U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

October 2004

Dear Colleagues:

I am delighted to share with you the *Child Care and Development Fund Report of State Plans FY 2004-2005*. This report summarizes policies and strategies that States and Territories are implementing to increase access to and improve the quality and supply of child care for low-income families. As you will see, States take a wide variety of approaches, within the limits of their funding, to tailor policies and programs to meet the needs of children and parents within their State.

A special feature of this report is a summary of activities undertaken in response to President Bush's *Good Start, Grow Smart* (*GSGS*) initiative, which focuses on school readiness for young children. States and Territories were required to include a description of activities supporting the *GSGS* initiative to ensure that children are equipped with the skills needed to enter school ready to succeed. In their Plans, States and Territories assessed their progress on developing and implementing early learning guidelines, instituting professional development strategies, and coordinating early childhood programs. Since the Plan submission, we have been working with States across the country on *GSGS* implementation and have additional materials at http://nccic.org/pubs/goodstart/.

The Child Care Bureau, the ACF Regional Offices, and our technical assistance partners look forward to continuing to work with States and Territories in their efforts to support children and families.

Sincerely,

Shannon Christian
Associate Commissioner, Child Care Bureau
Administration on Children, Youth and Families

Child Care and Development Fund

Report of State Plans FY 2004-2005

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Child Care Bureau

TABLE OF CONTENTS

INDEX OF TABLES AND CHARTS

EXECUTIVE SUMMARY

The Child Care and Development Fund (CCDF) provides $4.8 billion in block grants to States, Territories, and Tribes to subsidize the cost of child care for low-income families. CCDF supports early care and education services for more than 1.8 million children each month. These services help low-income families become self-reliant and help ensure that children enter school ready to learn. By subsidizing child care services to parents who are entering the labor force or who are in job training and education programs, CCDF has played an important role in assuring the success of welfare reform. And while supporting families on the road to economic self-sufficiency, CCDF also helps prepare a pathway to future success by supporting the social, emotional, and cognitive development of children birth to age 13 in a variety of early care and education settings.

CCDF Plans

These CCDF-supported services are described in the biennial State Plans that are summarized in this report. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) requires each State and Territory to submit a Plan outlining how it will implement its share of the CCDF block grant over a two-year period. This report is a summary of CCDF Plans—for the 50 States, the District of Columbia, and the five Territories—approved by the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), for the period of October 1, 2003, to September 30, 2005. CCDF Plans may be amended as policies or initiatives change.

Administration

CCDF State Plans for Federal Fiscal Years (FY) 2004-2005 indicate that Lead Agencies are working in partnership with multiple Federal, State, Tribal, and local entities, including private sector partners, to administer the program. Grantees may administer some or all portions of the program through other governmental and non-governmental entities. The number of States administering and implementing all child care services, programs, and activities funded under CCDF falling from nine as reported in the FY 2002-2003 CCDF Plans to six. In some cases, States have devolved administrative responsibility for CCDF to local jurisdictions or to contractors, most notably regarding eligibility determination and child care referrals. Slightly more CCDF grantees reported that the Lead Agency makes payments to providers than reported doing so in the FY 2002-2003 CCDF Plans.

States continue to maintain close control over administrative expenditures and are increasingly reaching out to public and private sector partners to leverage resources. By statute, Lead Agencies are required to cap administrative costs at 5 percent of their grant award. Eight States reported administrative costs below 2 percent of their CCDF allocation. Lead Agencies are using State prekindergarten expenditures to meet a portion of the CCDF Maintenance of Effort (MOE) and Matching Fund requirements, and using them to a greater degree than in the past. In the FY 2002-2003 CCDF Plans, two States reported using pre-K expenditures to meet more than 10 percent of State MOE requirements; in the FY 2004-2005 Plans, 12 States used pre-K expenditures to meet more than 10 percent of MOE. Seventeen States reported using pre-K

expenditures to meet CCDF match and, on average, met 19 percent of their Matching Fund requirement with State pre-K funding (just shy of the maximum level permissible, 20 percent of match). The number of States reporting the use of private, donated funds increased from five to 13 between FY 2002 and FY 2004.

Service Coordination and Planning

States coordinate service delivery with a variety of agencies focused in the following areas: Temporary Assistance for Needy Families (TANF), public education, health, Head Start, Tribal, labor, special needs and mental health, higher education, and child care resource and referral (CCR&R). In fact, more than 40 States each reported collaboration with public health programs and the Healthy Child Care America initiative; employment/workforce programs; public education; TANF agencies; programs that promote inclusion of children with special needs; and Head Start. Through collaboration, States are seeking ways not only to deliver integrated services to children and families, but also to increase resources available to the early childhood system.

States reported consultations with 35 different types of entities in developing the CCDF Plans, including State departments of education and other State agencies; local governments; Head Start grantees, associations and Head Start–child care collaboration offices; Tribal organizations; and child care providers, among others. Advances in communication technology continue to spur States to reach out and involve more people in the development of Plans. More States are using video-conferencing in addition to traditional on-site public hearings. Many Lead Agencies also post the State Plans on and solicit input via their Web sites. Some States use television and radio to broadcast hearings.

