these components.*

## Link to Early Learning Guidelines

Thirty-two States and Territories report their professional development efforts include a specific link to early learning guidelines. Frequently, States and Territories describe alignment of early learning guidelines with practitioner core knowledge areas and competencies as a step toward ensuring integration. Core knowledge areas and competencies define what adults who work with children need to know, understand and be able to do to support children's development and school readiness.

Thirty States (AR, CA, DC, FL, GA, ID, IL, KS, KY, ME, MN, MO, MT, NC, NH, NJ, NM, NV, OH, OK, PA, RI, SC, TN, TX, UT, VT, WI, WV, WY) and two Territories (GU, PR) specify that their professional development plans link to their early learning guidelines.

**Guam's** professional development plan includes five core areas of knowledge that are the basis for the fundamental skills early childhood personnel should acquire. The Guam Early Learning Guidelines for Children Three to Five Years are used in classes for center-based and home-based child care providers. Training is conducted by the University of Guam, Center for Excellence on Developmental Disabilities Education, Research and Services, and participants who successfully complete the requirements receive continuing education credits from the University of Guam's Professional Development and Lifelong Learning Center.

The **Minnesota** Department of Human Services funds the Child Care Resource and Referral Network to develop and implement training throughout the State to raise awareness of the natural integration of practitioner core competencies, Minnesota's early learning guidelines and tools for assessing the quality of early childhood and school-age care environments. The curriculum is entitled Not By Chance: Child Care That Supports School Readiness. In addition, all approved trainings delivered through the child care resource and referral system are indexed to the Practitioner Core Competencies, which support Minnesota's early learning guidelines.

**Oklahoma** has an Alignment Committee and an Implementation Committee to address dissemination of and training on early learning guidelines. The Alignment Committee is developing core competencies and a system for embedding the guidelines in trainings and linking guidelines to courses offered at higher education institutions and the Career Technology system. The Implementation Committee is determining the best vehicle to present new guideline training to providers.

**West Virginia's** newly revised Core Knowledge and Core Competencies provide linkages for each content area to the West Virginia Early Learning Standards Framework. The framework (early learning standards for children ages 3 to 5 years, with birth to 3 years under development) is a guideline for what children should know, understand and be able to do. This alignment can support practitioners in attaining education that enhances their ability to plan and implement quality early care and education environments and experiences. Related

framework standards are identified throughout the Core Knowledge and Core Competencies, illustrating this critical connection. Core competency areas are organized into three tiers that establish a continuum of learning from entry-level skills to an advanced level of academic preparation and varied experience. Each tier encompasses the knowledge and competencies of the previous level, and practitioner progress from one tier to another through formal study and experience.

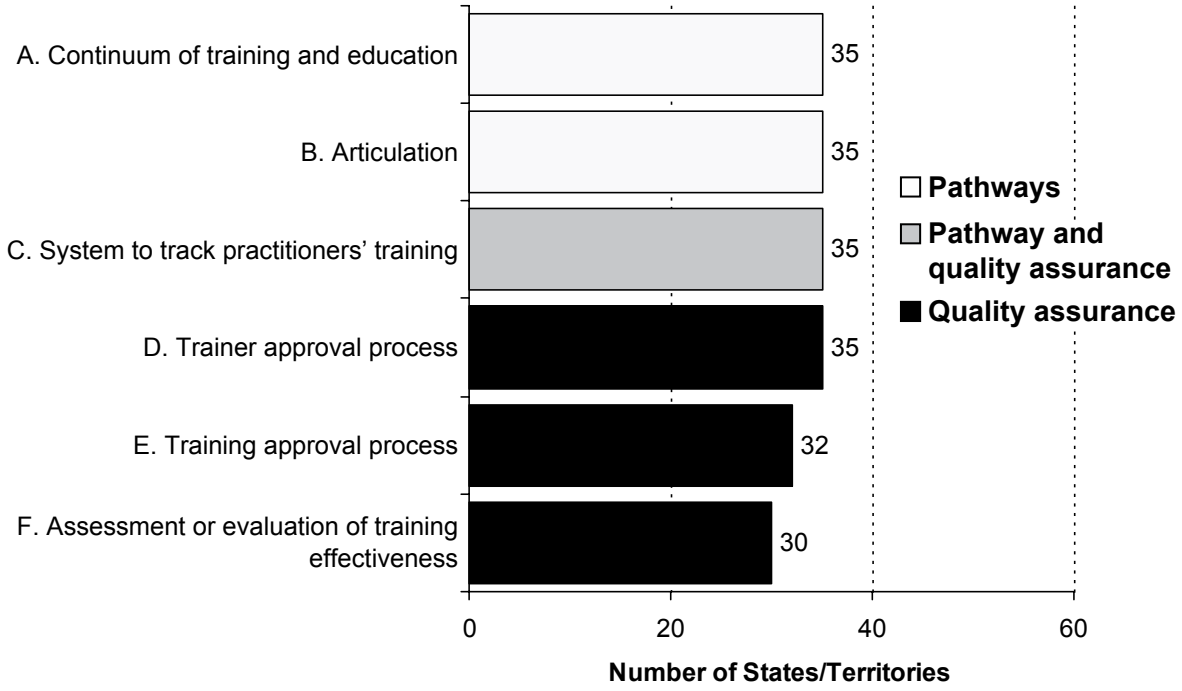
### Pathways and Quality Assurance

Professional development systems provide a continuum of activities and supports that engage adult learners in appropriate personal and professional growth. Pathways leading toward qualification and credentials are an essential component of such systems. State and Territory efforts to support workforce pathways include identification and application of a career ladder, lattice or framework; development of career and professional development guides; practitioner, trainer and training registries; use of career advisors; articulation agreements among levels of education; promoting methods for granting credit for prior learning and offering credit-bearing training workshops and sequences.

As States and Territories work to provide multiple entry points and career progression for the early childhood workforce, they also strive to ensure professional development is of consistent quality. Therefore, quality assurance processes are a typical part of early childhood professional development systems. In addition, approval of training and trainers helps ensure appropriate and meaningful professional development activities occur and coincide with the philosophical framework and direction of the professional development system. Trainer and training registries are another method States and Territories cite for quality assurance and pathway creation and support. They also report their capacity to assess the effectiveness of training and that professional development requires further planning and development.

Chart 5.2.5-B shows the elements of State and Territory professional development pathways and quality assurance activities.

## CHART 5.2.5-B
### Professional Development Pathways and Quality Assurance




| | |
|---|---|
| **A** | AK, AR, CA, DC, DE, GA, GU, ID, IL, KS, KY, MD, ME, MN, MO, MT, NC, NH, NJ, NM, NV, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, VT, WI, WV, WY |
| **B** | AK, AR, CA, DC, DE, GA, ID, IL, KS, KY, MD, ME, MN, MO, MT, NC, NH, NJ, NM, NV, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, WI, WV, WY |
| **C** | AK, AR, CA, DC, DE, GA, GU, ID, IL, KS, KY, MD, ME, MN, MO, MT, NC, NH, NJ, NV, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, WI, WV, WY |
| **D** | AK, AR, CA, DC, GA, GU, ID, IL, KS, KY, MD, ME, MN, MO, MT, NC, NH, NJ, NM, NV, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, WI, WV, WY |
| **E** | AR, CA, DE, FL, GA, GU, ID, IL, KS, KY, MD, ME, MN, MT, NC, NH, NJ, NV, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, WI, WY |
| **F** | AK, AR, CA, FL, GA, GU, ID, IL, KS, KY, ME, MN, MT, NC, NH, NJ, NV, OH, OK, OR, PA, PR, RI, SC, SD, TN, UT, VT, WI, WV |

Thirty-three States (AK, AR, CA, DC, DE, GA, ID, IL, KS, KY, MD, ME, MN, MO, MT, NC, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, VT, WI, WV, WY) and two Territories (GU, PR) indicate their professional development plan includes a continuum of training and education that forms a career path.

**Montana's** plan is inclusive of all types of early childhood practitioners in all types of settings, and features a Career Path with nine levels from pre-professional to a doctorate degree with an early childhood emphasis. The Pre-Professional Level brings beginning caregivers and even high school students onto the path with minimal training and experience. Practitioners who complete the Child Care Development Specialist Apprenticeship Program

are placed at Level 4, which affords extra benefits and the ability to apply for Best Beginnings grant programs. A Child Development Associate credential earned through college credit places practitioners at Level 4, while a Child Development Associate earned without college credit places them at Level 3.

Incorporating extensive feedback from practitioners, the **Pennsylvania** report, *Building an Early Childhood and Care Professional Development System*, recommended steps to create a career lattice for staff, with a focus on more credit-bearing training, and prompted a complete reorganization of the State's quality improvement and professional development system for child care.

Thirty-four States (AK, AR, CA, DC, DE, GA, ID, IL, KS, KY, MD, ME, MN, MO, MT, NC, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WI, WV, WY) and one Territory (PR) state they have or are planning some type of articulation from one type of training to the next.

Articulation between educational institutions has been in place in **Delaware** for several years. There is 2-year to 4-year articulation across the State and technical preparation programs. Nineteen comprehensive high schools offer an early care and education pathway, and each can negotiate technical preparation program agreements with 2-year colleges. Articulation of community-based training for college credit continues to be available on an individual basis using assessment by prior learning, which may vary from institution to institution.

The **Kansas** Lead Agency funds articulation efforts to bring together 4- and 2-year college early childhood coursework. Additionally, the Kansas Department of Social and Rehabilitation Services facilitates linkages between State agencies and organizations to promote articulation. In the past 2 years, 4-year college faculty teaching early childhood courses met regularly to develop team-designed classes offered on the Internet. Two-year college faculty meet regularly to develop course work that will articulate laterally. Long-term plans are to increase horizontal articulation between community colleges and universities.

In **Maryland**, an articulation agreement allows those completing an Associate of Arts in Teaching degree at a 2-year community college to fully articulate the credits to a 4-year institution without further review. Policies also are in place to offer students portfolio review and test-out options for prior learning experience.

Thirty-three States (AK, AR, CA, DC, GA, ID, IL, KS, KY, MD, ME, MN, MO, MT, NC, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WI, WV, WY) and two Territories (GU, PR) indicate that their professional development plan includes quality assurance through approval of trainers.

Thirty States (AR, CA, DE, FL, GA, ID, IL, KS, KY, MD, ME, MN, MT, NC, NH, NJ, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WI, WY) and two Territories (GU, PR) report that they approve training content to help ensure quality professional development activities.

Thirty-three States (AK, AR, CA, DC, DE, GA, ID, IL, KS, KY, MD, ME, MN, MO, MT, NC, NH, NJ, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WI, WV, WY) and two Territories (GU, PR) indicate that their professional development plan includes a system to track practitioner training.

The **Arkansas** Early Childhood Professional Development System verifies trainers, approves training and tracks practitioner training. Early childhood practitioners record their professional development experiences through the Practitioner Registry, which is used to document hours needed to meet licensing requirements and help practitioners develop a personal career path in early care and education. The Trainer Registry verifies trainer qualifications and documents an individual trainer's education, training and experience in the competency areas or other identified areas of expertise. The Training Registry lists all approved training opportunities in the State, summarizes training content and identifies the practitioner competency areas addressed in the training. Through the Training Registry, supervisors and trainers can identify training topics and geographic areas of the State that need more training opportunities.

The Professional Achievement & Recognition System acknowledges the critical service teachers and directors provide to **Missouri's** young children. Participation is open to any professional who works with children birth through school-age in center-based (profit or nonprofit), community-based, faith-based or license-exempt, Head Start, home-based, school-based (before- and after-school) or unregulated settings. Missouri's Trainer Registry collects and verifies trainer education and experience, and assists in developing trainer criteria for a trainer approval system through the Missouri Department of Health and Senior Services. The Opportunities in a Professional Education Network administers work on the recognition system and the Trainer Registry, core competencies and finance and compensation.

In 1998, the **Oklahoma** Center for Early Childhood Professional Development, through the University of Oklahoma College of Continuing Education, was established to provide a one-stop training information center for child care providers. The center houses the Oklahoma Registry, which recognizes the professional development of individuals working in early care and education, including the staff of full- and part-day programs, family child care home providers, school-age child care providers, Head Start staff, trainers, college faculty, consultants and agency staff of professional child care organizations.

**South Dakota's** Pathways to Professional Development project is a statewide effort to promote recognition of those who work in child care, preschool, Head Start, out-of-school time and other programs that serve the needs of children and families. The Pathways to Professional Development trainer registry supports development of a network of trainers committed to providing adult learning experiences that promote quality care for children. The Registry's three levels—registered trainers, validated trainers and master educators—recognize those with work experiences and specialized training that enhance quality adult learning. Pathways to Professional Development trainers can complete a self-validation of their training skills and attend training in the 15 Pathways Core Competencies to receive additional compensation and recognition.

The **Wyoming** professional development system maintains a comprehensive database to track practitioner training. Training is identified by core knowledge area, and information on the training record is communicated directly into the Career Advancement Scale.

Twenty-eight States (AK, AR, CA, FL, GA, ID, IL, KS, KY, ME, MN, MT, NC, NH, NJ, NV, OH, OK, OR, PA, RI, SC, SD, TN, UT, VT, WI, WV) and two Territories (GU, PR) describe plans or methods to assess or evaluate training effectiveness.

In **Utah**, providers who attend training complete a survey after each course to give input on the training's value in their day-to-day work with children. Provider input is used to make periodic revisions to training. Trainer supervisors at each child care resource and referral agency periodically visit Career Ladder classes to evaluate the effectiveness of the trainer. In addition, periodic observations of Career Ladder trainers will be conducted through the Child Care Professional Development Institute in FY 2006 and FY 2007, and the institute will implement a training program for Career Ladder trainers based on needs identified in past trainer observations.

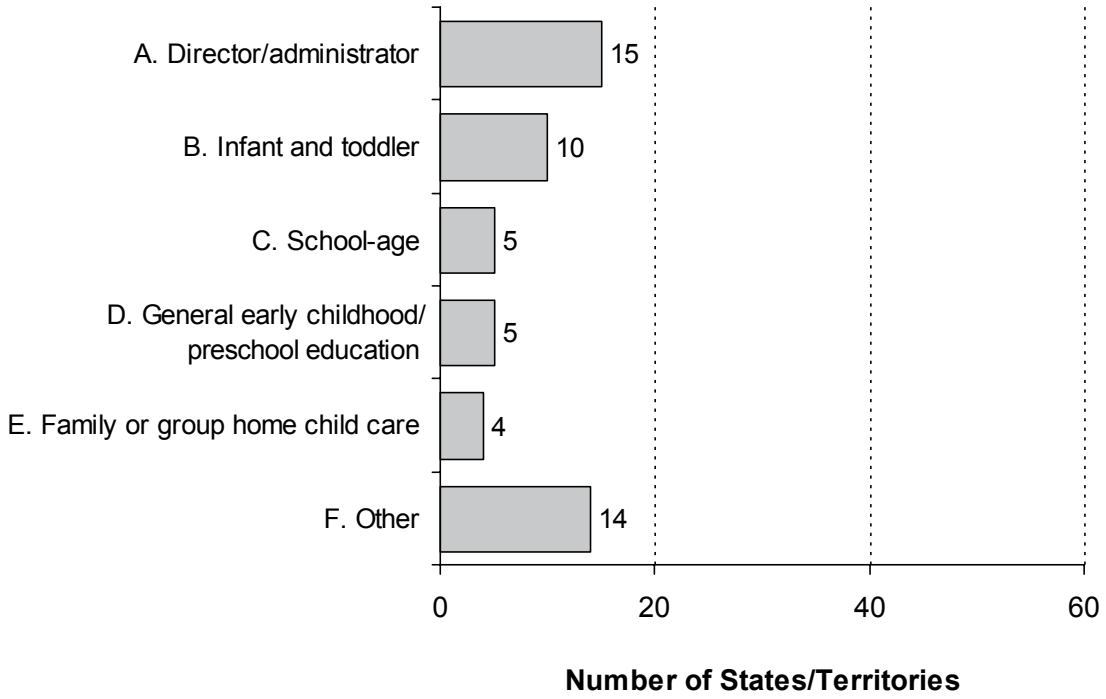
**Vermont's** Lead Agency works with community child care resource development specialists, the Northern Lights Career Development Center and the Professional Development Committee of the Early Childhood Work Group to strengthen accountability measures including developing a more consistent approach to measuring the effectiveness of training. This includes moving toward a mentoring model to assess provider ability to apply what is taught to the early childhood environment.

## State Credentials

State and Territory professional development systems specify a set of qualifications and credentials, mandatory and/or voluntary, for the various system roles. Credentials can be defined as documents certifying an individual has met a defined set of requirements set forth by the grantor of the credential, usually related to skills and knowledge and possibly including demonstrations of competence. The Child Development Associate credential, the Child Care Professional credential and other national credentials typically are incorporated into State and Territory professional development systems. Additionally, States and Territories report they developed or plan to develop State and Territory credentials such as role- and setting-specific credentials and credentials with a general early childhood focus.

Chart 5.2.5-C shows the types of age group and role- and setting-specific credentials developed by States and Territories.

## CHART 5.2.5-C
## State and Territory Credentials




| | |
|---|---|
| **A** | AR, CA, DC, GA, IL, KY, MD, MN, NC, NH, NM, OK, OR, PA, VT |
| **B** | AR, CA, ME, NC, NM, OR, SC, SD, VT |
| **C** | CA, ME, OR, SC, SD |
| **D** | CA, GA, KY, MD, SC |
| **E** | AR, NC, NH, SC |
| **F** | AR, CA, DC, IL, KY, ME, NC, NH, NV, OR, PR, SD, WI, WY |

Twenty-six States (AR, CA, DC, FL, GA, IL, KS, KY, MD, ME, MN, MT, NC, NH, NJ, NM, NV, OK, OR, PA, RI, SC, SD, VT, WI, WY) and two Territories (GU, PR) indicate that their plan includes State credentials.[16]

More than 700 **Kentucky** early childhood trainers have been approved for the Kentucky Early Childhood Trainer's Credential, which is issued at levels from one to five or specifically based on the trainer's education and experience. All credentials (except a trainer level one credential that is not renewable) must be renewed every 3 years. A credentialed trainer

[16] Although Florida, Guam, Kansas, Montana, New Jersey and Rhode Island report their State professional development plans include credentials, they do not provide details about credential types and, therefore, are not represented in Chart 5.2.5-C. New York does not specify its State professional development plan includes credentials; therefore, it is not included in this count. However, the Lead Agency outlines three existing credentials (Infant/Toddler, School-Age and Program Administrator) in response to related questions.

registry is maintained by the Cabinet's Division of Child Care. Credentialed trainers must train in one or more of the core content areas, and mandatory annual training for licensure or certification renewal must be obtained from a trainer holding a valid Kentucky Early Childhood Trainer's Credential.

**New Hampshire's** Professional Development System begins at the pre-credential level for 16-year-olds performing entry-level child care and camp counseling, and continues through the doctoral level. There are five State credentials, each with four levels. Sixteen Vocational Technical High School Early Childhood Education Programs prepare practitioners for the Child Care Assistant credential. Ten child care resource and referral programs offer basic workshops in all core knowledge areas defined by the professional development system, which are required for the Child Care Assistant credential. Eight Community Technical Colleges and several private 2-year colleges offer certificates and associate degrees in early childhood education to prepare students for the Associate Teacher, Lead Teacher and Director Credential. Six State and private colleges offer bachelor degrees, which satisfy the credential requirements for lead teachers, directors and trainer, mentor and faculty professionals. New Hampshire also offers a number of graduate programs.

## Reaching Family, Friend and Neighbor Caregivers

Since family, friend and neighbor caregivers, particularly relative caregivers, may not consider themselves part of the early care and education profession, yet are responsible for the care of large numbers of children in the child care assistance program, a range of strategies that extend beyond formal professional development is employed to support them. Almost half of States and Territories report that their professional development plans include support, access and outreach strategies that include family, friend and neighbor caregivers.

Twenty-two States (CA, DC, DE, GA, ID, IL, KS, KY, ME, MN, MT, NC, NH, NJ, NM, NV, OR, PA, SC, SD, TX, WI) and two Territories (GU, PR) report that their professional development plan includes strategies to reach family, friend and neighbor caregivers.