In addition to coordination with public entities, many States reported on public-private partnerships in support of many aspects of the child care assistance program. Thirty-two States involved professional development initiatives through such partnerships, often with businesses, higher education, and foundations. States also described successful partnerships with foundations and businesses in such areas as improving children's school readiness and/or literacy skills; raising public awareness; increasing the availability of providers or of specific types of care such as infant/toddler or school-age care; improving quality and professional development; and supporting facility start-up and enhancements.

Efforts to streamline processes among TANF, Head Start, and child care are described in many State Plans. For example, States are streamlining eligibility, aligning cross-program processes and information systems, and creating smoother transitions from one program into the next.

Certificates, Grants, and Contracts

In most States, the bulk of CCDF funds are administered through certificates or vouchers for direct services. However, 26 States reported that they also administer grants or contracts for child care slots. These grants and contracts support Head Start "wrap-around" initiatives, school-age child care, or programs that target specialized populations or services such as care for migrant or teen-parent populations or that provide care during nontraditional hours.

Payment Rates

States establish subsidy reimbursement rate ceilings informed by data compiled through biennial Market Rate Surveys (MRS). Fewer States reported capping rates at the 75th percentile of the MRS—a benchmark established by the Child Care Bureau, ACF/HHS for setting rates that ensure equal access with private-paying parents; 23 States set rates at or above the 75th percentile, down from 27 that indicated doing so in FY 2002-2003 Plans. In eight of those 23 States, the percentile was based on a prior year MRS.

For most States, reimbursement rate ceilings remained constant from FY 2002 to FY 2004. In each age range, between 65 percent and 70 percent of the States showed no change in the maximum rate during that period. Between 20 percent and 25 percent of States increased rate ceilings for infant, toddler, and preschool care, while fewer than 15 percent of States decreased rate ceilings for infant, toddler, and preschool care. Maximum rates for school-age child care showed no change in most States; however, about 15 percent of States increased rates and 15 percent of States decreased rates. Among those States for which comparisons for infant, toddler, and preschool care could be made between rate schedules included in CCDF Plans for FY 2002-2003 and FY 2004-2005, more States—nearly twice as many—raised rate ceilings than lowered them.

More States—a total of 30—reported using rate differentials for care that is more difficult to find or more expensive to provide. States pay higher rates for higher-quality care that meets standards beyond licensing minimums (19 States); for care provided to children with special needs (18 States); and/or for care provided during nontraditional hours and on weekends (9 States).

Eligibility Criteria

States set income eligibility limits for child care assistance ranging from 28 percent to 85 percent of State Median Income (SMI), with 45 States establishing caps below the maximum level permitted in Federal regulations. Overall, States reported an average income eligibility level equivalent to 59 percent of SMI, down from the 62 percent average reported in FY 2002-2003 CCDF Plans, although 14 States used SMI data ranging from 1994 to 2002. As indicated in FY 2002-2003 and FY 2004-2005 CCDF Plans, 26 States lowered their income limits. At the same time, one out of five States increased eligibility thresholds, making more families eligible for child care assistance. The relative decreases were more modest (median 6 percent of SMI) than the relative increases in income thresholds (median 9 percent of SMI). Fully one in four States did not change income eligibility levels as reported in FY 2002-2003 and FY 2004-2005 CCDF Plans.

Seven States reported using a two-tiered income eligibility threshold, permitting families to earn more while receiving child care assistance than when they first apply, a strategy to assist families that experience wage increases to continue to make progress toward self-sufficiency without being forced to exit the subsidy program altogether.

Parent Copayments

States establish sliding fee scales to determine a parent's share of the cost of care under the subsidy system. These scales usually vary by family size and income and typically express the parent's share or copayment as a percentage of family income. In 50 percent of the 46 States for which fees could be determined for both the FY 2002-2003 and FY 2004-2005 Plans, the copayment required of a sample family did not change. In 37 percent of States examined, the sample family faced an increased fee, while in 13 percent of States the fee decreased.

Processes with Parents

Increasingly, Lead Agencies are responding to the needs of families by making it easier to apply for child care. States use the Internet, e-mail, and other information systems to disseminate child care information to allow parents or providers to estimate eligibility, and to request and/or complete an application for child care services without an in-person interview. Reducing barriers to initial and continuing eligibility has been a key concern. Fourteen States sought to simplify application policies and procedures and 10 States reported working to coordinate eligibility policies across programs. Lead Agencies reported taking other steps including extending office hours and establishing multiple intake locations to ease families' access to child care subsidies.

Some States are supporting families enrolled in full-day, full-year programs—including Head Start–child care collaborations—by simplifying the eligibility determination process and lengthening the period of child care subsidy authorization. Ten States—up from eight in the last Plan Period—reported extending the eligibility period for families whose children also are enrolled in Head Start–child care programs. More States are moving toward 12-month periods of payment authorization, with fewer States requiring in-person visits to redetermine eligibility—measures that aid low-income working parents.

States continue to track and report on complaints filed against child care programs. A small but growing number of States—five States in FY 2004-2005 Plans, up from three reporting in FY 2002-2003 Plans—use the Internet to allow parents to request or receive complaint information, and 13 States reported that parents can call a toll-free telephone number to register complaints or receive complaint information about a particular provider.

Improving the Quality and Availability of Child Care Services

By statute, States must spend no less than 4 percent of their CCDF allocation for quality activities. States may use these funds for a variety of quality initiatives discussed on the following pages.[1] On average, Lead Agencies estimated that 7 percent of their CCDF allocation will be set aside for quality activities. In addition, Congress has earmarked portions of CCDF to

[1] Quality activities that count toward the set-aside include those that target infants and toddlers, CCR&R services, school-age child care, comprehensive consumer education, grants or loans to providers to assist in meeting State and local standards, monitoring compliance with licensing and regulatory requirements, training and technical assistance, compensation of child care providers, and other activities that increase parental choice and/or improve the quality and availability of child care.

be spent on quality and to improve services for infants and toddlers, child care resource and referral (CCR&R), and school-age child care.

Earmarks

Child Care Services for Infants and Toddlers. States have implemented a wide range of infant/toddler programs. Almost all use infant/toddler set-aside funding for specialized training and more than half of States described technical assistance and other supports offered to infant/toddler programs and practitioners. Other initiatives supported through the infant/toddler set-aside include quality improvement grants, rate enhancements and compensation initiatives, and evaluation and planning. Increasingly, States are reporting taking steps to link all of their infant/toddler initiatives into a comprehensive effort, often linking planning and evaluation, program supports, and direct services with a focus on systemic change.

Resource and Referral. All States provide CCR&R services, including dissemination of consumer information and referrals, development of new child care homes and centers, training and/or technical assistance to child care providers, and other quality enhancement initiatives. Most States provide these services via contract with a nonprofit, community-based organization, although three States provide CCR&R services directly and two use a combination of approaches. Nine States described using CCR&R set-aside funds to establish or upgrade data collection systems used by CCR&R agencies.

School-Age Child Care (SACC). Most States make funds available to support school-age child care programs and services and they continue to make program quality a focal point. The number of States that reported using SACC funds to support training increased from 26 in the FY 2002-2003 Plans to 34 in the FY 2004-2005 Plans. Similarly, more States reported funding technical assistance activities and grants with the SACC set-aside.

Quality Activities

Consumer Education. All States reported that they support CCR&R services that include, among other activities, consumer education. All of the States reported that they will undertake comprehensive consumer education activities to improve child care quality and nearly half described their involvement in public awareness campaigns designed to promote a wider understanding of the importance of early care and education.

Grants and Loans to Providers. States continue to support child care programs by making start-up grants and loans available to providers, including school districts and community-based organizations. Twenty-one States reported using CCDF funds to support child care start-up or expansion grants, while 18 States targeted funds for quality improvement grants. A small but growing number of States described grant or loan programs to support providers pursuing accreditation and several States reported awarding flexible, community planning grants aimed at building local capacity to address child care supply and quality.

Monitoring Compliance with Regulatory Requirements. CCDF funds are an important source of support for monitoring compliance with State child care licensing and regulatory requirements. In the FY 2004-2005 Plans, 39 States—up from 29 in FY 2002-2003 Plans—

reported using CCDF, including designating portions of the infant/toddler and SACC set-asides, to support licensing staff. In addition, eight Lead Agencies reported that they use CCDF quality funds to help pay for new or upgraded automation systems to track compliance with licensing standards.

Professional Development, Including Training and Technical Assistance. Twenty-nine States reported using CCDF quality funds to help build or support a career development system for early care and education practitioners, up slightly from 28 States reporting in the FY 2002-2003 Plans. In many States, these systems serve as a framework for a host of training, technical assistance, and other quality improvement initiatives. The number of States that reported using CCDF funds for T.E.A.C.H. Early Childhood®, a scholarship program that links increased education with increased compensation, continues to grow, as does the number of States that indicated that they are engaged in cross-system training activities.

Compensation of Child Care Providers. More States are using CCDF funds to plan or implement strategies aimed at addressing practitioner compensation. Twenty States—up from 12 in the FY 2002-2003 Plans—described initiatives such as wage supplements, apprenticeship programs, and one-time bonuses or quality awards. Several States have multiple compensation initiatives.

Activities in Support of Early Language, Literacy, Pre-reading, and Numeracy. Almost all States reported activities planned or underway to support the development of early language, literacy, pre-reading, and numeracy. Twenty-three States described training initiatives aimed at assisting practitioners in this area. Lead Agencies are reaching out to partners, other sectors including libraries, Head Start and Early Head Start agencies, and faith-based organizations.