The **Kansas** Lead Agency is piloting a project to train relative caregivers with a plan to provide information and incentives to relative caregivers that will support the children as well as the family.

All professional development system contract holders are required to work with **Minnesota's** Lead Agency to assess needs and develop and implement strategies to offer training to family, friend and neighbor caregivers.

In **South Dakota**, informal meetings are an avenue for reaching providers who might not participate in other training. The Pierre area uses Providers Connecting and Network Nights, the Sioux Falls area holds provider teas and Providers Night Out is offered in the Rapid City area. Tribal coordinators also schedule a variety of informal meetings to draw new providers and kith and kin providers who might not otherwise access training. Information about the South Dakota Pathways to Professional Development project is offered at all these meetings.

## Availability of Training and Technical Assistance

*Are the opportunities available:*

- *Statewide*
- *To Center-based Child Care Providers*
- *To Group Home Providers*
- *To Family Home Providers*
- *To In-Home Providers*
- *Other (describe):*

Supporting the early care and education workforce means supporting caregivers in rural and urban locations, with multiple languages and literacy levels and with different professional (or nonprofessional) aspirations, among other differences. States and Territories are addressing these and other issues unique to their individual State or Territory context, including incorporating relevant cultural, linguistic and individual frameworks into professional development activities.

Thirty-seven States (AK, AR, CA, CT, DC, DE, FL, GA, ID, IL, KS, KY, MD, ME, MN, MO, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WI, WV, WY) and two Territories (CNMI, GU) report that training and technical assistance activities are available throughout the State or Territory.

The same 37 States (AK, AR, CA, CT, DC, DE, FL, GA, ID, IL, KS, KY, MD, ME, MN, MO, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WI, WV, WY) and two Territories (CNMI, GU) indicate that training and technical assistance are offered to center-based child care providers.

Thirty-one States (AK, CA, CT, DE, FL, GA, ID, IL, KS, KY, MD, MN, MO, MT, NC, NE, NH, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, WV, WY) and two Territories (CNMI, GU) report that they offer training and technical assistance opportunities to group home providers.[17]

Thirty-seven States (AK, AR, CA, CT, DC, DE, FL, GA, ID, IL, KS, KY, MD, ME, MN, MO, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WI, WV, WY) and two Territories (CNMI, GU) state that training and technical assistance are available to family home providers.

Thirty-six States (AK, AR, CA, CT, DC, DE, FL, GA, ID, IL, KS, KY, MD, ME, MN, MO, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TX, UT, VT, WI, WV, WY) and two Territories (CNMI, GU) report that professional development opportunities are available to in-home providers.

[17] Arkansas, the District of Columbia, Maine, New Jersey, Vermont and Wisconsin report that they do not have a category for group home child care providers.

Eleven States (CA, CT, DE, IL, MN, NE, NJ, OK, OR, SD, VT) also indicate that training and technical assistance are available or targeted to other adults who work with young children.

The following examples illustrate the scope of training and technical assistance offered by States.

The **New Jersey** Professional Development Center for Early Care and Education was established to implement a comprehensive, statewide system of coordinated and accessible professional development opportunities for early care and education providers, including those working with infants and toddlers, preschool children, children in kindergarten through 3rd grade and children up to 13 years in out-of-school time care. This statewide initiative established steps for implementing a system to enhance the preparation and continuing education of childhood and out-of-school time practitioners. The system helps ensure New Jersey's early childhood and school-age programs offer developmentally appropriate learning experiences led by professionals who consistently promote the highest levels of physical, emotional, social and intellectual well-being of the children they serve.

**North Carolina** supports the professional development of its early childhood workforce through the North Carolina Institute for Early Childhood Professional Development. Membership of the institute is diverse and representative of numerous fields that constitute the early childhood profession. *Planning for Professional Development in Child Care: A Guide to Best Practices and Resources* is available online to assist local agencies planning for professional development opportunities for the child care workforce in their communities. Early childhood teachers and administrators can access an interactive self-assessment and workbook to develop an action plan for their professional development. The workbooks are applicable to child care workers in any setting and at any stage of professional development.

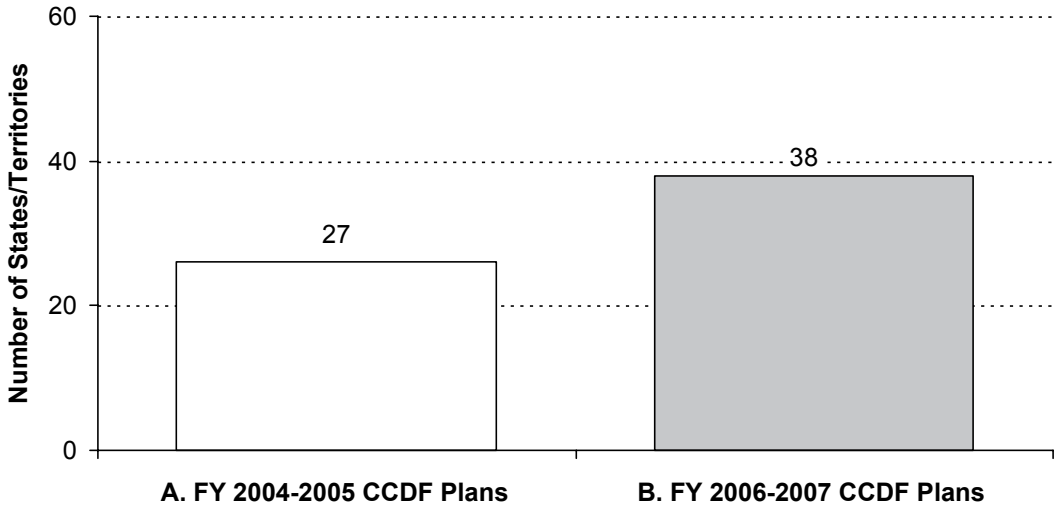
**Oregon's** professional development system and plan broadly define the profession to include family child care, center-based care, school-age before- and after-school care, Head Start programs, kindergarten through 3rd grade programs, early intervention/early childhood special education programs, teen parent programs, child care resource and referral programs, community colleges and universities.

Access to **Wisconsin's** PI 34 Teacher Training and Professional Development Re-design is available through License Renewal Centers, child care resource and referral agencies, the State's Child Care Information Center and other training and technical assistance opportunities. Through connections to the Wisconsin Model Early Learning Standards Training, multiple avenues give access to additional resources that support training and technical assistance, including professional development planning.

Thirty-six States (AK, AR, CA, CT, DE, DC, FL, GA, ID, IL, KS, KY, ME, MD, MN, MO, MT, NE, NV, NH, NJ, NM, NC, OH, OK, OR, PA, RI, SC, SD, TX, UT, VT, WV, WI, WY) and two Territories (CNMI, GU) report that they make training and technical assistance available statewide and to all provider types, including center-based staff, group home child care providers, family child care providers and in-home providers.

The number of States and Territories that make training and technical assistance available statewide and to all provider types increased 26 percent from the FY 2004-2005 CCDF Plan period, as illustrated in Chart 5.2.5-D.

**CHART 5.2.5-D**
**Training and Technical Assistance Available Statewide and to All Provider Types**




| | |
|---|---|
| A | AR, AZ, CT, DE, FL, IA, IN, KS, KY, MD, ME, MI, NC, NH, NJ, NM, OH, OK, PR, RI, SC, SD, TN, UT, WA, WI, WY |
| B | AK, AR, CA, CNMI, CT, DC, DE, FL, GA, GU, ID, IL, KS, KY, MD, ME, MN, MO, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TX, UT, VT, WI, WV, WY |

## Early Language, Literacy, Pre-Reading and Early Math Concepts Development

*Describe how the plan addresses early language, literacy, pre-reading, and early math concepts development.*

In descriptions of how their plans address early language, literacy, pre-reading and early math concepts development, States and Territories link their efforts to their early learning guidelines. Frequently, States and Territories describe the inclusion of all child development domains in their core knowledge areas and how those areas serve as a foundation or framework for professional development efforts.

Thirty-eight States (AK, AR, CA, CT, DC, DE, FL, GA, HI, IL, IN, KS, KY, MD, ME, MN, MO, MS, MT, NC, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WI, WV, WY) and two Territories (CNMI, PR) describe how their professional development plans address or will address early language, literacy, pre-reading and early math concepts.

In **Connecticut**, training on early language and literacy is completed through a grant to Connecticut Charts-a-Course from the State Department of Education's Early Childhood Educator Professional Development Grant. The training is targeted to child care providers enrolled in the Connecticut Charts-a-Course approved Training Program in Child Development.

In **Kentucky**, the core content portion of *Early Childhood Professional Development: Creating a Framework* for Kentucky covers seven areas. The learning environments and curriculum area addresses early language, literacy, pre-reading and early math concepts development and links directly to Kentucky's early learning standards. Indicator domains covered in the early learning standards include spoken and expressive language, listening and receptive language, phonological awareness, book knowledge, print awareness, early writing, understanding of numbers and counting, shapes and spatial relationships, comparisons and patterning and measures and use of standard and nonstandard units.

The professional development plan outlined by the **Maryland** Child Care Credential requires participants to complete a minimum of 45 hours of child development and 30 hours of curriculum training at the lower levels. Early language, literacy, pre-reading and early math concept development are part of the core knowledge requirement within the child development and curriculum components. Additional training opportunities are targeted specifically through training requests for proposals that offer child care providers training and materials for increasing children's language, literacy, pre-reading and math skills.

## Program- and Provider-Level Incentives

*Are program or provider-level incentives offered to encourage provider training and education? Describe, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts. If no, is there any plan to offer incentives to encourage provider training and education?*

States and Territories describe how they employ program and provider incentives to encourage participation in professional development and quality improvement. Strategies include providing free or subsidized training, scholarships, wage supplement programs, compensation initiatives, materials, accreditation facilitation and equipment grants. They also explain the role of Quality Rating Systems in creating and managing incentives.

Forty-one States (AK, AR, AZ, CA, CT, DC, DE, FL, GA, IA, ID, IL, IN, KS, KY, MD, ME, MN, MO, MT, NC, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV) and two Territories (CNMI, GU) report that they offer program- or provider-level incentives to encourage provider training and education.

- Fourteen States (AR, DC, IA, KS, KY, ME, MT, NE, NJ, NY, OK, OR, SD, WI) report that they offer provider scholarships.
- Ten States (CA, IA, KY, MD, NV, SC, SD, TX, VT, WV) describe completion bonuses.

- Eight States (DC, KS, KY, MO, NC, NM, OR, PA) describe the role of Quality Rating Systems in provider- and program-level incentives.

  **Montana** promotes training and continuing education through merit pay awards of $250 to $700 for the completion of planned training hours and/or credentials and degrees, Child Development Associate Assessment Scholarships to help students pay the cost of Child Development Associate assessment and Best Beginnings Certified Infant Toddler Caregiver Stipend Program awards.

  Participation in **New Mexico's** Reach for the Stars program, a five-level Quality Rating System for licensed homes and centers, allows higher reimbursement rates to providers. Reimbursement rates increase incrementally beginning at level two and continuing through level five, which is for accredited programs. Becoming more knowledgeable about ways to support children's development of pre-literacy and pre-numeracy skills leads to attainment of higher levels.

  **Oregon's** tiered reimbursement system to subsidy providers, the Enhanced Rate Program, is incorporated within the Oregon Registry Steps and provides enhanced subsidy for documented training and education. Oregon Compensation and Retention Equal Stability programs also are linked to achieving steps on the Oregon Registry, and are available in seven counties. The programs also provide scholarships and wage stipends to support the professional development and retention of child care providers.

  Project T.O.P.S.T.A.R. (**Tennessee's** Outstanding Providers Supported Through Available Resources), a program within the Tennessee Family Child Care Alliance, provides technical assistance and professional development to family child care providers. The program offers highly trained and motivated mentors to assist new providers or those who want to improve the quality of their care through hands-on, one-on-one support. Working as a team, the mentor guides the protégé to set three goals as the focus of their 20-hour commitment.

## Outcomes

*What are the expected outcomes of the State's professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?*

Systematic professional development plans often include a comprehensive evaluation approach designed to assess the system and participants. To evaluate their professional development efforts, States and Territories develop goals, outcomes and/or objectives. They report a variety of desired outcomes, from broad objectives such as program quality improvement, to specific workforce educational achievement or participation statistics. More than half of States and Territories describe specific goals, and some address how assessments will guide their planning, training, initiatives or systems.

Thirty-seven States (AK, AR, AZ, CA, FL, GA, IA, ID, IL, IN, KS, KY, MD, MN, MO, MT, NC, ND, NE, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WV) and three Territories (CNMI, GU, PR) indicate that their professional development plan specifies outcomes.

- Nineteen States (CA, FL, GA, IA, ID, IL, KS, KY, MD, NC, ND, NE, NH, NM, OR, SD, TN, UT, VA) and one Territory (PR) identify higher levels of program quality as a common desired outcome.

- Twelve States (AK, IL, MD, MT, NC, NH, NV, OH, RI, SC, UT, WI) report higher staff wages and/or lower levels of staff turnover as common desired outcomes.

- Eleven States (AK, GA, IA, IL, MD, NC, NY, SC, VA, VT, WI) indicate that more providers engaged in professional development, more training or credentialing hours completed and/or more credentials or degrees awarded are common desired outcomes.

- Nine States (AZ, CA, KY, NH, NM, NV, PA, RI, SD) report improved provider knowledge and/or skills as common desired outcomes.

**Alaska's** expected outcomes include an increase in the number and percentage of early childhood providers who have professional degrees and certificates in early childhood education, a decrease in the percentage of child care provider turnover, an increase in the number and percentage of early childhood providers and teachers who advance to a higher level of professional development and certification, an increase in positive child outcome data for Head Start 4-year-olds and school readiness and an increase in the quality of early childhood training by establishing a System for Early Education and Development approved trainer application process.

**Arizona** plans to assess its professional development plan alignment with the following outcomes: continuation of stakeholder involvement and input from additional stakeholders where there is limited participation; ongoing continuum of training for all categories of child care and early education practitioners; continued participation in discussions relevant to articulation in the community; continued addressing of program quality via the statewide Child Care and Early Education Development System training and trainer registry system and ensuring that early learning standard developers, relevant professional associations and community stakeholders create multiple opportunities for discussion and exchange on integrating the standards into the professional development plan.

The **Commonwealth of the Northern Mariana Islands** will align expected outcomes of the Child Care Provider Professional Development Plan with what young children are expected to know and be able to do when they enter 1st grade. The Commonwealth anticipates using a test of knowledge of the early learning guidelines to assess child care provider progress and will observe these providers working with young children. Assessments will be used to tailor training sessions to meet the learning needs of Commonwealth child care providers.

**Georgia's** outcomes for its State professional development plan include all required State approved training leading to credentials, certifications and degrees in the field of early childhood education; the comprehensive State professional development system leading to more professional child care providers as evidenced by higher educational levels; improved quality of child care settings as evidenced by an increased number of child care learning centers and group or family child care homes achieving national accreditation, earning Center of Distinction, Center of Recognition, Home of Distinction or Homes of Merit designation for their qualifications and areas of expertise.

**New York** specifies several anticipated outcomes of its State professional development efforts, including continued professional development through scholarships for credit- and noncredit-bearing courses from the Educational Incentive Program for more than 7,500 child care providers. Additional outcomes include an estimated 80,000 providers participating in video conference training featuring best practices in early childhood; an estimated 100 candidates completing the School-Age Care Credential and an additional four host agencies providing the School-Age Credential to expand statewide coverage.

PART 6

# Health and Safety Requirements for Providers

*The National Resource Center for Health and Safety in Child Care (NRCHSCC)[1] of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: http://nrc.uchsc.edu/.*[2]

The number of States requiring facilities paid with CCDF funds to meet licensing requirements has remained stable since the Fiscal Year 2004-2005 CCDF Plan period. States may exempt certain child care providers and allow them to not be licensed; however, States must establish health and safety requirements for these providers, as specified in CCDF regulations.[3] States can determine health and safety requirements for nonlicensed providers, but the requirements must include prevention and control of infectious disease (including immunizations), building and physical premises safety and minimum health and safety training appropriate to the provider setting.[4]

All CCDF Plans must include a description of the health and safety requirements, applicable to all providers of child care services for which assistance is provided under CCDF.[5]

## Section 6.1 – Health and Safety Requirements for Center-Based Providers

**(658E(c)(2)(F), §§98.41, §98.16(j))**

The following describes health and safety requirements for licensed and nonlicensed center-based providers.

### Section 6.1.1 – Licensing Requirements for Center-Based Providers

*Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?*

---

1 The organization is now the National Resource Center for Health and Safety in Child Care and Early Education.

2 Child Care and Development Fund (CCDF) Plan Preprint text appears in italics throughout this report. References to relevant laws and regulations appear in bold.

3 CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

4 Data provided for Massachusetts are from the 2004-2005 CCDF Plans.

5 Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2005, July). *CCDF state and territories plan preprint, FFY 2006-2007*. Retrieved April 25, 2006, from http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/preprint_2006_final.htm.

More than half of States require all center-based providers paid with Child Care and Development Fund (CCDF) funds to be licensed. The remaining States allow various types of center-based providers to be exempt from licensing requirements.

Twenty-seven States (AK, AR, AZ, CO, DC, DE, GA, IA, ID, KS, KY, MA, MD, ME, MS, MT, NC, NE, NJ, NM, NY, OH, OK, PA, SC, SD, VT) require all center-based providers paid with CCDF funds to meet State licensing laws as indicated in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

Twenty-four States (AL, CA, CT, FL, HI, IL, IN, LA, MI, MN, MO, ND, NH, NV, OR, RI, TN, TX, UT, VA, WA, WI, WV, WY) do not require all center-based providers paid with CCDF funds to meet State licensing laws as indicated in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

In States that do not require all center-based providers to meet State licensing laws, the following types of centers are exempt from licensing:

- Eleven States (CT, FL, HI, IL, MN, UT, VA, WA, WI, WV, WY) exempt school-based centers operated by State departments of education or local school districts.
- Nine States (AL, FL, HI, IL, MD, MI, TX, VA, WA) exempt military-based centers, centers operated by religious organizations or Tribal centers.
- Seven States (MN, NH, NV, RI, TN, WA, WV) exempt summer camps and school-age centers operated by Boys and Girls Clubs.
- Six States (AL, IL, MI, MN, WI, WV) exempt onsite drop-in centers and centers that operate fewer than 4 hours.
- One State (ND) exempts Head Start programs.
- Fifteen States (AL, CA, CT, FL, HI, IL, MN, NH, TX, UT, VA, WA, WI, WV, WY) indicate other types of center-based providers are exempt from licensing.

The following are examples of other types of center-based programs that are exempt from licensing.

In **California**, public and private schools that operate a program before and/or after school for school-age children are exempt from licensing if the program is operated by the school and run by qualified teachers employed by the school or school district. An outside organization or individual using a public or private school site to operate a child care program is subject to licensure even if the program is open only to the children enrolled at that school.

In **Illinois**, programs operated by institutions of higher learning are exempt from licensing. This exemption includes child care programs operated by institutions of higher learning that serve their adult students with children, whether programs are on the campus or at another facility controlled by the institution.

In **Washington**, centers that are not subject to licensing must be certified as meeting State licensing requirements or have an approved Federal plan in accordance with national or State standards for health and safety. The Lead Agency may certify a child care center for payment if the center is licensed by a Tribe, certified by the Federal Department of Defense or approved by the Superintendent of Public Instruction's Office.

## Section 6.1.2 – Center-Based Provider Requirements Modified

*Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan?* **(§98.41(a)(2) & (3))**

Since approval of the Fiscal Year 2004-2005 Child Care and Development Fund (CCDF) Plans, several States made changes to their child care center licensing requirements, mostly related to staff training and staff-child ratios. A few States changed group size and other requirements.

Twelve States (AL, IL, IN, ME, MN, NJ, NM, NY, SC, SD, VA, WI) modified staff training, staff-child ratio, group size or other licensing requirements for center-based providers since approval of the last CCDF Plan.

- Nine States (IL, IN, MN, NJ, NM, NY, SD, VA, WI) modified staff training requirements.