Healthy Child Care America and Other Health Activities Including those Designed to Provide the Social and Emotional Development of Children. States use CCDF funds to support children's health, commonly through provision of nursing or health consultant services. In FY 2002-2004 CCDF Plans, 14 States reported engaging in cross-system planning to strengthen children's social and emotional development and better serve children with mental health and behavioral problems.

Other Activities to Support Child Care Quality. Twenty-eight States reported training initiatives to assist providers to serve children with special needs and 13 States have established technical assistance efforts to address inclusion. As part of the Healthy Child Care America initiative, 20 States reported developing a network of nurse or health consultants and 19 States indicated they funded train-the-trainer initiatives designed to promote health and safety in child care settings.

Good Start, Grow Smart Planning and Development

States reported making considerable progress in implementing the President's early childhood initiative, *Good Start, Grow Smart*, which calls for States to develop voluntary early learning guidelines (ELGs), to promote professional development among early childhood practitioners, and to coordinate early childhood programs.

Early Learning Guidelines. While nearly one-fifth of the States are in the planning stage of developing ELGs, more than half of Lead Agencies indicated that ELGs were in development in their State, and nearly one-third described efforts to implement guidelines that have already been developed. Most States reported that efforts had been taken or were underway to align ELGs with State K–12 educational standards and no State reported that ELGs were mandatory.

Professional Development. Thirty-six States reported that they have a professional development plan and an additional 13 States are taking steps to develop such a plan; in many cases, these plans offer a continuum of training and education for practitioners. While only five States reported that their professional development plan was linked to ELGs, more than half of States delineated how their plan addressed early language, literacy, pre-reading, and numeracy development.

Program Coordination. Twenty-nine States reported that they have a plan for coordination across early childhood programs and 14 described efforts to develop such a plan, with common partners including Head Start, TANF, State Prekindergarten, and other State funding streams. Where program coordination occurs, CCDF Lead Agencies play an instrumental role, working in concert with other State agencies and Statewide early childhood commissions and councils.

Health and Safety Requirements in Child Care

Establishing and monitoring health and safety requirements are critical functions of State child care programs. The number of States requiring facilities paid with CCDF funds to meet licensing requirements showed little change. More States reported subjecting relative providers to some or all of the health and safety requirements that other child care providers must meet. Forty-eight States reported that child care providers are subject to unannounced monitoring visits and all States reported that providers are subject to background checks. The report introduces a summary of health and safety requirements in the five Territories. Four Territorial grantees reported subjecting all relative providers to the same requirements that other child care providers must meet. All five Territories reported that they subject child care providers to unannounced monitoring visits and require them to obtain health clearances or health certificates.

This brief Executive Summary only suggests the efforts Lead Agencies are undertaking with CCDF. The full *Child Care and Development Fund Report of State Plans, FY 2004-2005* describes in greater detail how States are working to make high-quality, affordable child care accessible to America's low-income families.

INTRODUCTION

The Child Care and Development Fund (CCDF) provides $4.8 billion in block grants to States, Territories, and Tribes to subsidize the cost of child care for low-income families. CCDF supports early care and education services for more than 1.8 million children each month. Eligible families must meet certain income requirements and must need child care so they can work or participate in approved training or education. CCDF Grantees contract with child care providers or issue vouchers to families, who may select any legally operating provider participating in the subsidy program to care for their children. States establish a maximum rate they will pay providers for the cost of authorized child care assistance under the program. CCDF subsidizes the cost of care up to this rate ceiling; families typically share the responsibility for child care costs by paying a copayment fee directly to their provider according to the sliding fee scale established by the State.

CCDF Plans and the Format of this Report

States and Territories must submit a biennial plan as part of the process of applying for funds from the Child Care and Development Fund.[2] Lead Agencies submitted Federal Fiscal Year (FY) 2004-2005 CCDF Plans on July 1, 2003. The CCDF Plans follow the format established in the CCDF Plan Preprint (Form ACF-118), which divides the Plans into seven parts each corresponding to a chapter in this report:

- Part I – Administration;
- Part II – Developing the Child Care Program;
- Part III – Description of Child Care Services Offered;
- Part IV – Processes with Parents;
- Part V – Activities and Services to Improve the Quality and Availability of Child Care;
- Part VI – Health and Safety Requirements for Providers; and
- Part VII – Health and Safety Requirements in the Territories.

Within these seven parts of the CCDF Plan are specific sections based on CCDF statute and Federal regulations. Lead Agencies are required to respond to questions based on guidance in the Program Instruction that accompanies the Preprint (ACYF-PI-CC-03-04). Both the Preprint and Program Instruction are available on the Child Care Bureau's Web site at *http://www.acf.hhs.gov/programs/ccb*. In this report, the questions from the Preprint are provided in italics for the benefit of the reader.