  **Minnesota** added training requirements for CPR, first aid, Shaken Baby Syndrome and use of vehicle child safety restraint systems for those providing transportation. These requirements also were added for group home providers and family child care providers.

  In **New Mexico**, effective July 1, 2005, new staff members working with children were required to complete the 45-hour entry-level course, approved three-credit early care and education course or an equivalent approved by the Lead Agency prior to or within 6 months of employment. Veteran staff members had to meet the requirement by December 31, 2005. This requirement also was added for group home providers.

  In **South Dakota**, training categories were expanded, with added topics including cultural diversity, professionalism, inclusion and program management and regulation. Staff must have training in all categories within the first year of employment. In subsequent years, the director can determine priority subject areas for staff development and effective center operation.

- Six States (AL, IN, ME, NJ, SC, VA) modified staff-child ratio requirements.

  In **New Jersey**, the staff-child ratio for toddlers (ages 18 months to 2½ years) was one staff member for every seven children, which changed to one staff member for every six children. The staff-child ratio for school-age children (6 years and older), which was 1 staff member for every 18 children, changed to 1 staff member for every 15 children.

- Three States (IN, ME, NJ) modified group size requirements.

In **Indiana**, effective September 11, 2004, group size for 2-year-olds changed from 15 to 10; for 3-year-olds, from no maximum to 20; for 4-year-olds, from no maximum to 24 and for 5 years and older, from no maximum to 30.

- Two States (NM, NY) modified other requirements.

  In **New York**, as of January 31, 2005, child care providers who opt to administer medications to children in their care must comply with the additional requirements of Health and Infection Control regulations.

Thirty-nine States (AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, KS, KY, LA, MA, MD, MI, MO, MS, MT, NC, ND, NE, NH, NV, OH, OK, OR, PA, RI, TN, TX, UT, VT, WA, WV, WY) did not modify staff training, staff-child ratios or group size licensing requirements for center-based programs since approval of the last CCDF Plan.

## Section 6.1.3 – Requirements for Center-Based Providers Not Licensed

**(658E(c)(2)(F), §§98.41, §98.16(j))**

*For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:*

- *The prevention and control of infectious disease (including age-appropriate immunizations)*
- *Building and physical premises safety*
- *Health and safety training*

States that do not require all center-based providers to be licensed have established health and safety requirements these providers must meet to receive Child Care and Development Fund (CCDF) funds. CCDF regulations oblige all programs to meet health and safety requirements for the prevention and control of infectious disease, building and physical premises safety and health and safety training.[6] Within these requirements, center-based providers must, for example, complete CPR/first aid training, self-certify compliance with requirements, attend training or meet the requirements of other oversight agencies.

States indicate the following requirements for center-based providers that are not licensed:

Eight States (CA, FL, IL, MO, OR, UT, WI, WV) rely on local fire, building and health departments to inspect centers' building and physical premises safety and prevention and control of infectious disease.

Eight States (IN, LA, NV, VA, WA, WI, WV, WY) require CPR/first aid training.

**Washington's** Early Childhood Education Assistance Program Performance Standards require staff working with children to receive training in child health and safety. Specific

[6] CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

training must be provided on pediatric emergency first aid and CPR (by a certified instructor in infant and child CPR, food handling and first aid treatment).

Six States (AL, CT, HI, IL, TN, WY) require center providers to self-certify compliance or complete checklists with prevention and control of infectious disease, building and physical premises safety and health and safety requirements.

In **Hawaii**, providers self-certify that their facility has an installed smoke detector, unobstructed emergency exits and an emergency exit plan.

Five States (MN, RI, VA, WA, WY) require centers to meet other standards.

Section 63.2-1715 of the Code of **Virginia** states that child care services provided by public schools may be licensed or regulated by the State Board of Education using regulations that incorporate, but may exceed, regulations for child day centers licensed by the Lead Agency. Public schools self-certify compliance with Minimum Standards for Licensed Child Day Centers through their annual pre-accreditation report to the Virginia Department of Education.

Five States (HI, IL, IN, VA, WI) require physical exams or health statements and/or verification of tuberculosis tests.

In **Illinois**, staff/caregivers must have on file at the facility documentation that they have had a physical examination, which includes a tuberculosis test.

Four States (FL, MI, ND, NV) indicate that nonlicensed centers meet requirements of another oversight agency.

In **Florida**, if exempt, centers affiliated with a church or parochial school must comply with an accrediting agency's published requirements for health, safety and sanitation. They also must comply with Florida statute for background screening and with requirements of the local governing body related to health, sanitation and safety.

Three States (CT, WI, WV) require either orientation, preservice or annual training on health and safety.

**Wisconsin** requires a director to have at least 1 year of experience with preschool or school-age children or complete 36 classroom hours or three credits of training in a related area for each program; a program leader to complete high school or its equivalency and 10 classroom hours of training in child development, education or a related area for each program;10 classroom hours of training in child development, education or a related area for program assistants; training for the prevention of Sudden Infant Death Syndrome for all providers caring for children younger than age 1 and an orientation session for new staff and volunteers in the first week that focuses on health, nutrition and discipline policies, plans for evacuation and other emergencies, emergency procedures and use of first aid, recognition of signs of child abuse and neglect, explanation of responsibilities for reporting abuse and/or neglect and recognition of childhood illness.

Three States (IL, OR, WY) notify centers of training opportunities and encourage center staff to attend.

License-exempt centers in **Illinois** that are in the child care resource and referral database are advised of available training, including health and safety training, through the Lead Agency or the child care resource and referral agency.

In **Wyoming**, both licensed and legally exempt providers have access to any information the Lead Agency offers regarding health and safety training, technical assistance and regulatory requirements.

Three States (HI, MO, NH) provide centers and/or parents with written materials on prevention and control of infectious disease, building and physical premises safety and health and safety.

The **New Hampshire** Child Care Health and Safety Information brochure identifies procedures to be followed: there must be a fire extinguisher in kitchens, inside and outside environments must be safe, hazardous materials must be out of children's reach and electric outlets must be covered.

The following are additional examples of State health and safety requirements for center-based providers that are not licensed.

In **Louisiana**, public and nonpublic schools operating a program that receives CCDF funds must maintain a detailed health record on each child. Schools are mandated by the Louisiana Department of Education to provide pertinent health services and screenings that are essential for the promotion of health and the protection of the children and staff. Principals and teachers at each school are responsible for checking student records to ensure immunization requirements are met.

The consultation services of **Missouri** child care health consultant nurses at local health agencies are available to all license-exempt and exempt centers, as well as licensed centers.

In **Virginia**, food service and water supply must meet health and sanitation rules if applicable, the State's immunization laws must be met, hand-washing routines must be followed, daily screening and exclusion of sick children must be performed by a person with training and staff must have annual health reports.

## Section 6.2 – Health and Safety Requirements for Group Home Providers[7]

**(658E(c)(2)(F), §§98.41, §98.16(j))**

The following describes health and safety requirements for licensed and nonlicensed group home providers.

[7] Ten States (DC, IN, LA, MD, ME, NJ, VA, VT, WA, WI) do not have a group home category.

## Section 6.2.1 – Licensing Requirements for Group Home Providers

*Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC compilation?*

Of the States that have a category of group homes, almost all require them to be licensed in order to receive Child Care and Development Fund funds.

Thirty-eight States (AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, KS, KY, MA, MN, MO, MS, MT, NC, ND, NE, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, WV) require all group homes to be licensed under State law as reflected in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

Three States (AL, MI, WY) do not require all group homes to be licensed under State law as reflected in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

Under **Alabama** law, group home providers that are affiliated with a religious or faith-based organization may be exempt from licensing.

## Section 6.2.2 – Group Home Requirements Modified

*Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan?* **(§98.41(a)(2) & (3))**

Some States modified their licensing requirements relating to staff-child ratios and staff training for group home providers since approval of the Fiscal Year 2004-2005 child Care and Development Fund (CCDF) Plans. A few States also changed their requirements for how school-age children are counted in group homes.

Eight States (AL, CA, IL, MN, NM, NV, NY, SD) modified staff-child ratios or staff training since approval of the last CCDF Plan.

- One State (AL) modified staff-child ratio requirements.

  In **Alabama**, effective September 1, 2004, group homes cannot care for more than six children younger than 12 months of age, and at least one caregiver must be present and supervising each three children younger than 12 months.

- Six States (IL, MN, NM, NV, NY, SD) modified training requirements.

  The **Illinois** Department of Children and Family Services Licensing Standards now require licensed family child care providers to receive 6 or more hours of training related to providing care to children with disabilities. This requirement also was added for child care center staff and family child care providers.

Initial training requirements in **Nevada** now include 9 hours of training in specific areas within the first 90 days of employment, as well as training on CPR and child abuse and neglect. Ongoing training requirements changed from 12 to 15 hours yearly. Symptoms of illness and first aid training must be completed by at least one staff member prior to providing child care services.

**New York** requires providers and alternate providers to complete additional training on the identification, diagnosis and prevention of Shaken Baby Syndrome. This requirement also was added for child care centers and family child care providers.

- Three States (AL, CA, NM) also modified other requirements.

  For large family child care homes in **California** to serve up to 14 children, at least two of the children in care must be at least 6 years of age. One of these two children can be enrolled in or attending kindergarten. A comparable requirement was established for small family child care homes.

Thirty-two States (AK, AR, AZ, CT, DE, FL, GA, HI, IA, ID, KS, KY, MA, MI, MO, MS, MT, NC, ND, NE, NH, OH, OK, OR, PA, RI, SC, TN, TX, UT, WV, WY) did not modify staff-child ratios, group size or staff training requirements since approval of the last CCDF Plan.[8]

## Section 6.2.3 – Requirements for Group Homes Not Licensed

**(658E(c)(2)(F), §§98.41, §98.16(j))**

*For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:*

- *The prevention and control of infectious disease (including age-appropriate immunizations)*
- *Building and physical premises safety*
- *Health and safety training*

Since most States require all group home providers to be licensed to receive Child Care and Development Fund funding, few States have established health and safety requirements for group home providers that do not need to be licensed.

States indicate the following requirements for group homes that are not licensed:

Three States (AL, MI, WY) require group homes to self-certify compliance or complete checklists with prevention and control of infectious disease, building and physical premises safety and health and safety requirements.

[8] Data are not available for Colorado.

Registered providers in **Alabama** who are exempt from licensure (i.e., in-home providers, relative out-of-home providers, faith-based centers, programs operating fewer than 4 hours per day and certain programs operated by another State agency) must complete a health and safety self-certification form, which is posted in the facility and certifies, at least, that all children in care are up to date with immunizations in accordance with the Alabama Department of Public Health; procedures are followed to prevent and/or control infectious disease; the facility is free of hazardous conditions; the facility participates in health and safety training appropriate to the provider setting and, for facilities providing care for 13 or more children, appropriate fire and health agencies have been notified.

One State (WY) requires CPR/first aid training and notifies group homes of training opportunities, encouraging staff to attend.

# Section 6.3 – Health and Safety Requirements for Family Providers

**(658E(c)(2)(F), §§98.41, 98.16(j))**

The following describes health and safety requirements for licensed and nonlicensed family child care providers.

## Section 6.3.1 – Licensing Requirements for Family Child Care

*Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC' compilation?*

One-third of States require all family child care providers to be licensed in order to receive Child Care and Development Fund (CCDF) funds. The remaining States may require some family child care providers to be licensed if they meet certain criteria, most often related to the number of children in care or the number of families served.

Seventeen States (AR, AZ, CT, DC, DE, GA, KS, KY, MA, MD, ME, MT, NC, NJ, OK, VT, WA) require all family child care homes to be licensed under State law as reflected in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

Thirty-four States (AK, AL, CA, CO, FL, HI, IA, ID, IL, IN, LA, MI, MN, MO, MS, ND, NE, NH, NM, NV, NY, OH, OR, PA, RI, SC, SD, TN, TX, UT, VA, WI, WV, WY) do not require all family child care homes to be licensed under State law as reflected in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

Nonlicensed family child care providers in **New Mexico** are required to register through one of the Child and Adult Care Food Program sponsors. They also must meet and maintain compliance with registration regulations to receive payments for child care services.

**Wyoming** State law exempts any child care program that is supervised by the State, any local government, school district or agency or political subdivision from child care licensure. State law also exempts any program caring for fewer than three unrelated minors.

## Section 6.3.2 – Family Child Care Requirements Modified

*Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan?* **(§98.41(a)(2) & (3))**

Of the States that modified licensing requirements for family child care providers since approval of the Fiscal Year 2004-2005 Child Care and Development Fund (CCDF) Plans, all have changed either training requirements or requirements related to how school-age children are counted in family child care homes.

Twelve States (AL, CA, IL, KY, LA, MD, MN, NJ, NM, NY, SD, WI) modified staff training or other requirements since approval of the last CCDF Plan.

- Ten States (IL, KY, LA, MD, MN, NJ, NM, NY, SD, WI) modified training requirements.

  Changes made to **Kentucky** administrative regulation 922 KAR 2:100 in November 2003 included the addition of a training requirement for certified family child care providers, requiring substitutes to be certified in infant and child CPR and first aid.

  Effective January 1, 2005, family child care home providers in **Louisiana** are required to participate in a 4-hour orientation that counts toward the 12 annual hours of mandated training, and new providers must complete the orientation within 12 months of being registered. Also, effective October 1, 2005, family child care home providers are required to have certification in first aid prior to initially being registered.

  In **Maryland**, amendments that went into effect on April 1, 2004 require family child care providers to complete an Office of Child Care approved Sudden Infant Death Syndrome training course in order to care or continue to care for children younger than 2 years.

- Two States (AL, CA) modified other requirements.

  In **Alabama**, effective September 4, 2004, family homes no longer are licensed to care for more than three children younger than 12 months of age. Children younger than school age who live in the home are counted in the total number of children.

Thirty-nine States (AK, AR, AZ, CO, CT, DC, DE, FL, GA, HI, IA, ID, IN, KS, MA, ME, MI, MO, MS, MT, NC, ND, NE, NH, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WV, WY) did not modify staff-child ratios, group size or staff training since approval of the last CCDF Plan.

## Section 6.3.3 – Requirements for Family Child Care Homes Not Licensed

**(658E(c)(2)(F), §§98.41, §98.16(j))**

*For family child care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:*

- *The prevention and control of infectious disease (including age-appropriate immunizations)*
- *Building and physical premises safety*
- *Health and safety training*

States that do not require all family child care providers to be licensed established health and safety requirements these providers must meet to receive Child Care and Development Fund (CCDF) funds. CCDF requires that all programs meet health and safety requirements on the prevention and control of infectious disease, building and physical premises safety and health and safety training.[9] Within these requirements, family child care providers must, for example, receive written materials on health and safety, complete physical exams or provide health statements or have inspections from local fire, building or health departments.

States indicate the following requirements for family child care homes that are not licensed:

Nineteen States (AK, AL, CA, CO, FL, HI, ID, IL, LA, MI, MO, MS, MT, NE, RI, SD, TN, VA, WY) require family child care providers to self-certify compliance or complete checklists with prevention and control of infectious disease, building and physical premises safety and health and safety requirements.

In **Nebraska**, unlicensed family child care providers (called license-exempt) complete a checklist certifying that the home is kept clean and in good repair, is free from fire hazards, firearms, medications and poisons and furnaces and water heaters are inaccessible to children.

Twelve States (HI, IA, LA, MO, MS, NE, NH, NV, NY, PA, RI, WI) offer family child care providers and/or parents with written materials on prevention and control of infectious disease, building and physical premises safety and health and safety.

In **Iowa**, the brochure *Minimum Health and Safety Requirements for Nonregistered Child Care Home Providers* is given to every child care provider who is not registered with the State and wishes to provide state-funded child care.

**Mississippi** provides consumer education materials on building and physical premises safety to parents for evaluating child care settings.

Eight States (CA, HI, IL, IN, MO, SD, VA, WI) require verification of tuberculosis tests.

[9] CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

Family providers in **California** who care for the children of one other family besides their own children are exempt from licensing. These license-exempt family providers, except for aunts, uncles and grandparents, must self-certify that they have been tested within 12 months prior to employment and were deemed free of tuberculosis.

In **Missouri**, registered child care providers have a tuberculosis test or chest x-ray annually at re-registration.

Eight States (CA, FL, IA, ID, IL, LA, RI, WV) require physical exams or health statements.

Providers in **Idaho** must certify they do not have any physical or psychological condition that might pose a threat to the safety of children in their care.

Six States (IL, LA, NY, SD, UT, WY) notify family child care providers of training opportunities and encourage providers to attend.

In **New York**, a one-day course in medication administration was developed and is available for legally exempt providers.

In **Utah**, parents are notified that provider training is available through their local child care resource and referral agency, and are instructed to share this information with their provider. Available training covers CPR, first aid, basic nutrition and basic health and safety issues.

Six States (IA, ID, IN, LA, UT, WY) require CPR/first aid training.

In **Indiana**, at all times, at least one provider onsite must have annual certification in age-appropriate CPR. All providers must have current first aid certification.

Four States (FL, LA, MT, NM) require either orientation, preservice or annual training on health and safety.

All registered family child care providers in **Florida** must take health and safety training, which is a component of the Fundamentals of Family Child Care course. The State's required training covers universal precautions, communicable disease control, proper hand-washing techniques, administration of medications, child health and development, poison prevention, safe food handling and a variety of other health and safety issues.

In **Montana**, legally unregistered providers must attend an orientation within 60 days of approval to participate in the program. The session gives providers, including those who are registered and licensed, information about health and safety standards (including information on immunizations, building safety and equipment safety), State payment information, business planning, child care nutrition and recommendations for creating a positive, developmentally appropriate environment.

Three States (MN, NY, UT) require family child care providers to meet other standards.

In **Utah**, license-exempt providers who participate in the Federal Child and Adult Care Food Program are subject to local health and fire department inspections.

Two States (IL, LA) rely on local fire, building and health departments to inspect for building and physical premises safety and prevention and control of infectious disease in family child care homes.

The **Louisiana** Department of Public Safety, Office of the State Fire Marshal, makes an inspection of the home, using a checklist to ensure building and physical premises safety standards are met.

# Section 6.4 – Health and Safety Requirements for In-Home Providers

**(658E(c)(2)(F), §§98.41, 98.16(j))**

The following describes health and safety requirements for licensed and nonlicensed in-home care.

## Section 6.4.1 – Licensing Requirements for In-Home Care

*Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above?*

Most States do not require all in-home providers to be licensed to receive Child Care and Development Fund (CCDF) funds. The remaining States may require some in-home providers to be licensed or may exempt them all from licensing.

Three States (AR, AZ, VT) require all in-home providers to be licensed under State law as reflected in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

Forty-eight States (AK, AL, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WV, WY) do not require all in-home providers to be licensed under State law as reflected in the National Resource Center for Health and Safety in Child Care and Early Education compilation.

In **Nebraska**, a provider who cares for children in the children's home is not subject to licensing, except when the provider and family reside together and the provider meets requirements for licensing, i.e., cares for enough children to require a license.

In **Oregon**, an in-home provider is exempt from regulation if care is provided to three or fewer children, not including the provider's own children; to children from one family, not including the provider's own children; on an occasional basis by a person not ordinarily engaged in providing child care; by the child's parent, guardian or person acting in place of a parent; by a person related to the child care children by blood, marriage or adoption or by a person who is a member of the child's extended family, as determined by the Lead Agency on a case-by-case basis.

**West Virginia's** in-home child care providers are all exempt from regulatory requirements. In-home child care providers receiving CCDF funds are subject to the same requirements as legally exempt family child care homes.

In **Wisconsin**, care provided by a relative or guardian of a child, or care provided by a person employed in the home of the child's parent or guardian, for fewer than 24 hours per day is not required to be licensed. Additionally, if there are three or fewer children younger than age 7 in care who are not related to the provider, the State does not require a license. In order to receive child care subsidy funds, Wisconsin requires these providers to be certified by the county in which the care is provided.

## Section 6.4.2 – In-Home Care Requirements Modified

*Have in-home health and safety requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan?* **(§98.41(a)(2) & (3))**

A few States that require some in-home providers to be licensed modified requirements for training since approval of the Fiscal Year 2004-2005 Child Care and Development Fund (CCDF) Plans.