CCDF Plans are public information and are part of the public record. Current Plans, including any amendments, are available from CCDF Lead Agencies, contact information for which is included in Appendix I. Many States make CCDF Plans available on the Web; the National Child Care Information Center (NCCIC) provides links to CCDF Plans available online at *http://nccic.org/pubs/stateplan/stateplan-intro.html*.

[2] CCDF Final Rule, 45 CFR Section Parts 98 and 99, Section 98.13, as published in *Federal Register*, July 24, 1998, p. 39984.

Preparation of this Report

The *Child Care and Development Fund Report of State Plans, FY 2004-2005* was prepared by a team of child care and early education experts at NCCIC, under the direction of 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.

This report summarizes CCDF Plans as submitted and initially approved by ACF, and provides a general overview of State and Territory efforts at the beginning of FY 2004 (October 1, 2003). Grantees have considerable flexibility in the administration of CCDF funds and may, at any time during the Plan Period, amend their approved Plan to reflect changes to the CCDF program. The *Report of State Plans* also suggests trends in policies and activities funded through CCDF; this and similar reports for prior Plan Periods are available on the Web at *http://nccic.org/pubs/stateplan/stateplan-intro.html*.

This Report includes information summarized from the Territorial CCDF Plans, marking a departure from past practice. For consistency with prior reports, State counts of policies and practices include both the District of Columbia and Puerto Rico. However, in Part VII, which applies only to Territorial grantees, Puerto Rico is included in counts of Lead Agency policies and practices.

The State examples included in the *Report of State Plans* have been excerpted from the CCDF Plans to highlight particular topics. They are intended as samples of the wide variety of activities undertaken by the Lead Agencies and are not meant to serve as best practices or models. In each section, examples are included in alphabetic order by State, then by Territory. Wherever possible, the language used by the Lead Agency in its CCDF Plan has been used verbatim in this report.

The information presented in the *Report of State Plans* reflects the activities and plans ongoing in States and Territories as presented in approved CCDF Plans. The report is not a catalog of all activities undertaken by Lead Agencies using CCDF funds; States and Territories may not report all such activities in their CCDF Plans, which also may be amended during the biennial period. A good source of information on current State initiatives is the National Child Care Information Center, which maintains a list of CCDF Lead Agency contacts on the Web at *http://nccic.org/statedata/dirs/devfund.html.*

PART I – ADMINISTRATION

Section 1.1 and 1.2 – Child Care and Development Fund Lead Agency

The State Plan Preprint[3] requests that States identify the State's Child Care and Development Fund (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). An updated list of the State Lead Agency contacts is provided as an Appendix to this report.

Section 1.3 – Estimated Funding for Child Care

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, 2003 through September 30, 2004. (§98.13(a))

The purpose of this section is to provide the public with information on the funds available for child care activities using CCDF. The listed amounts are for informational purposes only and represent the first year of the FY 2004-2005 CCDF Plan Period—October 1, 2003, through September 30, 2004. Table 1.3 lists the following estimated amounts: Federal Child Care and Development Fund; Federal Temporary Assistance to Needy Families (TANF) transfer to CCDF; direct Federal TANF spending on child care; State Maintenance of Effort (MOE) Funds; and State Matching Funds. After State and Territory CCDF Plans were submitted and approved, the Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, issued FY 2004 CCDF allocation and earmark amounts for States and Territories.[4]

[3] ACF Form 118, Child Care and Development Fund Plan for FY 2004-2005, *http://www.acf.hhs.gov/programs/ccb/policy1/current/ACF118/planpt.htm*.

[4] FY 2004 CCDF Allocations and Earmarks for States and Territories, *http://www.acf.hhs.gov/programs/ccb/policy1/current/allocations2004/allocations.htm*, accessed on July 12, 2004.

TABLE 1.3
ESTIMATED FUNDING for CHILD CARE SERVICES, FEDERAL CHILD CARE and DEVELOPMENT FUND (CCDF), TEMPORARY ASSISTANCE for NEEDY FAMILIES (TANF), and STATE MONIES