Three States (DE, KY, LA) modified staff training since approval of the last CCDF Plan.

Beginning October 2005, **Delaware** requires license-exempt in-home providers to complete 45 hours of training consisting of health, safety and nutrition (9 hours); CPR and first aid (6 hours); child development (15 hours); understanding children's behavior (12 hours) and understanding early literacy and language development (3 hours).

**Kentucky** established requirements for registered providers, mandating that training in infant and child first aid, recognition of child abuse and neglect and health and safety standards be obtained within 90 days of registration.

In **Louisiana**, effective October 1, 2005, in-home child care providers are required to provide proof of current certification in infant/child or infant/adult CPR and first aid training at initial certification and every renewal.

Forty-four States (AK, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, VA, VT, WA, WI, WV, WY) did not modify staff-child ratios, group size or staff training since approval of their last CCDF Plan.[10]

[10] Alabama indicates that all in-home providers are exempt from staff-child ratio, group size and training requirements. Texas indicates that in-home providers are not regulated. Data are not available for South Dakota or Utah.

## Section 6.4.3 – Requirements for In-Home Care Not Licensed

**(658E(c)(2)(F), §§98.41, §98.16(j))**

*For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:*

- *The prevention and control of infectious disease (including age-appropriate immunizations)*
- *Building and physical premises safety*
- *Health and safety training*

As with other child care providers, States that do not require all in-home care to be licensed established health and safety requirements that these providers must meet to receive Child Care and Development Fund (CCDF) funds. CCDF requires that all programs meet health and safety requirements on the prevention and control of infectious disease, building and physical premises safety and health and safety training.[11] Health and safety requirements for in-home care are similar to those for other child care providers. In addition, States, for example, established requirements on hand washing, smoke detectors and fire extinguishers, working telephones and storage of hazardous materials.

States indicate the following requirements for in-home care that is not licensed:

Twenty-five States (AL, CO, CT, DE, HI, ID, IL, KS, KY, LA, MA, MD, MO, MS, MT, NC, NJ, NM, OK, RI, SD, TN, UT, VA, WY) require in-home providers to self-certify compliance or complete checklists for prevention and control of infectious disease, building and physical premises safety and health and safety requirements.

In the **Connecticut** Child Care Assistance Program, the eligible parent must give the in-home provider information on the Provider/Parent Agreement form. The provider must complete and sign a form attesting that certain conditions are met, such as that the provider is 18 years or older and local town code enforcement and minimum health and safety standards will be met, among others.

In **North Carolina**, all nonlicensed home child care exempt from State regulation, other than care provided exclusively by relatives such as grandparents, aunts and uncles, must complete a checklist to verify compliance with basic safety requirements to apply to all funding sources for publicly subsidized child care.

Seventeen States (HI, IA, MA, ME, MI, MO, MS, NE, NH, NM, NV, NY, OK, PA, RI, SD, WI) offer in-home providers and/or parents written materials on prevention and control of infectious disease, building and physical premises safety and health and safety.

[11] CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

The Voucher Management Agency in **Maine** distributes materials that inform unregulated caregivers, relative caregivers and in-home caregivers of health and safety issues, including control of communicable disease, immunization requirements, physical premises safety and training opportunities in health and safety, first aid, CPR and early care and education.

In-home child care providers in **Nebraska** receive guidelines on safe environments for young children, including fire safety, emergency safety plans for tornadoes and other weather emergencies, the importance of practicing fire/tornado drills with the children in care, how to childproof a home/apartment and other information that addresses building and physical premises safety.

The certifying county or Tribal agency in **Wisconsin** is required to provide basic health and safety information to all applicants for certification during an onsite inspection of the home where care will be provided. Sudden Infant Death Syndrome prevention information, including a Healthy Child Care America Back to Sleep campaign brochure, is provided to all certified provider applicants.

Eight States (IL, LA, MI, NM, NY, SD, UT, WY) notify in-home providers of training opportunities and encourage them to attend.

Formal training is provided through the **Michigan** 4C Association, community colleges, public and private universities and university extension programs. An incentive payment of $150 is designed to encourage child care aides to participate.

Eight States (DC, DE, IA, ID, IN, KY, NC, WY) require CPR/first aid training.

All nonlicensed home caregivers in **North Carolina**, except for grandparents, aunts and uncles, are required to complete a basic first aid course within 3 months after being approved for payment and renew this training every 3 years.

Seven States (HI, IL, IN, KY, NC, SD, VA) require verification of tuberculosis tests.

In **Hawaii**, providers self-certify and assure they have received a satisfactory tuberculosis or chest x-ray clearance within the past 2 years.

Seven States (DC, IA, ID, IL, NC, RI, WV) require physical exams or health statements.

Prior to beginning services, in-home providers in the **District of Columbia** must submit proof of a current health examination and certificate issued by a licensed physician or nurse practitioner. The health certificate must include the physician's written report stating the provider is free from communicable diseases. "Current" means an examination and certificate dated no earlier than 1 year before the date on which a subsidy agreement is signed by the provider.

Five States (DE, MA, MN, MT, WV) require either orientation, preservice or annual training on health and safety.

License-exempt in-home providers in **Delaware** are required to participate in Department of Social Services sponsored CPR and first aid training, health, safety and nutrition workshops and an initial orientation workshop, which explains Department of Social Services rules for care, reimbursement policies, payment and attendance reporting requirements and provides tips for good child care and safety practices.

Three States (FL, NY, UT) require in-home providers to meet other standards or the requirements of another oversight agency.

In **Florida**, local coalitions have flexibility in establishing additional standards of health and safety for informal care providers to ensure compliance with statutory requirements.

In **New York**, in-home providers must comply with the State Sanitary Code and State Uniform Fire Prevention and Building Code.

In **Utah**, providers must meet all local and State fire and safety requirements as defined by law. License-exempt providers who participate in the Federal Child and Adult Care Food Program are subject to local health and fire department inspections.

One State (IL) relies on local fire, building and health departments to inspect in-home care for building and physical premises safety and prevention and control of infectious disease.

The following are additional examples of State health and safety requirements for in-home care that is not licensed.

**Alaska** Health and Safety Guidelines for In-home Care requires in-home providers to ensure the home is free of fire hazards, encourage children to wash their hands and wash their hands for at least 10 seconds with soap and water and rinse before food handling, preparation, serving, eating or table setting, after toileting and assisting children with toileting or diapering and when hands are contaminated with bodily fluids, including nose wiping.

Bright From the Start: **Georgia** Department of Early Care and Learning monitors in-home providers who are required to have a working smoke detector and working fire extinguisher in the place where they provide care. Additionally, fire drills; proper storage of poisons, guns and matches; covering of outlets and fireplaces; safety of outdoor play areas and overall cleanliness and safety of the area are evaluated and discussed during monitoring visits.

In **Utah**, license-exempt providers must maintain a working telephone with emergency numbers posted near the telephone. Hazardous material must be stored in an area inaccessible to children. Providers must meet all local and State fire and safety requirements as defined by law. An approved fire extinguisher and smoke detectors are required on each floor occupied by children.

## Section 6.5 – Exemptions to Health and Safety Requirements

*At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements.* **(658P(4)(B), §98.41(a)(1)(ii)(A))** *Indicate the Lead Agency's policy regarding these relative providers:*

- *All relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.*
- *All relative providers are exempt from <u>all</u> health and safety requirements.*
- *Some or all relative providers are subject to <u>different</u> health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:*

More than half of the States subject relative care providers, grandparents, great grandparents, aunts, uncles or siblings, to the same health and safety requirements as described in the sections on center-based, group home, family child care and in-home care providers. Only a few States exempt all relative providers from health and safety requirements.

Thirty-two States (AK, AR, CT, DC, DE, GA, HI, IA, ID, IL, IN, KY, LA, MD, MN, MO, MS, MT, NE, NH, NJ, NY, OH, OK, OR, PA, SC, UT, VT, WA, WI, WY) subject all relative providers to the same health and safety requirements as described in Sections 6.1–6.4.

Five States (AL, ME, MI, ND, TX) exempt all relative providers from all health and safety requirements.

Fourteen States (AZ, CA, CO, FL, KS, MA, NC, NM, NV, RI, SD, TN, VA, WV) subject some or all relative providers to different health and safety requirements from those described in Sections 6.1–6.4.

In **Arizona**, providers who are grandparents, aunts, uncles or siblings are referred to as Non-Certified Relative Providers and are not subject to licensing regardless if they care for children in their own home or the children's home. These providers are subject to the following health and safety requirements:

- Certification that they are not awaiting trial on, and have never been convicted of or admitted committing, any criminal offenses specified by State statute and that they have not committed any act of sexual abuse of a child;
- Certification that they are not the parent or guardian of a child adjudicated to be a dependent child, as defined by State statute;
- Certification that they have not been denied a license to operate a facility nor had a license or certification revoked; and
- Compliance with State statutory fingerprint requirements.

In **Florida**, grandparents, great-grandparents, aunts, uncles and adult siblings of the child are not required to be licensed or registered if they are caring for grandchildren, great-grandchildren, nieces, nephews, sisters or brothers. They are not required to meet any other requirements except they must provide caregiver information to the local early learning coalition's fiscal agent for reimbursement purposes and are required to participate in the introductory training course. In addition, a Florida Abuse Hotline Information Systems records check is completed.

In **Nevada**, in-home care and care provided by a qualified relative in his or her home is exempt from health and safety requirements. However, the parent can request a home visit for evaluation and recommendations for improvements.

# Section 6.6 – Enforcement of Health and Safety Requirements

*Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements.* **(658E(c)(2)(E), §§98.40(a)(2), 98.41(d))** *The following is a description of how health and safety requirements are effectively enforced:*

Most States indicate health and safety requirements are met through unannounced visits, background checks and reporting serious injuries. Additional methods of addressing health and safety issues include investigation of complaints, providing technical assistance to providers and initiating corrective actions.

## Unannounced Visits

*Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?*

Forty-six States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, IL, IN, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN,[12] TX, UT, VA, VT, WA, WI, WY) report that child care providers are subject to routine unannounced visits.

Five States (ID, KS, KY, MS, WV) report that child care providers are not subject to routine unannounced visits.

In many States, the frequency of unannounced inspections varies by type of program. Most States conduct unannounced inspections at least once a year in center-based programs, group homes and family child care homes.

[12] In Tennessee, unregulated family home providers exempt from licensing and participating in the assistance program are not subject to unannounced visits, but are required to complete one annual scheduled visit by staff of the Lead Agency or its contract agency staff. All other providers are required to have unannounced visits.

## Center-Based Programs

Twenty-three States (AZ, DC, DE, HI, IA, IL, IN, LA, MD, NC, ND, NE, NJ, NM, OH, OR, SD, TX, UT, VA, WA, WI, WY) report that they conduct unannounced inspections in center-based programs once a year.

> **Louisiana** licensing requirements are enforced by Department of Social Services licensing specialists making onsite visits to child care centers. Inspections are mandated by State law to be at regular intervals not to exceed one year, or as deemed necessary by the Lead Agency, and without previous notice. Follow-up inspections are made to ensure correction of any deficiencies that may have been found. Also, drop-in visits are made at random times to check for continued compliance.

Eight States (AR, FL, GA, MO, MT, NV, OK, TN) report that they conduct unannounced inspections in center-based programs more than once a year.

> In **Georgia**, all child care centers are visited an average of three times a year. Annual licensing inspections by the Georgia Department of Early Care and Learning to licensed child care programs and all follow-up and complaint investigations are unannounced. Technical assistance visits to child care centers typically are announced.

> In **Tennessee**, the minimum number of unannounced visits required to be performed on each agency every licensing year is determined according to the Tennessee Child Care Evaluation and Report Card Program and the Star-Quality Child Care Program as follows: six visits for new agencies and those not eligible for stars, five for agencies eligible for one star and four for agencies eligible for two or three stars.

Seven States (AK, CA, CO, CT, MI, NH, PA) conduct unannounced inspections in center-based programs less than once a year.

One State (AL) reports it conducts monitoring visits at licensure renewal, for complaint investigations and as often as needed to enforce licensing requirements.

## Group Homes

Twelve States (DE, HI, IL, ND, NE, NM, OH, OR, SD, TX, UT, WY) report they conduct unannounced inspections in group homes once a year.

> Before the initial license is issued, all licensed group family day care homes in **South Dakota** receive an announced visit by the Division of Child Care Services licensing social worker, who reviews the business practices, staff qualifications and program services and activities. A Department of Public Safety inspector also makes an announced initial visit to the program to review items related to building and fire codes, fire and safety regulations and environmental health and food safety regulations. After licensure, these programs receive an annual unannounced visit by these two entities as long as the license is in place.

Ten States (AK, CA, CO, CT, GA, IA, MI, MT, NH, PA) report they conduct unannounced inspections in group homes less than once a year.

Seven States (AR, AZ, FL, MO, NV, OK, TN) report they conduct unannounced inspections in group homes more than once a year.

> Licensed child care providers in **Florida** are subject to unannounced licensing inspections at least twice a year. Additional unannounced visits may be made based on complaints received or reports filed with the Florida Abuse Hotline.

One State (AL) reports that it conducts monitoring visits at licensure renewal, for complaint investigations and as often as needed to enforce licensing requirements.

### Family Child Care Homes

Sixteen States (AZ, DC, DE, HI, IL, IN, MD, NC, ND, NE, NM, OH, UT, VA, WI, WY) report they conduct unannounced inspections in family child care homes once a year.

> Effective January 1, 2005, **Maryland's** child care licensing laws were amended to require each family day care home to have a routine unannounced inspection every year.

> In **North Carolina**, all family child care homes are monitored annually, at which time the Lead Agency assesses continued compliance with home requirements. Consultants also make unannounced visits to investigate reports of noncompliance and allegations of child abuse or neglect and to follow up on sanctions imposed by the Lead Agency. Fire, sanitation and building requirements must be met in accordance with State and local requirements and are monitored by the Lead Agency unless local ordinances mandate inspections by local personnel.

Thirteen States (AK, CA, CO, CT, GA, IA, MI, MT, NH, NY, SD, TX, WA) report they conduct unannounced inspections in family child care homes less than once a year.

Six States (AR, FL, MO, NV, OK, TN) report they conduct unannounced inspections in family child care homes more than once a year.

> **Oklahoma** State statute requires all child care facilities, including family child care homes, be licensed. Upon licensure, Oklahoma Department of Human Services licensing staff conducts a minimum of three unannounced visits each year.

One State (AL) reports it conducts monitoring visits at licensure renewal, for complaint investigations and as often as needed to enforce licensing requirements.

### In-Home Care

One State (AZ) reports it conducts unannounced inspections on in-home providers once a year.

One State (NC) reports it conducts unannounced inspections on in-home providers less than once a year.

## Background Checks

*Are child care providers subject to background checks?*

Fifty-one States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) subject child care providers to background checks.

- Twenty-four States (AR, AZ, CA, DE, FL, HI, IA, ID, IL, IN, MD, MT, ND, NJ, NM, NY, PA, SC, SD, VA, VT, WI, WV, WY) report child care providers are subject to child abuse registry checks.
- Eighteen States (AZ, CO, FL, HI, ID, IN, MD, NJ, NM, NY, OR, PA, SC, SD, VA, WA, WI, WY) specify that child care providers are subject to State criminal background checks.
- Twelve States (AR, AZ, CO, FL, ID, MD, NM, OR, PA, SC, SD, WA) specify that child care providers are subject to FBI criminal background checks.
- Eleven States (AZ, CO, FL, ID, MD, NM, OR, PA, SC, SD, WA) specify that child care providers are subject to both State and FBI criminal background checks.
- Eight States (AZ, FL, ID, MD, NM, PA, SC, SD) subject child care providers to State and FBI criminal background checks and child abuse registry checks.
- Four States (IA, ND, NY, SC) check sex offender registries.
- Three States (HI, KS, MT) conduct annual criminal background checks on child care providers.
- One State (NV) reports that parents make decisions on whether or not their child care provider is subject to background checks.

The following examples illustrate the types of background checks providers might experience.

In **Arkansas**, all licensed and registered providers are subject to background checks. Criminal history checks are mandated every 5 years and Central Registry maltreatment checks are mandated every 2 years. FBI checks are required for all owner/operators of licensed care and for any employee who has not resided in the State for the previous 6 years.

All publicly funded child care providers in **Florida**, except informal providers who are not licensed or registered and who care for children from up to two unrelated families, are subject to a background check. Background checks include fingerprinting, a local law enforcement background check, a Florida Department of Law Enforcement criminal history check, an FBI background check, an employment history check and a Statement of Affidavit of Good Moral Character. Informal providers are required to have a child abuse and neglect background screening.

In **Kansas**, regulations require background checks be conducted on all persons, 10 years of age and older, living, working or regularly volunteering in the child care home or facility. Identifying information must be submitted initially upon application or within one week of living, working or volunteering in the child care home or facility. Upon receipt of this information, the Kansas Department of Health and Environment initiates the background check. In addition, background checks are conducted annually when the license/certificate is renewed.

**New York** enacted legislation requiring criminal background checks for all applicants, current operators and assistants in child care centers, school-age child care programs, group family child care homes and family child care homes. Volunteers who may have regular and substantial contact with children and persons 18 years of age and older who live in family and group family homes also must be checked for criminal backgrounds. Providers of legally exempt child care who are enrolled with a local department of social services are required to attest to criminal history on behalf of themselves, all employees, assistants, volunteers and household members age 18 and older.

In **Texas**, each caregiver who is newly employed in a licensed, registered or listed child care facility must undergo a criminal background check at the time of employment and once every 24 months thereafter. In addition, for licensed, registered and listed child care home providers, anyone living in the home who is older than 14 years of age is subject to the same requirements.

## Reporting Serious Injuries

*Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)*

Forty-four States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, IL, IN, KS, LA, MA, MD, ME, MI, MN, MS, MT, NC, ND, NE, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TX, UT, VT, WA, WI, WV, WY) require child care providers to report serious injuries while a child is in care.

- Fifteen States (AL, AR, CA, CO, CT, DC, GA, KS, LA, MD, NJ, OK, SD, WV, WY) require child care providers to report serious injuries within 24 hours.
- Eleven States (AR, DE, IA, IL, KS, MA, MN, MS, NM, NV, WV) require child care providers to report serious injuries immediately.
- Three States (TX, VT, WI) require child care providers to report serious injuries within 48 hours.

In the **District of Columbia**, all licensed providers are required to report any unusual incident by telephone to the program monitor immediately, or as soon as possible, and no later than 24 hours following the incident.

Under **Maryland** child care licensing regulations governing child care centers and family child care homes, an operator or provider must notify the Office of Child Care within 24 hours of the death of a child if the child died while at a center or home; the death of a child enrolled at a center or home if the child died of a contagious disease, regardless of where the death actually occurred and an injury to a child while the child is at the center or home or participating in an off-site activity if the injury requires treatment by a medical professional or admission to a hospital.

In **North Carolina**, all child care centers and family child care homes must submit a report to the Division of Child Care each time a child receives medical treatment by a health care professional as a result of an incident occurring while the child is in care. The report must be signed by the parent and include the child's name, date and time of incident, part of body injured, type of injury, names of adult witnesses, description of how and when the incident occurred, piece of equipment involved (if any), treatment received and steps taken to prevent reoccurrence. The Division uses these data to track the number and type of injuries that occur in child care facilities each year.

Nine States (AZ,[13] CT,[14] HI, ID, KY, MO, NH, TN, VA) do not require child care providers to report serious injuries while a child is in care.

## Other Enforcement Methods

*Other methods used to ensure that health and safety requirements are effectively enforced:*

Forty-one States (AR, AZ, CA, CO, DC, DE, FL, GA, HI, IA, IL, IN, KS, KY, LA, MA, MD, MI, MO, MS, MT, NC, ND, NE, NH, NM, NY, OH, OR, PA, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) use other methods to ensure effective enforcement of health and safety requirements.

Twenty-four States (CA, CO, DC, FL, HI, IL, IN, KS, KY, MA, MI, MT, ND, NH, OH, PA, SD, TN, UT, VA, VT, WA, WI, WV) use monitoring site visits.

In **Colorado**, centers are visited every 1 to 2 years by different regulatory agencies. Licensing staff conducts unannounced visits, determined by a risk-based model. Visits occur on a time interval from once a month to once every 3 years.

[13] In Arizona, only family child care providers and in-home providers are required to report serious injuries. There are no reporting requirements for child care centers, group homes or noncertified relative providers.

[14] In Connecticut, child day care centers and group day care homes do not have specific reporting requirements unless it is deemed a report of abuse, neglect or reportable disease and laboratory finding. Family child care providers are required to report serious injuries.

In **Tennessee**, unregulated family home providers exempt from licensing and participating in the assistance program are subject to an initial home inspection then an annual home inspection for basic health and safety conditions. For agencies licensed by the State, health and safety requirements are enforced in a variety of ways. Licensing staff investigates all complaints, and all agencies receive between four and six announced visits and one unannounced visit each year.

Twenty States (CA, HI, IN, KS, MA, MI, MS, NE, NH, NM, NY, OH, SD, TN, TX, UT, VA, VT, WA, WI) use complaint investigations.

As required by law, the **Michigan** Department of Human Services Division of Child Day Care Licensing monitors each provider annually to ensure quality standards are met. The Lead Agency investigates complaints related to alleged licensing rule and act violations.

**Vermont** responds to complaints from parents, staff and community members with in-person investigative visits by licensing staff.

Fourteen States (AZ, CA, IA, IN, KS, LA, MA, MO, NH, PA, VA, WA, WI, WV) initiate corrective action including denying, revoking, suspending or issuing probationary licenses.

The **Missouri** discipline process for providers who do not correct rule violations may include suspension, probation, denial or revocation of the license or seeking injunctive relief through the circuit court in cases of imminent bodily harm to children in care.

**New Hampshire** licensed child care providers found to be in violation of critical rules or laws are issued a Statement of Findings and must submit a written corrective action plan, including a date by which the violation will be corrected. The Department of Health and Human Services determines critical rules to be those for which noncompliance has the greatest potential to jeopardize the health, safety or well-being of the children in care.

Twelve States (AR, CA, CO, DE, IL, MO, MT, NC, OR, VT, WA, WV) require fire, sanitation, building or health inspections in addition to licensing inspections.

In **North Carolina**, sanitation inspections in centers are performed twice a year by environmental health specialists. Fire inspections are performed annually in centers by the local fire inspector or fire marshal. The North Carolina Department of Insurance also developed rules for training on fire prevention. Child care centers must have an initial building inspection plus an additional inspection if major renovations or additions are made. Child care consultants may request a building inspection if it appears a building has deteriorated or there is a dangerous condition. A lead investigation can be requested to determine if there is lead-based paint.

Thirteen States (AR, CA, CO, DC, FL, MD, MI, MT, NH, NY, PA, VT, WV) describe licensing processes and requirements.

In **Maryland**, all child care health and safety requirements are specified in State licensing regulations. These requirements are listed on child care licensing inspection forms, which are used for all inspections of licensed child care facilities. During an inspection, assessment of compliance with these requirements is made through direct observation and review of applicable documentation maintained on file at the facility.

Twelve States (AZ, CA, DE, GA, IA, KY, MA, NC, SC, VT, WA, WI) offer technical assistance to providers.

Technical assistance is provided by Licensing Specialists in **Delaware** to ensure health and safety requirements are enforced effectively. This may occur on an as-requested basis or during announced or unannounced visits. Training sessions are offered throughout the year, some of which address these issues.

In **Georgia**, child care providers are linked to local agencies that can offer onsite technical assistance to meet standards. The local agencies include child care resource and referral agencies, child care health consultants and various technical assistance projects that assist programs working to meet standards.

Eight States (AZ, CA, DE, MA, MI, NC, WA, WI) conduct orientations, meetings or trainings.

In **Wisconsin**, licensing specialists and certification specialists speak at provider support group meetings, training events and conferences about licensing and certification rules and health and safety issues.

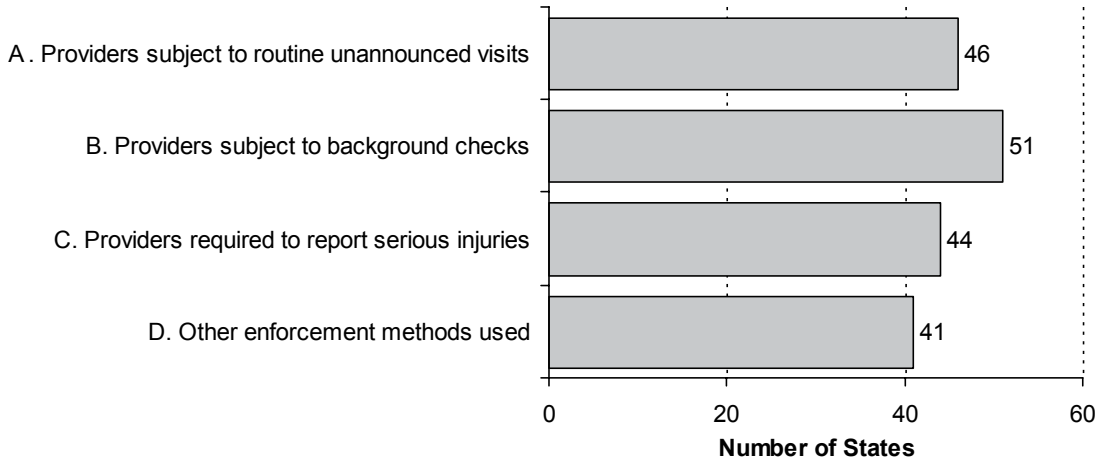
Six States (CA, DC, IN, KS, MO, WV) impose fines or bring civil or criminal actions to ensure enforcement of health and safety requirements.

Statutes authorize the **Kansas** Department of Health and Environment to enforce compliance through correction orders, denials, revocation, civil penalty up to $500 per day, emergency suspension and injunction. The Department of Health and Environment employs a full-time child care attorney to litigate orders. Approximately 30 percent (annually) of the regulated child care community is issued enforcement action. Administrative procedures are established and followed.

**West Virginia** law allows certain penalties for failure to comply with State code requirements with regard to operation of a child care program. If a child care center is operating without a license when a license is required, the operator is guilty of a misdemeanor and, upon conviction, is punished by imprisonment not exceeding 1 year, or a fine of not more than $500, or both. If a family day care provider operates without certification when certification is required, the provider is guilty of a misdemeanor and, upon conviction, is punished by a fine of not more than $500. If a violation may result in serious harm to children in care, the licensing agency also may seek injunctive relief against a program.

Chart 6.6 shows the methods used by States to ensure providers of child care services comply with all applicable health and safety requirements.

**CHART 6.6**
**Enforcement of Health and Safety Requirements**




| | |
|---|---|
| A | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, IL, IN, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WY |
| B | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| C | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, IL, IN, KS, LA, MA, MD, ME, MI, MN, MS, MT, NC, ND, NE, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TX, UT, VT, WA, WI, WV, WY |
| D | AR, AZ, CA, CO, DC, DE, FL, GA, HI, IA, IL, IN, KS, KY, LA, MA, MD, MI, MO, MS, MT, NC, ND, NE, NH, NM, NY, OH, OR, PA, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |

Data provided for MA are from the FY 2004-2005 Child Care and Development Fund Plan.

## Section 6.7 – Exemptions from Immunization Requirements

*The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency.* **(§98.41(a)(1))**

- *Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).*
- *Children who receive care in their own homes.*
- *Children whose parents object to immunization on religious grounds.*
- *Children whose medical condition contraindicates immunization.*

Most States offer exemptions from immunization requirements based on children's medical conditions that contraindicate immunization and parent objections on religious grounds.

Fifty States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) exempt children whose medical condition contraindicates immunization.

Forty-nine States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) exempt children whose parents object to immunization on religious grounds.

Sixteen States (AK, AL, CO, DE, FL, KS, MA, ME, MI, MO, MT, NC, OK, PA, TX, WA) exempt children who receive care in their own homes.

Fifteen States (AL, AZ, CO, DE, FL, KS, MA, ME, MI, MO, MT, NC, PA, TX, WA) exempt children who are cared for by relatives, defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles.

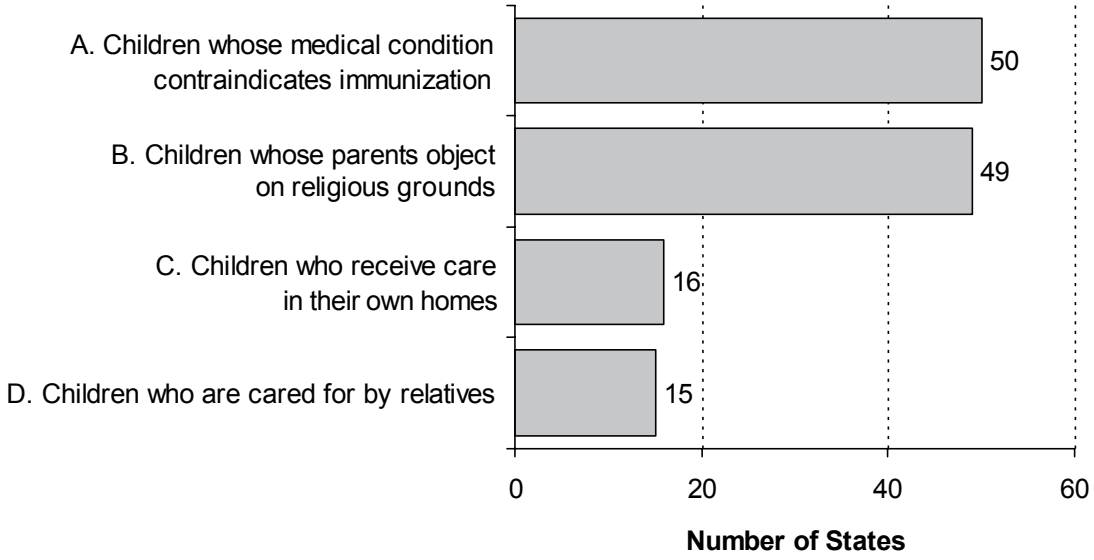
One State (MS) does not exempt children from immunization requirements.

In **New Jersey,** if a child's parent objects to a physical examination, immunization or medical treatment for his or her child on grounds that it interferes with the free exercise of the child's religious rights, the center or family child care home must admit the child, provided the parent submits a signed written statement upon the child's admission. If immunizations are contraindicated for medical reasons, the center or family child care home may choose to admit the child, provided the parent submits a written statement from a licensed physician.

In **Ohio**, immunization requirements may be waived for religious reasons by the Ohio Department of Job and Family Services Director upon submission of the parent's written request, or for medical reasons upon submission of a statement signed by a licensed physician. The parent's request and the County Director's waiver must be on file at the Ohio Department of Job and Family Services and the Director must give a copy to the provider. The waiver request and approval must be updated annually by the parent and the Director.

Chart 6.7 shows the conditions under which States grant children exemptions from immunization requirements.

## CHART 6.7
### Conditions Under Which States Grant Exemptions from Immunization Requirements




| | |
|---|---|
| **A** | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| **B** | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY |
| **C** | AK, AL, CO, DE, FL, KS, MA, ME, MI, MO, MT, NC, OK, PA, TX, WA |
| **D** | AL, AZ, CO, DE, FL, KS, MA, ME, MI, MO, MT, NC, PA, TX, WA |

Data provided for MA are from the FY 2004-2005 Child Care and Development Fund Plan.

PART 7

# Health and Safety Requirements in the Territories

Like States, Territories have to establish health and safety requirements for providers serving children who receive child care assistance through the Child Care and Development Fund (CCDF).[1] This part summarizes Territory health and safety requirements for both licensed and nonlicensed child care providers, as well as requirements for the prevention and control of infectious disease, building and physical premises safety and health and safety training for center-based, group home, family child care and in-home care providers. Relatives are subject to the same health and safety requirements as other child care providers in the five Territories. Territories have mechanisms for enforcement of health and safety requirements and allow for exemptions from immunization requirements.[2, 3]

## Section 7.1 – Health and Safety Requirements for Center-Based Providers in the Territories

**(658E(c)(2)(F), §98.41(a), §98.16(j))**

*For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:*

- *The prevention and control of infectious disease (including age-appropriate immunizations)*
- *Building and physical premises safety*
- *Health and safety training*[4]

### Prevention and Control of Infectious Disease

All five Territories (AS, CNMI, GU, PR, VI) require age-appropriate immunizations.

All five Territories (AS, CNMI, GU, PR, VI) require providers to obtain health clearances or health certificates.

Caregivers in **Guam** are required to undergo a complete physical examination to obtain a health certificate. All children in center-based care are required to maintain a current immunization schedule, as verified by children's shot records.

---

1 CCDF Final Rule, 45 CFR Section Parts 98 and 99. *Federal Register* 63:142 (24 July 1998).

2 Health and safety requirements for American Samoa, the Commonwealth of the Northern Mariana Islands and Guam are not included on the National Resource Center for Health and Safety in Child Care and Early Education web site, which was described in Part 6 on page 255. Virgin Islands and Puerto Rico requirements are available on this site; however, Puerto Rico's requirements are available only in Spanish.

3 Data from American Samoa and the Virgin Islands are from the Fiscal Year 2004-2005 CCDF Plans.

4 Child Care and Development Fund (CCDF) Plan Preprint text appears in italics throughout this report. References to relevant laws and regulations appear in bold.

Two Territories (PR, VI) require providers to complete physical examinations, conduct daily health checks on children and isolate children who become ill while in care and immediately notify their parents.

In **Puerto Rico**, center-based providers are required to submit a health certificate, which must be updated yearly, for all the employees as a part of the licensing process. Children also are required to have all age-appropriate immunizations for common childhood diseases and a physical examination upon enrollment at the center. Children with communicable diseases are not admitted to facilities. Every child must undergo a daily physical check upon arrival at the center to identify any lesions or symptoms of a communicable disease. Children who become ill are isolated from the other children and parents must be notified.

In one Territory (AS), public health nurses conduct periodic site visits to monitor children's immunization status and conduct general health screenings.

One Territory (CNMI) requires children's participation in a dental program and completion of health forms similar to those used in Head Start.

## Building and Physical Premises Safety

All five Territories (AS, CNMI, GU, PR, VI) require inspections of the building and physical premises.

The **Commonwealth of the Northern Mariana Islands** requires that the physical environment be conducive to learning, with space organized by functional areas with 33 square feet of indoor area per child and 75 square feet of outdoor fenced play area. The center should have working fire extinguishers, smoke alarms, strong water pressure, outdoor playground equipment, a fan or air conditioner, a working telephone, fireproof record storage, non-toxic toys, water coolers and a constant supply of drinking water. All buildings and grounds are required to be inspected and certified by Public Health and Environmental Services.

**Guam** requires inspections by the Fire Department, the Environmental Protection Agency and the Division of Environmental Health.

In **Puerto Rico**, buildings and physical facilities that house a child care center must undergo a thorough evaluation by several agencies as part of the licensing process. If the building is under construction or renovation, the Permit and Regulation Administration examines the building for construction defects, architectural barriers and other health and safety hazards. The Environmental Quality Board of the Health Department inspects for hygiene and sanitation in the kitchen and bathroom areas, as well as running water facilities, before issuing a permit. The Fire Department inspects for fire hazards before issuing a permit. All centers must have these permits to apply for a license.

## Health and Safety Training

All five Territories (AS, CNMI, GU, PR, VI) require providers to attend health and safety training.

The **Commonwealth of the Northern Mariana Islands** requires training in infant and child CPR, fire extinguisher use, and on-premises safety requirements. During the Fiscal Year 2006-2007 CCDF Plan period, trainings/seminars will be provided on the new *Health & Safety Handbook*. In addition, family health history records are required.

**Guam** requires 15 hours of training annually in health and safety, nutrition, first aid, child abuse and its detection and caring for children with special needs.

**Puerto Rico** requires annual CPR/first aid training. In addition, centers must develop emergency evacuation plans, which must be posted within sight of caregivers in charge of children. Personnel and children are required to participate in monthly evacuation drills.

# Section 7.2 – Health and Safety Requirements for Group Home Providers in the Territories

**(658E(c)(2)(F), §98.41(a), §98.16(j))**

*For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:*

- *The prevention and control of infectious disease (including age-appropriate immunizations)*
- *Building and physical premises safety*
- *Health and safety training*

## Prevention and Control of Infectious Disease

All five Territories (AS, CNMI, GU, PR, VI) require age-appropriate immunizations.

The **Commonwealth of the Northern Mariana Islands** requirements for group homes are the same as requirements for centers, including participation in a dental program and completion of health forms for children.

**Guam** requires providers to complete a physical examination and obtain a health certificate. All children must be immunized.

**Puerto Rico** requires providers and their family members to submit health certificates. Children must be immunized and have a physical examination upon enrollment with the provider. Providers are required to isolate children who become ill while in care and immediately notify their parents.

## Building and Physical Premises Safety

In four Territories (AS, CNMI, GU, VI), requirements for building and physical premises safety for group homes are the same as requirements for centers.

One Territory (PR) reports a different set of requirements for group homes.

> Requirements for building and physical premises safety in **Puerto Rico** include adequate ventilation and lighting in all rooms used by children, where food service is prepared and in bathrooms; sufficient indoor and outdoor play space for children where family child care is located; a fence and a gate in yards, which can be locked securely; a well-ventilated location, protected from insects and other animals, for food storage and compliance with the regulations established by the Bureau of the Environmental Health, Department of Health and Fire Department.

## Health and Safety Training

In four Territories (AS, CNMI, GU, VI), requirements for health and safety training for group homes are the same as requirements for centers.

One Territory (PR) requires first aid and CPR training, and group homes are monitored for compliance by the Licensing Division.

# Section 7.3 – Health and Safety Requirements for Family Providers in the Territories

**(658E(c)(2)(F), §98.41(a), §98.16(j))**

*For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:*

- *The prevention and control of infectious disease (including age-appropriate immunizations)*
- *Building and physical premises safety*
- *Health and safety training*

## Prevention and Control of Infectious Disease

In four Territories (AS, CNMI, GU, VI), requirements for the prevention and control of infectious disease for family providers are the same as requirements for centers and group homes.

One Territory (PR) requires providers to submit health certificates.

> In **Puerto Rico**, children must be immunized and have a physical examination upon enrollment with the provider. Providers are required to isolate children who become ill while in care.

## Building and Physical Premises Safety

In all five Territories (AS, CNMI, GU, PR, VI), requirements for family child care are the same as for group homes.

In the **Commonwealth of the Northern Mariana Islands**, family child care providers should provide for a physical environment conducive to learning with space organized by functional area with 33 square feet of indoor area per child and 75 square feet of outdoor play area per child. Rooms should be well lighted, the outdoor play area fenced, and the home should have appropriate water and sanitation systems.

In **Puerto Rico**, family child care providers who care for three or more children are subject to the same health and safety standards as group home providers. Informal providers must submit a police clearance record and a certification that care will be provided in a healthy, drug-free workplace.

## Health and Safety Training

In four Territories (AS, CNMI, GU, VI), requirements for health and safety training for family providers are the same as requirements for centers and group homes.

**Guam** requires all license-exempt providers to complete a minimum of 15 hours of training annually.

In one Territory (PR), family child care providers who care for three or more children are subject to the same health and safety standards as group home providers. Informal child care training also is available for regulated child care providers and informal providers.

# Section 7.4 – Health and Safety Requirements for In-Home Providers in the Territories

**(658E(c)(2)(F), §98.41(a), §98.16(j))**

*For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:*

- *The prevention and control of infectious disease (including age-appropriate immunizations)*
- *Building and physical premises safety*
- *Health and safety training*

## Prevention and Control of Infectious Disease

In three Territories (AS, CNMI, GU), requirements for in-home care for the prevention and control of infectious disease are the same as requirements for centers, group homes and family child care.

One Territory (PR) requires a health certificate for the provider, and children must be immunized and have a physical examination.

One Territory (VI) requires providers to sign an agreement stating the environment is clean and sanitary.

## Building and Physical Premises Safety

All five Territories (AS, CNMI, GU, PR, VI) have requirements related to building and physical premises.