State	CCDF	TANF Transfer to CCDF	Direct Federal TANF Spending	State Maintenance of Effort	State Matching Funds	Total Funds Available
Alabama	$59,496,949	$18,675,000	$0	$6,896,417	$0	$85,068,366
Alaska	$11,700,000	$16,300,000	$6,290,000	$3,544,811	$3,270,262	$34,815,073[1]
American Samoa	$2,646,159	NA	NA	NA	NA	$2,646,159
Arizona[2]	$93,812,113	$0	$0	$10,032,936	$13,837,779	$117,682,828
Arkansas	$43,920,377	$6,000,000	$0	$1,886,543	$4,758,291	$56,565,211
California	$517,035,000	$563,635,000	$438,900,000	$85,593,000	$192,511,000	$1,797,674,000
Colorado	$55,700,000	$30,000,000	NK	$8,900,000	$22,500,000	$117,100,000
Commonwealth of the Northern Mariana Islands	$1,625,883	NA	NA	NA	NA	$1,625,883
Connecticut	$51,185,709	$0	$0	$18,738,357	$17,434,124	$87,358,190
Delaware	$13,500,604	$0	$0	$5,179,335	$3,996,796	$22,676,735
District of Columbia	$10,652,089	$18,521,963	$11,000,000	$4,566,974	$2,468,770	$47,209,796
Florida	$225,906,789	$131,610,008	$112,727,724	$33,415,872	$53,350,165	$557,010,558
Georgia	$151,200,000	$28,200,000	$0	$22,200,000	$30,300,000	$231,900,000
Guam	$3,974,740	$0	$0	$0	$0	$0
Hawaii	$19,457,842	$23,890,000	$0	$4,971,630	$4,263,616	$52,583,088
Idaho	$21,521,316	$8,056,421	NK	$1,175,819	$3,035,181	$33,524,237
Illinois	$202,673,592[3]	ND	ND	$56,873,825	$66,742,424	$664,800,000
Indiana	$155,428,235	$4,052,906	NA	$15,356,945	$19,757,870	$182,621,973
Iowa	$42,321,331	$28,407,412	$0	$5,078,586	$8,433,150	$84,240,479
Kansas	$44,121,113	$20,386,212	$0	$6,673,024	$9,837,798	$80,727,284
Kentucky[4]	$72,900,000	$36,200,000	$17,000,000	$7,274,537	$8,714,272	$154,586,309

TABLE 1.3
ESTIMATED FUNDING for CHILD CARE SERVICES, FEDERAL CHILD CARE and DEVELOPMENT FUND (CCDF), TEMPORARY ASSISTANCE for NEEDY FAMILIES (TANF), and STATE MONIES

State	CCDF	TANF Transfer to CCDF	Direct Federal TANF Spending	State Maintenance of Effort	State Matching Funds	Total Funds Available
Louisiana	$96,743,064	$49,853,219	$39,000,000[5]	$5,219,488	$5,000,000	$205,544,340
Maine	$16,689,377	$7,250,000	$4,500,000	$1,749,818	$3,022,398	$33,211,593
Maryland	$78,979,219	$0	$0	$23,301,407	$27,869,137	$130,149,763
Massachusetts	$103,775,824	$91,874,224	$92,000,000	$44,973,373	$30,946,749	$363,570,170
Michigan	$139,500,000	NK	$197,100,000	$24,400,000	$34,900,000	$395,900,000[6]
Minnesota	$77,900,000	$23,400,000	$0	$19,700,000	$27,900,000	$148,900,000[7]
Mississippi	$59,392,841	NK	NK	$1,715,430	$1,500,000	NK
Missouri	$92,800,000	$20,700,000	$0	$16,600,000	$19,000,000	$149,100,000
Montana	$13,851,287	$2,000,000	$0	$1,313,990	$1,661,217	$18,826,494
Nebraska	$31,445,046	$9,000,000	NR	$6,498,998	$6,103,075	$53,047,119
Nevada	$24,258,688	NA	$0	$2,580,421	$10,608,839	$37,447,948
New Hampshire	$16,114,785	$0	$0	$4,581,870	$6,386,324	$27,082,979
New Jersey	$109,200,000	$78,800,000	$0	$26,400,000	$44,400,000	$258,800,000
New Mexico	$37,738,403	$33,794,000[8]	$0	$2,895,259	$3,734,355	$78,162,017
New York	$316,000,000	NK[9]	NK[9]	$102,000,000	$96,000,000	NK[9]
North Carolina	$172,131,617	$79,562,189	$26,621,241	$37,927,282	$24,408,789	$340,651,118
North Dakota	$10,086,127	NR	NR	$1,017,036	$1,450,881	$12,554,044
Ohio	$198,355,242	$0	$190,825,450	$45,403,943	$41,828,366	$476,413,001
Oklahoma	$74,117,273	$29,518,846	$56,405,892	$10,630,233	$7,553,415	$171,401,149
Oregon	$58,707,764	$0	$2,400,000	$11,318,090	$11,763,114	$85,007,349
Pennsylvania	$181,210,000	$124,484,000	$52,288,000	$46,629,051	$49,784,000	$454,395,051
Puerto Rico	$57,000,000	$1,000,000	$1,000,000	NR	NR	$59,000,000
Rhode Island	$17,556,155	$8,700,000	$0	$5,321,126	$4,080,742	$35,658,053[10]
South Carolina	$67,897,686	$1,500,000	$0	$4,085,269	$9,084,743	$82,567,698

TABLE 1.3
ESTIMATED FUNDING for CHILD CARE SERVICES, FEDERAL CHILD CARE and DEVELOPMENT FUND (CCDF), TEMPORARY ASSISTANCE for NEEDY FAMILIES (TANF), and STATE MONIES