The **Commonwealth of the Northern Mariana Islands** has indoor physical space requirements, which support environments conducive to learning, and outdoor requirements including fenced play areas and a minimum amount of space per child.

In **Guam**, in-home providers must meet Division of Environmental Health inspection requirements.

**Puerto Rico** has standards related to indoor and outdoor play spaces and food handling.

## Health and Safety Training

In four Territories (AS, CNMI, GU, VI), requirements for health and safety training for in-home care are the same as requirements for centers, group homes and family child care.

One Territory (PR) requires first aid training for in-home care providers.

# Section 7.5 – Exemptions to Territorial Health and Safety Requirements

*At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care).* **(658P(4)(B), §98.41(a)(1)(ii)(A))** *Indicate the Lead Agency's policy regarding these relative providers:*

- *All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.*
- *All relative providers are exempt from <u>all</u> health and safety requirements.*
- *Some or all relative providers are subject to <u>different</u> health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to.*

All five Territories (AS, CNMI, GU, PR, VI) report all relative providers are subject to the same requirements as described in Sections 7.1–7.4.

In **Guam**, the requirements also apply to other license-exempt child care providers, such as friends and neighbors who are caring for not more than six children including their own. These providers are not required to be licensed.

## Section 7.6 – Enforcement of Territorial Health and Safety Requirements

*Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements.* **(658E(c)(2)(E), §§98.40(a)(2), 98.41(d))** *The following is a description of how Territorial health and safety requirements are effectively enforced:*

*Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?*

All five Territories (AS, CNMI, GU, PR, VI) conduct unannounced visits.

The **Commonwealth of the Northern Mariana Islands** conducts two visits per year.

**Guam** conducts quarterly visits or as needed.

**Puerto Rico** conducts routine visits.

*The following indicates the providers subject to routine unannounced visits.*

In **Guam**, the Lead Agency conducts unannounced visits of all child care providers to ensure they are in compliance with health and safety requirements.

*Are child care providers subject to background checks?*

All five Territories (AS, CNMI, GU, PR, VI) conduct background checks on all child care providers.

The **Commonwealth of the Northern Mariana Islands** and **Puerto Rico** require police clearance.

In **Guam**, submission of police and criminal court clearances is required for all providers and all other adult members in the household or child care center.

*Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)*

All five Territories (AS, CNMI, GU, PR, VI) require providers to report serious injuries that occur while a child is in care.

The **Commonwealth of the Northern Mariana Islands** requires that critical incidents (i.e., injury of a child in child care) be reported within 24 hours to the Department of Community and Cultural Affairs.

*Other methods used to ensure that health and safety requirements are effectively enforced:*

One Territory (VI) ensures enforcement of health and safety requirements through regular inspections by the Department of Health, the Fire Department and the Department of Planning and Natural Resources.

## Section 7.7 – Exemptions from Territorial Immunization Requirements

*The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency.*
**(§98.41(a)(1))**

All five Territories (AS, CNMI, GU, PR, VI) report immunization requirement exemptions for children whose medical condition contraindicates immunization.

Two Territories (PR,VI) report immunization requirement exemptions for children whose parents object to immunization on religious grounds.

# Acronyms

The following is a list of acronyms used throughout the *Child Care and Development Fund Report of State and Territory Plans FY 2006-2007*, with their corresponding full spellings.

| Acronym | Full Spelling |
|---|---|
| ACF | Administration for Children and Families |
| CalWORKs | California Work Opportunity and Responsibility to Kids |
| CCDF | Child Care and Development Fund |
| FFY | Federal Fiscal Year |
| FY | Fiscal Year |
| IdahoSTARS | Idaho State Training and Registry System |
| IDEA | Individuals with Disabilities Education Improvement Act of 2004 |
| JOBS | Job Opportunities and Basic Skills Training Program |
| Keystone STARS | Keystone Standards, Training, Assistance, Resources, and Support |
| MOE | Maintenance of Effort |
| MRS | Market Rate Survey |
| NACCRR*Aware* | National Association of Child Care Resource and Referral Agencies *Aware* |
| NCCIC | National Child Care Information Center |
| NRCHSCC | National Resource Center for Health and Safety in Child Care |
| Pre-K | Prekindergarten |
| SECCS | State Early Childhood Comprehensive Systems |
| SFY | State Fiscal Year |
| SMI | State Median Income |
| SSI | Supplemental Security Income |
| TANF | Temporary Assistance for Needy Families |
| T.E.A.C.H. Early Childhood ® | Teacher Education and Compensation Helps Early Childhood |
| T.O.P.S.T.A.R. | Tennessee's Outstanding Providers Supported Through Available Resources |

# Glossary of Terms

Several terms are used throughout this report which relate specifically to the Child Care and Development Fund program. This glossary, which includes these specialized words and their definitions, differs from the Temporary Assistance for Needy Families and eligibility and priority definitions that were submitted as part of each Child Care and Development Fund plan. Where applicable, terms in this glossary are derived from Federal sources. Others are drawn from general definitions that may vary from State to State.

| Term | Definition |
|---|---|
| Accessibility and affordability | Families eligible for services through Child Care and Development Fund can choose from among the same types of care as private-paying families. Affordable family copayments and adequate reimbursement rates are central to access. (The Child Care and Development Fund Final Rule encourages States to set their maximum rates no lower than the 75th percentile, based on their most recent Market Rate Survey, to provide families with access to 75 percent of the child care slots in their communities.) |
| Administration for Children and Families | A Federal agency funding State, Territory, local and Tribal organizations to provide family assistance (welfare), child support, child care, Head Start, child welfare and other programs relating to children and families. |
| Afterschool | Child care programs provided before and after school, during summers and on school holidays for children from kindergarten to age 13. |
| AmeriCorps | A network of local, State, and national service programs that connects more than 70,000 Americans each year in intensive service to meet the United States' critical needs in education, public safety, health and the environment. |
| Articulation agreements | Refers to the statewide policies and/or agreements among institutions to accept the transfer of credits. |
| Background check | The process of searching for a history of criminal charges against potential child care providers before they are allowed to care for children. |
| Biennial Child Care and Development Fund Plan | A 2-year plan required of each State and Territory to receive its Child Care and Development Fund grant funding. The plan must include information on how the Child Care and Development Fund program will be administered in the State/Territory in compliance with Child Care and Development Fund statute, regulations and policy. See also *State/Territory Child Care and Development Fund Plan*. |
| Block grant | A grant of Federal money to State and/or other governments to support social welfare programs. |

| Term | Definition |
|---|---|
| Build Initiative | A multi-state partnership that helps States construct a coordinated system of programs, policies, and services that responds to the needs of young children and their families. |
| Career lattice | Levels of mastery connected to a progression of direct service roles in the field (teachers, directors and administrators, family child care providers and operators). |
| Categories of care | Includes center-based child care, group home child care, family child care and in-home care. |
| Center-based child care provider | A provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parents' work. |
| Certificate | See *child care certificate.* |
| Child and Adult Care Food Program | A program authorized at section 17 of the National School Lunch Act. The U.S. Department of Agriculture's Food and Nutrition Service administers the program through grants to States. The program serves nutritious meals and snacks to eligible children and adults who are enrolled for care at participating child care centers, day care homes, and adult day care centers. It also provides meals to children residing in homeless shelters, and snacks to youths participating in after school care programs. |
| Child Care and Development Block Grant | The program, which was created under the original Child Care and Development Block Grant Act, is a discretionary fund program. The integrated entitlement and discretionary child care funding has a single, unified purpose. The U.S. Department of Health and Human Services has named the combined funds the Child Care and Development Fund to reflect this integration of multiple funding sources. |
| Child Care and Development Fund | The child care programs conducted under the provisions of the Child Care and Development Block Grant Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. |
| Child Care and Development Fund Plan | See *State/Territory Child Care and Development Fund Plan.* |
| Child Care Bureau | As part of the Administration for Children and Families, U.S. Department of Health and Human Services, the Bureau is dedicated to enhancing the quality, affordability, and availability of child care for all families. The Child Care Bureau administers Federal funds to States, Territories and Tribes to assist low-income families in accessing quality child care for children when the parents work or participate in education or training. |

| Term | Definition |
|---|---|
| Child care certificate | A check or other disbursement that is issued by a grantee directly to a parent who may use the certificate only as payment for child care services or as a deposit for child care services if such a deposit is required of children being cared for by the provider. |
| Child care resource and referral agency | An agency that assists families in finding, selecting, and paying for child care and other parenting needs and that works with child care providers and community organizations. The agency often helps develop new child care spaces and analyzes and reports on child care supply and demand. |
| Child Development Associate | An individual who has successfully completed a Child Development Associate assessment and has been awarded the Child Development Associate Credential. He or she is able to meet the specific needs of children and works with parents and other adults to nurture children's physical, social, emotional and intellectual growth in a child development framework. Earning an associate credential demonstrates competency in the ability to meet the competency goals through work in a center-based, home visitor or family child care program. |
| Collaboration | The act of working together with one or more person(s) in order to achieve a goal. |
| Consultation | Involves the participation of an appropriate agency in the development of the State plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments. |
| Consumer education | Information disseminated to parents of eligible children and the general public that will promote informed child care choices. |
| Contracts and grants | An agreement between a State or Territory Lead Agency and a provider to provide funding in exchange for direct child care services and/or reserved slots in child care facilities for specific populations. These services may include Head Start wraparound initiatives, school-age child care and programs that target specialized populations or services, such as child care for migrant or teen parent populations or child care during nontraditional hours. |
| Coordination | Involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private. At a minimum, Lead Agencies must coordinate with other Federal, State, local, Tribal (if applicable) and/or private agencies responsible for providing child care and early childhood development services; public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health); employment services/ workforce development; public education; Temporary Assistance for Needy Families and any Tribes in the State receiving Child Care and Development Fund funds. |
| Copayment | The family's contribution to the cost of child care. |

| Term | Definition |
|---|---|
| Credential | A document or record certifying that an individual has met a defined set of requirements set forth by the grantor of the credential, usually related to skills and knowledge and may include demonstrations of competence. |
| Developed | For early childhood program coordination plans: A plan for early childhood program coordination has been written but has not yet been implemented.<br><br>For early learning guidelines: The State or Territory has approved the early learning guidelines, but has not yet developed or initiated an implementation plan.<br><br>For professional development plans: A plan for professional development has been written but has not yet been implemented. |
| Developing | For early childhood program coordination plans: A plan for early childhood program coordination is being drafted.<br><br>For early learning guidelines: The State or Territory is in the process of developing early learning guidelines.<br><br>For professional development plans: A plan is being drafted. |
| Direct TANF Spending on Child Care | Federal Temporary Assistance for Needy Families (TANF) funds used for child care services. |
| Discretionary funds | Discretionary funds are 100 percent Federal funds and are allocated to States using a proportional formula based on three factors:<br>■ Young Child Factor – the ratio of the number of children under age 5 in the State to the number of such children in all States;<br>■ School Lunch Factor – the ratio of the number of children receiving free or reduced lunch in the State to the number of such children in all States; and<br>■ Allotment Proportion Factor – the per capita income of all individuals in all the States (averaged over a 3-year period) divided by the per capita income of all individuals in the State (averaged over a 3-year period). |
| Domains of voluntary guidelines for early learning | Early learning guidelines reflect expectations for children's development of knowledge, skills, and competencies in various domains, such as language, cognition, early literacy, early math concepts, and social and emotional competence. These competencies differ for children of different ages, e.g., infants, toddlers, and preschoolers. The *Good Start, Grow Smart* presidential initiative addresses knowledge and competencies for children ages 3 to 5 in the domains of early language, literacy, pre-reading and early math concepts. |

| Term | Definition |
|---|---|
| Early Childhood Comprehensive Systems Initiative | An initiative funded by the U.S. Department of Health and Human Services Maternal and Child Health Bureau. Its purpose is to support State Maternal and Child Health Agencies and their partner organizations in collaborative efforts to strengthen the State's early childhood systems of services for young children and their families. |
| Early Head Start | With the reauthorization of the Head Start program in 1994, the U.S. Congress established a new program for low-income families with infants and toddlers and pregnant women called Early Head Start. The Early Head Start program provides resources to community programs to address such needs and to achieve the purposes set forth by Congress. The local programs funded through Early Head Start operate as a national laboratory to demonstrate the impact that can be gained when early, continuous, intensive and comprehensive services are provided to pregnant women and very young children and their families. |
| Early learning guidelines | Research-based, measurable expectations about what children should know (understand) and do (competencies and skills) in different domains of learning. While these guidelines may be voluntary in their implementation, they should be relevant without regard to child care setting or whether or not a child has spent his or her preschool years in the care of a parent. Early learning guidelines differ from instructional guidelines, i.e., guidelines that identify the processes or practices that support development of knowledge, competencies and skills in children. |
| Earmarks | See *quality earmarks and quality set-aside.* |
| Earned Income Tax Credit | Sometimes called the Earned Income Credit, this credit is a refundable Federal income tax credit for low-income working individuals and families. The U.S. Congress originally approved the tax credit legislation in 1975 in part to offset the burden of social security taxes and to provide an incentive to work. |
| Electronic Benefits Transfer | A term related to Electronic Funds Transfer, frequently used in the social services sector. Electronic Fund Transfer refers to a method of remitting electronic payments via direct deposit to banking accounts. Using the benefit technology, benefit programs enable electronic payments to be made to individuals or businesses, and also can provide non-cash benefits such as Food Stamps. |
| Eligibility limit or threshold | The maximum income levels, set by each Child Care and Development Fund grantee, below which families may be eligible to receive child care assistance to work or attend school. |
| Equal access | The Lead Agency shall certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families in the area served by the Lead Agency to child care services comparable to those provided to families not eligible to receive Child Care and Development Fund assistance or child care assistance under any other Federal, State or Tribal programs. |

| Term | Definition |
|---|---|
| Error rate | The calculation of the number of child care cases per 100 that are in error. |
| Exceptions to individual penalties | A State may not reduce or terminate Temporary Assistance for Needy Families assistance to a single custodial parent caring for a child younger than age 6 for refusing to engage in required work, if the parent demonstrates an inability (as determined by the State) to obtain needed child care. This exception applies to penalties the State imposes for refusal to engage in work in accordance with either section 407, "Mandatory Work Requirements," or section 402(a)(1)(A)(ii), "Eligible States," of the Social Security Act. |
| Fair Labor Standards Act | An act which establishes minimum wage, overtime pay, recordkeeping and child labor standards affecting full-time and part-time workers in the private sector and in Federal, State and local governments. |
| Faith-based programs | Child care programs operated by religious organizations such as churches, synagogues and mosques. |
| Family child care provider | One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parents' work. |
| Family, friend, and neighbor care | Child care that is provided by family, friends and neighbors. It is also referred to as kith and kin care or as license-exempt care. In some cases, it may also be called informal care. |
| Federal Poverty Income Guidelines | The poverty guidelines are a simplified version of the Federal poverty thresholds used for administrative purposes, e.g., determining financial eligibility for certain Federal programs. Poverty thresholds are used for calculating all official poverty population statistics, e.g., figures on the number of Americans in poverty each year. |
| Fiscal agreement | An agreement between programs for sharing resources between funding streams in the provision of early childhood services. |
| Fiscal Year | The accounting period of the Federal government. It begins on October 1 and ends on September 30 of the next calendar year. Each fiscal year is identified by the calendar year in which it ends and commonly is referred to as "FY." For example, FY 2006 began October 1, 2005, and ends September 30, 2006. |
| Freedom of Information Act | Under this act, Federal agencies are required to disclose records requested in writing by any person. Agencies may withhold information pursuant to nine exemptions and three exclusions contained in the statute. The act applies only to Federal agencies and does not create a right of access to records held by Congress, the courts or by State or local government agencies. Each State and Territory has its own public access laws that should be consulted for access to State and local records. |

| Term | Definition |
|---|---|
| *Good Start, Grow Smart* | President Bush's initiative to help States/Territories and local communities strengthen early learning for young children. The goal of the initiative is to ensure that young children enter kindergarten with the skills they will need to succeed at reading and other early learning activities. |
| Grantee | See *Lead Agency.* |
| Group home child care provider | Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parents' work. |
| Group size | The maximum number of children that is assigned to specific staff and can occupy one physical space. See also *staff-child ratio*. |
| Head Start | A comprehensive child development program that serves children from birth to age 5 and their families. It is a child-focused program and has the overall goal of increasing the school readiness of young children in low-income families. The Head Start program is administered by the Head Start Bureau, the Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. All Head Start programs must adhere to Program Performance Standards. |
| Head Start collaboration offices | State-level offices funded by grants awarded to States to facilitate collaboration regarding activities carried out in the State that are designed to benefit low-income children and families and to encourage Head Start agencies to collaborate with entities involved in State and local planning processes (including the State Lead Agency administering the financial assistance received under the Child Care and Development Block Grant Act of 1990 [42 U.S.C. 9858 et seq.] and the entities providing resource and referral services in the State) in order to better meet the needs of low-income children and families. |
| Health and safety requirements | Requirements in State and local law designed to protect the health and safety of children that are applicable to providers serving children receiving Child Care and Development Fund assistance, including the prevention and control of infectious diseases (including immunizations), building and physical premises safety and minimum health and safety training appropriate to the provider setting. |
| Health consultants | Health professionals who have an interest in and experience with children, have knowledge of resources and regulations and are comfortable linking health resources with facilities that provide primarily child care, education and social services. |

| Term | Definition |
|---|---|
| Healthy Child Care America | A program that seeks to ensure that all children experience quality child care within a nurturing environment and have a medical home. Its principles are based on the fact that families, child care providers and health professionals in partnership can promote the healthy development of young children in child care settings and increase access to preventive health services and safe physical environments. |
| Implementing | For early childhood program coordination plans: A plan for early childhood program coordination has been written and is now in the process of being implemented.<br><br>For early learning guidelines: In addition to having developed early learning guidelines, the State or Territory has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system.<br><br>For professional development plans: A plan for professional development has been written and is now in the process of being implemented. |
| Improper payments | Payments that should not have been made or that were made in an incorrect amount under statutory, contractual, administrative or other legally applicable requirement. Incorrect amounts are overpayments and under payments, including inappropriate denials of payment or service. Improper payments include any payment that was made to an ineligible recipient or for an ineligible service. Improper payments are also duplicate payments, payments for services not received and payments that do not account for credit for applicable discounts. Also called erroneous payments. |
| Inclusion | See *inclusive child care*. |
| Inclusive child care | A child care program that serves children with disabilities or other special needs, and other children, together in a setting where not more than 50 percent of the children enrolled are children with disabilities or other special needs. |
| Indian Tribe | Any Indian Tribe, band, nation or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. § 1601 *et seq.*) that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. |

| Term | Definition |
|---|---|
| Individuals with Disabilities Education Improvement Act Part B | Grants made to States, outlying areas and freely associated States to assist them in providing special education and related services to children with disabilities. |
| Individuals with Disabilities Education Improvement Act Part C | Grants made to assist each State in maintaining and implementing a statewide, comprehensive, coordinated, multidisciplinary and interagency system to provide early intervention services for infants and toddlers with disabilities and their families. |
| Infants and toddlers, Infant/Toddler Earmark | The U.S. Congress earmarked funds in Child Care and Development Fund for specific quality and access activities to improve the quality of care for infants and toddlers. |
| In-home child care provider | An individual who provides child care services in the child's own home. |
| In-service training | Training completed while working as a child care provider. Training can be in the form of workshops or courses and can be provided by the program director or a specific training entity or organization. Many States require a specified number of hours of training to be completed each year to meet licensing requirements. This type of training is also known as ongoing training. |
| Lead Agency | The State, Territorial or Tribal entity to which a grant is awarded and that is accountable for the use of the funds provided. The Lead Agency is the entire legal entity, even if only a particular component of the entity is designated in the grant award document. |
| Legally operating without regulation | A caregiver providing services under Child Care and Development Fund who would not be subject to State or local child care regulations if she or he were not participating in the Child Care and Development Fund program; a number of States, for example, exempt family child care homes that care for a small number of children from regulation. |
| License-exempt provider | A provider who is legally operating child care that is exempt from the regulatory system of the State or community. This type of provider is also called a nonlicensed provider or a legally exempt provider. |
| Licensing agency | A State government agency with the authority to grant permission to child care providers to operate. |
| Licensing or regulatory requirements | Requirements necessary for a provider to legally provide child care services in a State or locality, including registration requirements established under State, local or Tribal law. |
| Licensing/licensed | Child care programs operated in homes or in facilities that fall within the regulatory system of a State or community and comply with those regulations. Some States may call their regulatory processes certification or registration. |

| Term | Definition |
|---|---|
| Literacy | Includes phonological awareness, book knowledge, print awareness, early writing and alphabet knowledge. |
| Maintenance of Effort requirement | The requirement that a State expend at least the same amount of its own State funds for child care as it did in specific previous years in order to be eligible for its share of the non-guaranteed portion of Child Care and Development Fund mandatory funding. |
| Market Rate Survey | A survey of the child care rates being charged by providers who care for children within the local market. States are encouraged to set their provider payment rates based on information from the survey. |
| Matching Funds | Matching Funds are allocated to States on the basis of the number of children under age 13 in a State compared with the national total of children under age 13. To receive these funds, a State must provide Matching Funds at the current Medicaid match rate, obligate the Federal and State share of Matching Funds in the year in which the Matching Funds are awarded, obligate all of its Mandatory Funds in the fiscal year in which the Mandatory Funds are awarded and obligate and expend its Maintenance of Effort Funds in the year in which the Matching Funds are awarded. |
| Maternal and Child Health Bureau | As part of the Health Resources and Services Administration, U.S. Department of Health and Human Services, the Bureau administers Title V of the Social Security Act. Its mission is to provide national leadership and to work in partnership with States, communities, public-private partners and families to strengthen the maternal and child health infrastructure, assure the availability and use of medical homes and build knowledge and human resources to ensure continued improvement in the health, safety and well-being of the maternal and child health population. |
| Mentor/mentoring | A teacher who has worked in the field for a significant time and has received education and training in child development, early childhood education and the teaching of other adults. |
| Migrant (child care) | Migrant child care programs serve the children of agricultural workers while their parents are at work. The centers are open for varying lengths of time during the year, depending largely on the harvest activities in the area. |
| Monitoring | The examination and evaluation of the performance of contract and non-contract providers who provide child care and other related services. Monitoring occurs during normal operations and includes regular management and supervisory activities, comparisons, reconciliations and other actions people take in performing their duties. |
| National Child Care Information Center | As a service of the Child Care Bureau, this national clearinghouse and technical assistance center links parents, providers, policymakers, researchers and the public to early care and education information. |

| Term | Definition |
|---|---|
| National Resource Center for Health and Safety in Child Care | As part of the U.S. Department of Health and Human Services' Maternal and Child Health Bureau, the center supports a comprehensive, current, online listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. |
| Non-governmental entity | An entity that is controlled entirely by private sources completely unrelated to any Federal, State or local government. A public-private partnership is considered a governmental entity. Private organizations and nonprofit organizations are considered non-governmental entities. |
| Nontraditional hours | Care provided to children at times outside of the traditional work day, for example, during the hours between 6:00 p.m. and 7:00 a.m., and between 7:00 a.m. and 6:00 p.m. on Saturday and Sunday. |
| Numeracy | A skill with numbers and mathematics. It refers to numerical literacy. It involves developing confidence and competence with numbers and measures. It requires understanding of the number system, a repertoire of mathematical techniques and an inclination and ability to solve quantitative or spatial problems in a range of contexts. Numeracy also demands understanding of the ways in which data are gathered by counting and measuring, and presented in graphs, diagrams, charts and tables. |
| Onsite child care | Employer-supported child care centers that are located at the business site. |
| Overpayment | A payment which occurs when the amount paid to the client or provider exceeds the benefit that would have been issued if the payment was calculated correctly based on accurate information that was reported, verified and acted on in a timely manner. Most States classify overpayments as an administrative, parental or provider error. |
| Parental choice | Empowering working parents to make their own decisions on the child care that best suits their family's needs.<br><br>The parent or parents of an eligible child who receives or is offered child care services from Child Care and Development Fund shall be offered a choice to enroll the child with an eligible child care provider who has a grant or contract for the provision of such services, if such services are available, or to receive a child care certificate. |
| Parental complaints | Complaints formally lodged with the State or Territory licensing agency by a parent against a provider concerning violations of State licensing requirements. Providers have a due process right to respond to such complaints prior to any adverse outcome being determined. As required by statute, States and Territories must maintain a record of substantiated parental complaints, make information regarding such parental complaints available to the public on request and provide a detailed description of how such record is maintained and is made available. |

| Term | Definition |
|---|---|
| Personal Responsibility and Work Opportunity Reconciliation Act | The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193), as amended, is the welfare reform law that established the Temporary Assistance for Needy Families program. |
| Plan period | The Child Care and Development Fund program to be conducted by the State or Territory for the period October 1, 2005, to September 30, 2007. |
| Planning | For early childhood program coordination plans: Steps are underway to develop a plan for early childhood program coordination.<br><br>For early learning guidelines: The State or Territory is planning for the development of early learning guidelines.<br><br>For professional development plans: Steps are underway to develop a plan for professional development. |
| Prekindergarten | Programs designed for children who are ages 3–5 with early education experiences to prepare them for school. Programs are also referred to as preschool and/or nursery school programs. |
| Presumptive eligibility | An administrative policy extending eligibility to a family based on preliminary information or application materials submitted. Families are considered eligible while the agency verifies documentation and makes a final eligibility determination. |
| Private donated funds | The use of donated funds from a private organization to meet a part of the matching requirement of the Child Care and Development Fund. |
| Professional development | In the child care field, the term refers to opportunities for child care providers to get ongoing training to increase their preparation and skill to care for children. These include mentoring programs, credentialing programs, in-service training, and degree programs. Comprehensive professional development systems for early care and education personnel are accessible and based on a clearly articulated framework; include a continuum of training and ongoing supports; define pathways that are tied to licensure, leading to qualifications and credentials; and address the needs of individual, adult learners. |
| Protective Services | For purposes of determining eligibility and priority for Child Care and Development Fund-funded child care services, Lead Agencies must define this term in the Child Care and Development Fund plan.<br><br>A Lead Agency that chooses to provide respite care to children in protective services must explain the circumstances under which respite care is offered. Respite care can only be used in cases where a child receives or needs to receive protective services.<br><br>Because the use of respite child care may differ from how it is used/defined for other purposes (such as child welfare), the definition should address who makes the determination that a child needs to receive protective services. |

| Term | Definition |
|---|---|
| Public hearing | Process held to provide the public an opportunity to comment on the provision of child care services under the Child Care and Development Fund plan. |
| Public-private partnerships | Activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs. |
| Quality activities | Activities that provide comprehensive consumer education to parents and the public, increase parental choice and improve the quality and availability of child care. |
| Quality earmarks | Specific amounts of money designated by Congress to improve the quality of care for infants and toddlers as well as resource and referral and school-age activities. |
| Quality Rating System | A method to assess, improve and communicate the level of quality in early care and education settings. |
| Quality set-aside | The Child Care and Development Fund Final Rule requires that not less than 4 percent of funding to States and Territories must be set aside for quality activities. |
| Rate differentials | Enhanced provider reimbursement rates paid by a Lead Agency for child care provided in a particular area, for certain children, or at a higher level of quality. |
| Redetermination | The process of confirming the eligibility of participating families for continued receipt of child care assistance. |
| Reimbursement rate ceiling | The maximum rate up to which the State or Territory will reimburse providers' usual and customary charges. |
| Resource and referral | See *child care resource and referral agency.* |
| Resource and Referral and School-age Earmark | U.S. Congress has earmarked funds for resource and referral activities and specific quality and access activities to improve the quality of care for school-age children. |
| Revising | For early learning guidelines: The State or Territory has previously developed early learning guidelines and is now revising those guidelines. |
| School readiness | The experiences children need from birth to age 8 to prepare them to learn, read and succeed in school. Five important dimensions relate to school readiness that interact and affect a child's ability to learn and to succeed in school. These include physical well-being and motor development, social-emotional development, language development, approaches to learning and cognition and general knowledge. |
| Self-certification | Some States allow child care providers or parents to indicate that they meet certain requirements. Often a checklist or other form is used to document compliance with requirements. |
| Set-aside | See *quality earmarks and quality set-asides.* |

| Term | Definition |
|---|---|
| Shaken Baby Syndrome | The collection of signs and symptoms resulting from the violent shaking of an infant or small child. It is a form of child abuse. |
| Sliding fee scale | A system of cost sharing by a family based on income and size of the family. |
| Social-emotional development | The progression of self awareness and regulation. This growth also allows a child to learn to interact with others. |
| Social Services Block Grant | A block grant that funds States, Territories and insular areas for the provision of social services directed toward achieving economic self-support or self-sufficiency; preventing or remedying neglect, abuse or the exploitation of children and adults; preventing or reducing inappropriate institutionalization and securing referral for institutional care, when appropriate. |
| Special needs | For purposes of determining eligibility and priority for Child Care and Development Fund-funded child care services, Lead Agencies must define this term in the Child Care and Development Fund plan. The Lead Agency should distinguish between special needs for purposes of payment rates (i.e., children with disabilities), if applicable, and special needs for purposes of prioritizing services. |
| Staff-child ratio | The number of children who can be supervised by one adult. See also *group size.* |
| State Fiscal Year | The annual period used as the basis for a State's budget and its accounting. Each State sets the beginning and end dates of its fiscal cycle. Typically, State Fiscal Year begins on July 1 and ends on June 30; however, some States use other dates. |
| State Median Income | The amount that divides the distribution of State residents into two equal groups, one group having incomes above the median and the other having incomes below the median. |
| State/Territory Child Care and Development Fund Plan | A plan for use of Child Care and Development Fund funds over a 2-year period that each State and Territory must submit to receive a block grant award. Child Care and Development Fund plans are reviewed and approved by the Administration for Children and Families U.S. Department of Health and Human Services. |
| State Plan Preprint | A document issued by the Administration for Children and Families, which provides States and Territories with questions they must answer regarding Federal requirements and activities related to the administration of the Child Care and Development Fund. |
| State plan for early childhood program coordination | *Good Start, Grow Smart* encourages States and Territories to develop plans for coordinating services across early childhood programs, including Child Care and Development Fund, Head Start, Temporary Assistance for Needy Families and public prekindergarten programs. |
| Subsidy, subsidized child care | A service that is funded partially by public or charitable funds to decrease the cost to parents. |

| Term | Definition |
|---|---|
| Supplemental Security Income | A Federal income supplement program funded by general tax revenues (not Social Security taxes). It is designed to help aged, blind and disabled people who have little or no income, and it provides cash to meet basic needs for food, clothing and shelter. |
| TANF Transfer to Child Care and Development Fund | States and Territories may transfer a total of up to 30 percent of the Temporary Assistance for Needy Families grant to the Discretionary Fund of Child Care and Development Fund. |
| Technical assistance | Information, consultation, and/or training concerning the administration of a program. |
| Temporary Assistance for Needy Families (TANF) | The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193), as amended, is the welfare reform law that established the TANF program. TANF is a block grant program designed to make dramatic reforms to the nation's welfare system by moving recipients into work and turning welfare into a program of temporary assistance. |
| Tiered eligibility | A way to determine whether a family may receive child care assistance. In most States, a single income eligibility threshold is used to determine whether a family may receive child care assistance. Other States use a lower-income limit when making eligibility determinations for families first seeking child care subsidies, and apply a higher income threshold as families' eligibility is periodically redetermined. This two-tier eligibility strategy allows families to retain child care assistance while experiencing modest success in the job market. |
| Tiered reimbursement | Higher payments for providers who demonstrate that they provide better quality child care and payment rates that vary for children with disabilities and other special needs, care during nontraditional hours and other specialized types of care. |
| Training registries/ registry | Databases that tracks all completed personnel training. |
| Transitional child care | Child care assistance provided to families leaving the Temporary Assistance for Needy Families program who continue to meet State or Territory eligibility requirements for participation in the child care assistance program. In some States, transitional low-income families are among the priority populations served and may be guaranteed child care assistance for a period of time after leaving Temporary Assistance for Needy Families. |
| Underpayment | A payment which occurs when a client or provider does not receive all the entitled benefits due to an administrative error or because the client or provider did not report correct information. |
| Unit of service | States and Territories pay providers using different units of service: hourly, daily, weekly and/or monthly. |
| Universal precautions | Methods for injury and infection prevention. |

| Term | Definition |
|---|---|
| Unlimited access | Providers of child care services for which assistance is provided under the Child Care and Development Fund must afford parents unlimited access to their children and to the providers caring for their children, during the normal hours of operations and whenever such children are in the care of such providers. |
| Voucher | See *child care certificate.* |
| Voucher management agency | A private entity that a Lead Agency contracts with to manage aspects of the voucher program, such as eligibility determination or payment processing. |
| Waiting list | A tool used by some States to identify and/or prioritize the order in which families are to be served when funding is not sufficient to enroll new families in the child care assistance program. |
| Warm line | A confidential telephone service with a trained person to provide support for callers, usually for families and/or early care and education workers. |
| Workforce development | A wide variety of support programs, including job training and employment services provided through a one-stop service delivery system administered by local workforce investment boards and funded largely through the Workforce Investment Act of 1998. |
| Wraparound care/ services | Child care that serves children who are enrolled in part-day, school year early education programs such as Head Start and State-funded prekindergarten. It provides basic care for enrolled children before and after the core program, including summers and other breaks in the core program schedule. |

# APPENDIX 1

# CHILD CARE AND DEVELOPMENT FUND LEAD AGENCY CONTACTS

In their FY 2006-2007 Child Care and Development Fund Plans, States and Territories provided contact information for the Lead Agency, which is presented in the following table. An up-to-date list also is available on the National Child Care Information Center's web site at http://nccic.acf.hhs.gov/statedata/dirs/display.cfm?title=ccdf.

*As of July 19, 2006*

| | |
|---|---|
| **Alabama**<br>Alabama Department of Human Resources<br>Child Care Services Division<br>50 North Ripley Street<br>Montgomery, AL 36130<br>Toll-free phone: 866-528-1694<br>Fax: 334-353-1491<br>Web: http://www.dhr.state.al.us/page.asp?pageid=255 | **Alaska**<br>Alaska Department of Health and Social Services<br>Division of Public Assistance<br>Child Care Programs Office<br>619 E. Ship Creek Avenue, Suite 230<br>Anchorage, AK 99501-1677<br>Phone: 907-269-4518<br>Fax: 907-269-4635<br>Web: http://www.hss.state.ak.us/dpa/programs/ccare/ |
| **American Samoa**<br>American Samoa Department of Human and Social Services<br>Social Services Division<br>P.O. Box 997534<br>Pago Pago, AS 96799<br>Phone: 011-684-699-4155<br>Fax: 011-684-699-4144<br><br>American Samoa<br>Department of Human and Social Services<br>Child Care Unit, Division of Social Services<br>P.O. Box 3502<br>Pago Pago, AS 96799<br>Phone: 011-684-699-4155<br>Fax: 011-684-699-4144 | **Arizona**<br>Arizona Department of Economic Security<br>Child Care Administration<br>Site Code 801A<br>1789 W. Jefferson, 3rd Floor SW<br>Phoenix, AZ 85007<br>Phone: 602-542-4248<br>Fax: 602-542-4197<br>Web: http://www.de.state.az.us/childcare/ |

## Arkansas

Arkansas Department of Human Services
Division of Child Care and Early Childhood Education
700 Main Street
P.O. Box 1437, Slot S-140
Little Rock, AR 72203-1437
Toll-free phone: 800-445-3316
Fax: 501-682-8947
Web: http://www.state.ar.us/childcare/

## California

California Department of Education
Child Development Division
1430 N Street, Suite 3410
Sacramento, CA 95814-5901
Phone: 916-322-6233
Fax: 916-323-6853
Web: http://www.cde.ca.gov/sp/cd/op/cdprograms.asp

## Colorado

Colorado Department of Human Services
Office of Children, Youth and Family Services
1575 Sherman Street, 1st Floor
Denver, CO 80203-1714
Toll-free phone: 800-799-5876
Fax: 303-866-4214
Web: http://www.cdhs.state.co.us/childcare/

## Commonwealth of the Northern Mariana Islands

CNMI Public School System
P.O. Box 501370
Saipan, MP 96950
Phone: 670-237-3007
Fax: 670-664-3795

## Connecticut

Connecticut Department of Social Services
Family Services Unit
25 Sigourney Street
Hartford, CT 06106-5033
Toll-free phone: 800-811-6141 (within State)
Fax: 860-424-5335
Web: http://www.dss.state.ct.us/ccare/

## Delaware

Delaware Health and Social Services
Division of Social Services
P.O. Box 906, Lewis Building
1901 N. DuPont Highway
New Castle, DE 19720-1100
Toll-free phone: 800-372-2022
Fax: 302-255-4425
Web: http://www.state.de.us/dhss/dss/childcr.html

## District of Columbia

Early Care and Education Administration
717 14th Street NW, Suite 717
Washington, DC 20005
Phone: 202-727-1839
Fax: 202-724-7228
Web: http://www.dhs.dc.gov/dhs/cwp/view,a,3,q,631046,dhsNav_GID,1460,.asp

## Florida

Agency for Workforce Innovation
Office of Early Learning
107 East Madison Street
Caldwell Building
Tallahassee, FL 32399-4120
Toll-free phone: 866-357-3239
Fax: 850-921-3188
Web: http://www.dcf.state.fl.us/childcare/

## Georgia

Georgia Department of Human Resources
Division of Family and Children Services
Child Care Unit
Two Peachtree Street NW
Suite 21-293
Atlanta, GA 30303-3142
Phone: 404-657-3441
Fax: 404-657-3489
Web: http://dfcs.dhr.georgia.gov/portal/site/DHR-DFCS/

## Guam

Guam Department of Public Health and Social Services
Division of Public Welfare-CCDF
P.O. Box 2816
Hagatna, GU 96932
Phone: 671-735-7274
Fax: 671-734-7015

## Hawaii

Hawaii Department of Human Services
Benefit, Employment, and Support Services
820 Mililani Street, Suite 606, Haseko Center
Honolulu, HI 96813-2936
Phone: 808-586-7050
Fax: 808-586-5229
Web: http://www.hawaii.gov/dhs/self-sufficiency/benefit/

## Idaho

Idaho Department of Health and Welfare
Benefit Program Operations
P.O. Box 83720
Boise, ID 83720-0036
Phone: 208-334-5656
Fax: 208-334-4916
Web: http://www.healthandwelfare.idaho.gov/

## Illinois

Illinois Department of Human Services
Office of Child Care and Family Services
400 West Lawrence, 3rd Floor
Springfield, IL 62762-0001
Phone: 217-785-2559
Fax: 217-524-6030
Web: http://www.state.il.us/dcfs/daycare/index.shtml

## Indiana

Indiana Family and Social Services Administration
Division of Family Resources
402 W. Washington Street, W-392
Indianapolis, IN 46204
Toll-free phone: 800-441-7837
Fax: 317-233-6093
Web: http://www.in.gov/fssa/children/bcd/

## Iowa

Iowa Department of Human Services
Bureau of Family and Community Services
Hoover State Office Building
1305 E. Walnut
Division of BDPS, 5th Floor
Des Moines, IA 50319-0114
Phone: 515-281-7272
Fax: 515-242-6036
Web: http://www.dhs.state.ia.us/dhs2005/dhs_homepage/children_family/child_care/index.html