State	CCDF	TANF Transfer to CCDF	Direct Federal TANF Spending	State Maintenance of Effort	State Matching Funds	Total Funds Available
South Dakota	$12,000,000	NK	$2,000,000	$802,914	$2,200,000	$17,002,914
Tennessee	$111,500,000	$50,600,000	$21,200,000	$18,975,000	$15,500,000	$217,775,000
Texas[11]	$392,149,053	$0	$0	$27,745,141	$42,168,167	$464,062,361
Utah	$46,451,027	NK	NK	$4,474,923	$955,300	$51,881,250
Vermont	$10,302,029	$9,224,074	$2,796,735	$2,666,323	$1,701,656	$26,690,817
Virgin Islands	$2,094,534	NK	NK	NA	NA	$2,094,534
Virginia	$86,751,785	$9,412,458	$16,000,000	$21,328,762	$21,865,038[12]	$155,358,043
Washington	$106,705,285	$95,000,000	$81,000,000	$38,707,605	$30,720,798	$352,133,688
West Virginia[13]	$31,190,247	$0	$23,470,730	$2,971,392	$2,700,288	$60,332,657
Wisconsin[14]	$83,210,900	$63,155,400	$140,387,600	$16,449,400	$9,971,800	$313,175,100
Wyoming	$6,017,502.00	$3,700,000	$0	$1,553,707	$0	$11,271,209

Source: Information compiled from State CCDF Plans, FY 2004-2005.

Key: NA = Not Applicable; ND = Not Yet Determined; NK = Not Known; NR = No Response

Notes:

1 Alaska's total funds available do not include direct TANF (PASS I).
2 Arizona figures are based on data and direction received from ACF Region IX.
3 Illinois CCDF figures are Federal dollars only.
4 Kentucky funding levels that are listed represent funding for Federal Fiscal Year 2003. Additional State General Funds: $5,474,191; Tobacco Settlement Funds: $7,023,300.
5 Louisiana's direct TANF spending on child care: LA 4 (includes Starting Points): $39,000,000; Child Parent Centers: $1,228,569; Non-Public School 4-Year-Old Program: $8,500,000.
6 Michigan's FY 2004 budget was not finalized at the time the Plan was prepared. Total funds available includes only sources identified above.
7 In addition to the total funds available reported, Minnesota noted $50.4 million in "additional State match."
8 TANF transfer was for State Fiscal Year (SFY) 2004 (7/1/03–6/30/04).
9 New York reported that Federal TANF transfer to CCDF, direct Federal TANF spending on child dare, and total funds available will not be known until enactment of the SFY 2004–2005 New York State Budget and FY 2003-2004 Federal Budget.

Notes (continued):

[10] Rhode Island proposes to allocate approximately $81 million to child care services and related activities in the SFY 2004. The State contributes approximately $45,000,000 more than the required allocations described above to provide an entitlement to child care assistance for children ages 0–16 in working families earning at or below 225% of the Federal Poverty Level.

[11] Texas: CCDF $392,149,053 includes $29,339,630 appropriated to Texas Department of Protective & Regulatory Services. TANF direct spending on child care is $0 ($2,000,000 from TANF transferred to the Social Services Block Grant [Title XX] for child care services); additional State Matching Funds include $19,701,442 in local match and $15,056,27 in pre-K certification.

[12] State Matching Funds includes approximately $7.3 million pre-K funds.

[13] State Matching Funds includes $39,083 in match for reallocated funds.

[14] General Purpose Revenue (GPR) funding; other match outside Wisconsin Department of Workforce Development (DWD).

Section 1.4 – Estimated Costs of Administration

The Lead Agency estimates that the following amount (and percentage) of the CCDF will be used to administer the program (not to exceed 5 percent). (658E(c)(3), §§98.13(a), 98.52)

By rule, administrative costs are capped at 5 percent of the State's CCDF allocation. Table 1.4 identifies the amounts and percentages States estimated they spend on administration of the block grant. These figures are for informational purposes only.

TABLE 1.4
ESTIMATED COSTS of ADMINISTRATION of
the CHILD CARE and DEVELOPMENT FUND (CCDF)

State	Estimated Amount of CCDF	Estimated Percent of CCDF
Alabama	$3,933,597	5.00%
Alaska	$677,000	2.00%
American Samoa	$132,308	5.00%
Arizona	$5,919,900	5.00%
Arkansas	$2,196,089	5.00%
California	$9,268,000	0.86%
Colorado	$3,100,000	2.60%
Commonwealth of the Northern Mariana Islands	$81,284	NR
Connecticut	$1,023,714	2.00%
Delaware	$874,870	5.00%
District of Columbia	$1,456,259	5.00%
Florida	$22,250,000	5.00%
Georgia	$10,600,000	5.00%
Guam	$198,737	5.00%
Hawaii	$1,186,073	5.00%
Idaho	$1,617,400	5.00%
Illinois	$7,000,000	NK
Indiana	$5,924,952	5.00%
Iowa	$4,212,024	5.00%
Kansas	$2,300,000	3.00%
Kentucky	$3,655,000	5.00%
Louisiana	$3,200,000	2.10%
Maine	$800,000	5.00%
Maryland	$3,948,961	5.00%
Massachusetts	$3,800,000	1.70%
Michigan	NR	2.00%
Minnesota	$3,000,000	2.90%[1]