## Kansas

Kansas Department of Social and Rehabilitation Services
Capacity and Resource Development
Docking State Office Building
915 SW Harrison, 681W
Topeka, KS 66612
Phone: 785-291-3314
Fax: 785-368-8159
Web: http://www.kdheks.gov/bcchf/index.html

| | |
|---|---|
| **Kentucky**<br>Cabinet for Health and Family Services<br>Division of Child Care<br>275 East Main Street, 3W-B<br>Frankfort, KY 40621<br>Toll-free phone: 800-421-1903<br>Fax: 502-564-3464<br>Web: http://chfs.ky.gov/ | **Louisiana**<br>Louisiana Department of Social Services<br>Division of Child Care and Early Childhood Education<br>Office of Family Support<br>755 Third Street, Room 328<br>Baton Rouge, LA 70804<br>Phone: 225-219-4246<br>Fax: 225-219-4248<br>Web: http://www.dss.state.la.us/departments/ofs/Child_Care_Assistance_Program.html |
| **Maine**<br>Department of Health and Human Services<br>Office of Child Care and Head Start<br>11 State House Station<br>Marquardt Building<br>Augusta, ME 04333-0011<br>Phone: 207-287-5014<br>Fax: 207-287-5031<br>Web: http://www.maine.gov/dhhs/occhs/index.htm | **Maryland**<br>Maryland Department of Education<br>Office of Child Care<br>Division of Early Childhood Development<br>200 W. Baltimore Street<br>Baltimore, MD 21201<br>Toll-free phone: 800-332-6347<br>Fax: 410-333-8699<br>Web: http://www.dhr.state.md.us/cca/sub/index.htm |
| **Massachusetts**<br>Massachusetts Department of Early Education and Care<br>600 Washington Street, Suite 6100<br>Boston, MA 02111<br>Phone: 617-988-6600<br>Fax: 617-988-2451<br>Web: http://www.eec.state.ma.us/ | **Michigan**<br>Michigan Department of Human Services<br>Child Development and Care Division<br>235 South Grand Avenue, Suite 1302<br>P.O. Box 30037<br>Lansing, MI 48909-7537<br>Phone: 517-241-0669<br>Fax: 517-335-6236<br>Web: http://www.michigan.gov/dhs/0,1607,7-124-5453_5529---,00.html |
| **Minnesota**<br>Minnesota Department of Human Services<br>Child Care Assistance Program<br>P.O. Box 64951<br>St. Paul, MN 55164-0951<br>Phone: 651-431-4005<br>Fax: 651-431-7526<br>Web: http://www.dhs.state.mn.us/main/groups/children/documents/pub/DHS_id_008688.hcsp | **Mississippi**<br>Mississippi Department of Human Services<br>Office for Children and Youth<br>750 North State Street<br>Jackson, MS 39202<br>Toll-free phone: 800-877-7882<br>Fax: 601-359-4422<br>Web: http://www.mdhs.state.ms.us/ocy.html |

| | |
|---|---|
| **Missouri**<br>Missouri Department of Social Services<br>Children's Division<br>Office of Early Childhood<br>P.O. Box 88<br>Jefferson City, MO 65102<br>Phone: 573-751-6793<br>Fax: 573-526-9586<br>Web: http://www.dhss.mo.gov/ChildCare/index.html | **Montana**<br>Montana Department of Public Health and Human Services<br>Human and Community Services Division<br>P.O. Box 202952<br>Helena, MT 59620-2952<br>Phone: 406-444-1828<br>Fax: 406-444-2547<br>Web: http://www.dphhs.mt.gov/aboutus/divisions/humancommunityservices/ |
| **Nebraska**<br>Nebraska Department of Health and Human Services<br>Child Care<br>P.O. Box 95044<br>301 Centennial Mall South, 4th Floor<br>Lincoln, NE 68509<br>Phone: 402-471-9434<br>Fax: 402-471-9597<br>Web: http://www.hhs.state.ne.us/chc/chcindex.htm | **Nevada**<br>Nevada Department of Human Resources<br>Welfare Division<br>1470 East College Parkway<br>Carson City, NV 89706<br>Phone: 775-684-0630<br>Fax: 775-684-0617<br>Web: http://www.welfare.state.nv.us/ |
| **New Hampshire**<br>New Hampshire Department of Health and Human Services<br>Division for Children, Youth and Families<br>129 Pleasant Street<br>Concord, NH 03301-3857<br>Phone: 603-271-8153<br>Fax: 603-271-4729<br>Web: http://www.dhhs.state.nh.us/DHHS/DHHS_SITE/default.htm | **New Jersey**<br>New Jersey Department of Human Services<br>Division of Family Development<br>6 Quakerbridge Plaza<br>P.O. Box 716<br>Trenton, NJ 08625-0716<br>Toll-free phone: 800-332-9227<br>Fax: 609-588-3051<br>Web: http://www.state.nj.us/humanservices/dfd/chldca.html |

| | |
|---|---|
| **New Mexico**<br>New Mexico Children, Youth and Families Department<br>Child Care Services Bureau<br>P.E.R.A. Building, Room 121<br>P.O. Drawer 5160<br>Santa Fe, NM 87502-5160<br>Toll-free phone: 800-832-1321<br>Fax: 505-827-7361<br>Web: http://www.dhs.state.mn.us/main/groups/children/documents/pub/DHS_id_008688.hcsp | **New York**<br>Department of Family Assistance<br>Office of Children and Family Services<br>Bureau of Early Childhood Services<br>52 Washington Street<br>Room 338, North Building<br>Rensselaer, NY 12144<br>Phone: 518-474-9454<br>Fax: 518-474-9617<br>Web: http://www.ocfs.state.ny.us/main/ |
| **North Carolina**<br>North Carolina Department of Health and Human Services<br>Division of Child Development<br>2201 Mail Service Center<br>Raleigh, NC 27699-2201<br>Phone: 919-662-4543<br>Fax: 919-662-4568<br>Web: http://ncchildcare.dhhs.state.nc.us/ | **North Dakota**<br>North Dakota Department of Human Services<br>Children and Family Services Division<br>Office of Economic Assistance<br>State Capitol<br>600 East Boulevard Avenue<br>Bismarck, ND 58505-0250<br>Toll-free phone: 800-755-2716 (in State)<br>Fax: 701-328-3538<br>Web: http://www.nd.gov/humanservices/ |
| **Ohio**<br>Ohio Department of Job and Family Services<br>Bureau of Child Care and Development<br>255 East Main Street, 3rd Floor<br>Columbus, OH 43215<br>Phone: 614-466-1043<br>Fax: 614-728-6803<br>Web: http://jfs.ohio.gov/cdc/ | **Oklahoma**<br>Oklahoma Department of Human Services<br>Division of Child Care<br>P.O. Box 25352<br>Oklahoma City, OK 73125-0352<br>Toll-free phone: 800-347-2276<br>Fax: 405-522-2564<br>Web: http://www.okdhs.org/childcare/ |
| **Oregon**<br>Oregon Department of Employment<br>Child Care Division<br>P.O. Box 14050<br>Salem, OR 97309-4050<br>Toll-free phone: 800-556-6616<br>Fax: 503-947-1428<br>Web: http://egov.oregon.gov/EMPLOY/CCD/index.shtml | **Pennsylvania**<br>Pennsylvania Department of Public Welfare<br>Office of Child Development<br>Room 521, Health & Welfare Building<br>P.O. Box 2675<br>Harrisburg, PA 17105-2675<br>Toll-free phone: 877-4-PA-KIDS (within State)<br>Fax: 717-346-9330<br>Web: http://www.dpw.state.pa.us/child/ChildCare/ |

## Puerto Rico

Administration of Integral Child Care and Development
Constitution Avenue, Stop 2
P.O. Box 15091
San Juan, PR 00902-5091
Phone: 787-721-1495
Fax: 787-723-5357

ACUDEN
Administration of Integral Child Care and Development
Constitution Avenue, Stop 2
P.O. Box 15091
San Juan, PR 00902-5091
Phone: 787-721-1331
Fax: 787-723-5357

## Rhode Island

Rhode Island Department of Human Services
Office of Child Care
Louis Pasteur Building #57
600 New London Avenue
Cranston, RI 02920
Phone: 401-452-6875
Fax: 401-462-6878
Web: http://www.dhs.ri.gov/dhs/famchild/dcspgm.htm

## South Carolina

South Carolina Department of Social Services
Division of Child Care Services
P.O. Box 1520
Columbia, SC 29202-1520
Toll-free phone: 800-476-0199 (in State)
Fax: 803-898-7625
Web: http://www.state.sc.us/dss/childcare/index.html

## South Dakota

South Dakota Department of Social Services
Division of Child Care Services
700 Governors Drive
Pierre, SD 57501-2291
Toll-free phone: 800-227-3020
Fax: 605-773-7294
Web: http://www.state.sd.us/social/CCS/CCShome.htm

## Tennessee

Tennessee Department of Human Services
Child Care, Adult, and Community Programs
400 Deaderick Street
Nashville, TN 37248-9600
Phone: 615-313-4770
Fax: 615-532-9956
Web: http://www.tennessee.gov/humanserv/childcare.htm

## Texas

Texas Workforce Commission
Child Care Services
101 E. 15th Street, Room 440-T
Austin, TX 78778-0001
Phone: 211 (in State)
Toll-free phone: 877-541-7905
Fax: 512-936-3255
Web: http://www.twc.state.tx.us/svcs/childcare/ccinfo.html

## Utah

Utah Department of Workforce Services
Office of Work and Family Life
140 East 300 South
Salt Lake City, UT 84111
Phone: 801-526-4340
Fax: 801-526-4349
Web: http://jobs.utah.gov/occ/dwsdefault.asp

## Vermont

Vermont Department for Children and Families
Child Development Division
CDD, 2 North
103 South Main Street
Waterbury, VT 05671-2901
Phone: 802-241-4690
Fax: 802-241-1220
Web: http://www.dcf.state.vt.us/cdd/

## Virgin Islands

Virgin Islands Department of Human Services
Knud Hansen Complex Building A
1303 Hospital Ground
St. Thomas, VI 00802
Phone: 340-774-0930
Fax: 340-774-3466

## Virginia

Virginia Department of Social Services
Division of Child Care and Development
Office of Child Care
7 North Eighth Street
Richmond, VA 23219-1849
Phone: 804-726-7640
Fax: 804-726-7655
Web: http://www.dss.virginia.gov/family/cc/index.html

## Washington

Washington Department of Early Learning
P.O. Box 45480
Olympia, WA 98504-5010
Toll-free phone: 866-482-4325
Fax: 360-413-3482
Web: http://www.del.wa.gov

## West Virginia

West Virginia Department of Health and Human Resources
Division of Early Care and Education
350 Capitol Street, Room B18
Charleston, WV 25301-3700
Phone: 304-558-2993
Fax: 304-558-8800
Web: http://www.wvdhhr.org/bcf/

## Wisconsin

Wisconsin Department of Workforce Development
Child Care Section
201 East Washington Avenue
P.O. Box 7972
Madison, WI 53707-7972
Toll-free phone: 888-713-5437
Fax: 608-261-6968
Web: http://www.dwd.state.wi.us/dws/programs/childcare/default.htm

## Wyoming

Wyoming Department of Family Services
Hathaway Building, Room 344
2300 Capitol Avenue
Cheyenne, WY 82002-0490
Phone: 307-777-6848
Fax: 307-777-3659
Web: http://dfsweb.state.wy.us/childcare/toc.htm

# Appendix 2

# Eligibility and Priority Terminology

This appendix describes nine terms related to eligibility and priorities for child care services submitted by States and Territories as part of each Fiscal Year (FY) 2006-2007 Child Care and Development Fund (CCDF) Plan. For some terms, States and Territories provide similar definitions, whereas other definitions differ significantly. A complete list of all State and Territory definitions is available from the National Child Care Information Center at 800-616-2242 and on the Web at http://nccic.acf.hhs.gov/pubs/stateplan2006-07/index.html.[1]

## Attending (a Job Training or Educational Program)

While some States and Territories provide generic definitions, many provide specific information about how attendance in a job training or educational program is verified, what activities are covered and the additional requirements for child care payments to be approved.

Nineteen States (AL, AR, DC, FL, GA, IA, MA, ME, MI, MS, NY, PA, RI, SC, SD, TN, UT, WA, WV) and three Territories (AS, CNMI, GU) include minimum or maximum time requirements for training and education in their definitions, including full- or part-time requirements.

Fifteen States (FL, KY, MI, MN, MO, MT, NC, NM, NV, OK, OR, TX, VA, WI, WV) and one Territory (GU) refer to satisfactory progress or "in good standing" requirements in their definitions.

Twelve States (AL, AR, AZ, CT, DE, GA, IL, KS, NM, OH, RI, TX) and one Territory (PR) include attendance requirements in their definitions.

Seven States (CA, CO, DC, IL, NJ, PA, VT) and two Territories (AS, VI) specifically refer to requirements for verification of enrollment in an approved education program or participation in an approved job training program.

Six States (IL, MT, NC, OK, OR, TN) describe time outside actual education or training hours for which child care can be paid, including travel time, study time, absences and meal time.

## In Loco Parentis

State and Territory definitions are similar for this term; most States refer to an adult who is acting in the place of a parent or who has assumed responsibility for a child. Many States specifically include an adult with legal custody or guardianship. Many States include caretaker relatives, foster and

[1] Data provided for American Samoa, Massachusetts and the Virgin Islands are from the FY 2004-2005 CCDF Plans.

adoptive parents or a person acting in the place of a parent. Some States, like Alabama, Maryland, New Jersey, Oklahoma and Washington, report that the term in loco parentis does not apply to legal custody or guardianship.

## Job Training and Education Program

Definitions for this term vary widely. While a few States report generic definitions, most States describe the types of education and training programs for which child care can be paid.

Forty-eight States (AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY) and four Territories (CNMI, GU, PR, VI) describe job skill development in their definitions, including job-specific training, work experience, on-the-job training and job readiness activities.

Thirty-four States (AK, AL, AZ, CO, CT, DC, DE, GA, IA, ID, IL, IN, KS, LA, MA, MD, MI, MN, MT, NC, ND, NJ, NM, NY, PA, SC, SD, TX, UT, VA, VT, WA, WI, WV) and three Territories (AS, PR, VI) include remedial education in their definitions, including education toward a high school diploma or equivalent, English as a Second Language and Adult Basic Education.

Thirty-four States (AK, AL, AZ, DC, DE, HI, IA, ID, IL, IN, LA, MA, MD, MI, MN, MT, NC, ND, NE, NJ, NM, NY, OK, OR, SC, SD, TN, TX, VA, VT, WA, WI, WV, WY) include post-secondary course work in their definitions, including vocational or technical training or work toward 2-year or 4-year degrees.

## Physical or Mental Incapacity

States and Territories provide various descriptions of a child's physical or mental incapacity, and definitions vary in the level of specificity of how the incapacity is verified.

Thirty-eight States (AK, AL, AR, CA, CT, DC, FL, HI, IA, ID, IL, KY, LA, MA, MD, MI, MN, MO, MT, NC, ND, NE, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, UT, VT, WA, WI, WY) and one Territory (GU) specify that the physical or mental incapacity must be diagnosed by a qualified professional or court ordered.

Twenty-nine States (AK, AL, CA, CT, GA, HI, ID, KY, LA, MD, ME, MI, MT, ND, NH, NJ, NM, NV, NY, OH, OK, RI, SD, TN, UT, VA, VT, WA, WY) and two Territories (GU, VI) define physical or mental incapacity as a child being incapable of self-care.

Eighteen States (AR, CO, CT, DC, DE, FL, GA, IL, IN, KS, MT, NE, NV, NY, OR, TX, VA, WV) and one Territory (PR) define the term as mental or physical functional limitations or developmental delays.

Ten States (ID, IN, LA, MA, MN, MO, MS, OK, OR, WV) specify that receipt by a child of Supplemental Security Income, special education or early intervention services verifies that a child has a physical or mental incapacity.

## Protective Services

All States and Territories providing a definition for protective services refer to children who have been abused or neglected, are at risk of abuse or neglect or are receiving protective services.

Thirteen States (AZ, CA, IA, KY, MI, MO, NY, OH, OR, SD, WA, TX, WI) define protective services to include domestic abuse, alcohol and drug abuse treatment, shelter care, services to the homeless, special needs, disabilities or illness.

- Seven States (AZ, IA, KY, NY, OR, WA, WI) include references to domestic abuse or alcohol and drug abuse treatment in their definitions.
- Six States (AZ, CA, KY, NY, OH, WA) refer to emergency services, such as shelter care or homeless shelters, and services to the homeless in their definitions.
- Six States (AZ, MI, MO, SD, TX, WI) include situations in which an adult or child has special needs, disabilities or illness in their definitions.

Nine States (GA, KY, MS, MT, NJ, OR, TX, VT, WI) and one Territory (AS) specifically include children in foster care in their definitions.

## Residing With

State and Territory definitions for "residing with" vary considerably. Many States and Territories refer to an adult living in the same household with the child. Whether that adult is eligible for child care services varies widely depending on that person's status: parent, foster parent, adoptive parent, step-parent, legal guardian or relative caretaker; whether the adult is acting in loco parentis or how long the adult has been living in the same household.

## Special Needs Child

Most State and Territory definitions focus on children with disabilities, developmental delays or incapacities.

Forty States (AK, AR, AZ, CO, CT, DC, DE, HI, IA, ID, IL, KS, KY, LA, MA, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, SC, UT, VA, VT, WA, WI, WV, WY) define a special needs child as a child with a disability, developmental delay or a physical or mental condition or incapacity, usually as diagnosed by a qualified professional or a program with eligibility requirements.

Nine States (CA, DC, FL, IN, MO, MS, NC, OK, OR) and one Territory (CNMI) include a requirement that eligibility was determined for special education, early intervention services or Supplemental Security Income in their definitions.

Six States (AL, CA, MN, MO, NE, TX) and three Territories (AS, GU, PR) include receipt of protective services in their definitions.

Eight States (DE, GA, MD, MT, NY, SD, TN, VT) include a determination that a child was incapable of self-care in their definitions.

## Very Low Income

Most States define very low income as a percentage of the Federal Poverty Income Guidelines or of the State Median Income.

Twenty-eight States (AL, AZ, CO, DC, DE, FL, GA, HI, IA, ID, IN, KS, KY, LA, ME, MN, NH, NJ, NM, OH, OR, RI, SC, SD, TX, WA, WI, WV) and two Territories (CNMI, GU) define very low income as a percentage of the Federal Poverty Income Guidelines in at least a part of the definition, with the percent ranging from 10 percent to 250 percent.

Ten States (AK, AR, CA, CT, IL, MA, MD, MO, MS, NC) and three Territories (AS, PR, VI) define very low income as a percentage of the State or Territory Median Income in at least a part of the definition, with the percent ranging from 19 percent to 85 percent.

Seven States (AL, MI, MT, NV, TN, UT, WA) report definitions that tie very low income to Temporary Assistance for Needy Families (TANF) eligibility or benefit levels.

## Working

While several States and Territories provide generic definitions of working, most definitions set minimum work requirements or expand the definition to include other work-related activities, such as those required under TANF.

Nineteen States (AZ, CT, DE, ID, IL, IN, KS, MD, ME, MI, MO, NE, NH, NV, OH, OR, SC, VT, WY) and one Territory (GU) provide a generic definition. For instance, one definition was simply "paid or self-employment," while another describes "gainful employment that produces earned income from wages, salaries, commissions, fees, tips or self-employment in one's own business, professional enterprise, partnership or farm."

Seventeen States (AL, AR, DC, GA, IA, KY, LA, MN, MS, MT, PA, RI, SD, TN, TX, UT, WV) and two Territories (AS, CNMI) set minimum work hour requirements within their definitions. Minimum weekly work hour requirements range from 15 hours per week to 40 hours per week.

Seventeen States (AK, AL, CA, CO, FL, HI, IA, NC, ND, NM, NY, OK, SD, TX, VA, WA, WI) report definitions that include work-related terms, such as job search, job training, work experience and community services programs, often as part of meeting TANF work activity requirements.

# INDEX

# Index of States and Territories

U.S. Department of Health and Human Services
Administration for Children and Families

NCCIC National Child Care Information Center

Linking information and people to complement, enhance and promote the child care delivery system.

10530 Rosehaven Street, Suite 400, Fairfax, Virginia 22030

Voice: 800-616-2242 • TTY: 800-516-2242 • Fax: 800-716-2242
E-mail: info@nccic.org • Web: http://nccic.acf.hhs.gov

Child Care Bureau

Dedicated to enhancing the quality, affordability and availability of child care for all families. The Child Care Bureau administers Federal funds to States, Territories and Tribes to assist low-income families in accessing quality child care for children when parents work or participate in education or training.

1250 Maryland Avenue SW, Suite 800, Washington, DC 20024

Voice: 202-690-6782 • Fax: 202-690-5600
Web: http://www.acf.hhs.gov/programs/ccb/index.htm