TABLE 1.4 ESTIMATED COSTS of ADMINISTRATION of the CHILD CARE and DEVELOPMENT FUND (CCDF)		
State	**Estimated Amount of CCDF**	**Estimated Percent of CCDF**
Mississippi	$1,700,000	2.80%
Missouri	$1,600,000	1.07%
Montana	$875,000	5.00%
Nebraska	$917,296	2.90%
Nevada	$1,872,397	5.00%
New Hampshire	$1,125,055	4.00%
New Jersey	$5,400,000	5.00%
New Mexico	$3,763,337	5.00%
New York	$20,600,000	5.00%
North Carolina	$6,885,265	4.00%
North Dakota	$389,321	4.00%
Ohio	$9,226,688	3.86%
Oklahoma	$3,716,106	5.00%
Oregon	$2,956,463	5.00%
Pennsylvania	$5,076,000	1.83%
Puerto Rico	$2,850,000	5.00%
Rhode Island	$1,516,845	5.00%
South Carolina	$3,849,121	5.00%
South Dakota	$675,000	4.00%
Tennessee	$3,000,000	1.00%
Texas	$21,715,861	5.00%
Utah	$1,200,000	3.35%
Vermont	$1,000,000	4.00%
Virgin Islands	$104,726	5.00%
Virginia	$7,064,296	5.00%
Washington	$11,600,000	5.00%
West Virginia	$1,694,527	5.40%
Wisconsin	$5,191,660	5.00%
Wyoming	$563,560	5.00%

Source: Information compiled from State CCDF Plans, FY 2004-2005.

Key: NR = No Response; NK = Not Known

Note:

[1] Minnesota: Estimated percentage when transfers to CCDF are included: total administration is 2.4%.

Section 1.5 – Administration and Implementation

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?

- Six States (AR, IA, KY, NM, OK, SD) responded that the Lead Agency directly administers and implements all services, programs, and activities funded under the CCDF Act. In the FY 2002-2003 Plan Period, nine States (AR, DC, ID, IA, KY, LA, NM, OK, SD) reported directly administering and implementing all services and activities.

While Lead Agencies assume primary responsibility for administering funds for child care and related services, all States reported contracting with at least one other entity to administer funds aimed to improve the quality and availability of child care. The other entities identified by the Lead Agencies as participating in the administration and implementation of CCDF-funded programs include: child care resource and referral agencies (CCR&Rs); State TANF agencies; State Departments of Education and other State agencies; child care providers and family child care networks; universities and colleges; Tribal agencies and organizations; and others. A list of examples of agencies that assist States in administering CCDF funds is included in Table 1.5.

TABLE 1.5
OTHER AGENCIES that ADMINISTER and IMPLEMENT
CCDF PROGRAMS and ACTIVITIES

State/Territory	Agency
Alabama	Regional Child Care Management Agencies (CMAs) Quality Enhancement Agencies (QEAs)
Alaska	Local government entities or nonprofit organizations
Arizona	MAXIMUS, Inc. (in a specified portion of Maricopa County) Governor's Office for Children, Youth and Families
California	Other private and State agencies
Colorado	County Departments of Human Services Colorado Child Care Assistance Program
Connecticut	Other agencies (government, private, and nonprofit, community-based organizations)
Delaware	Department of Services for Children, Youth and Their Families Interagency Resource Management Committee (IRMC) Other agencies
District of Columbia	DC Department of Parks and Recreation DC Public Schools

TABLE 1.5
OTHER AGENCIES that ADMINISTER and IMPLEMENT
CCDF PROGRAMS and ACTIVITIES

State/Territory	Agency
Florida	Local school readiness coalitions Florida Children's Forum Child Care Resource and Referral Network Quality Initiative Redlands Christian Migrant Association Agency for Workforce Innovation
Georgia	County Departments of Family and Children Services Local county departments Division of Family and Children Services Regional Accounting Offices Private for-profit contractors Georgia Child Care Council
Hawaii	Child care subsidy contractors Department of Human Services (DHS) Training Office DHS Benefit, Employment and Support Services Branch
Idaho	External Resource Management Team Other agencies
Illinois	Child care resource and referral agencies (CCR&Rs) Private and public entities Professional organizations Colleges and universities Child care agencies
Indiana	Local Office of Family and Children
Kansas	Department of Health and Environment Kansas Association of Child Care Resource and Referral Agencies Kansas Early Head Start Other State agencies
Louisiana	Child care resource and referral agencies Program Services Section Contract Accountability Review Team (CART)
Maine	Office of Child Care Head Start programs Community-based, private, and nonprofit organizations
Maryland	Department of Business and Economic Development (DBED)
Massachusetts	Child care providers Child care resource and referral agencies Department of Transitional Assistance Department of Social Services Other agencies

TABLE 1.5
OTHER AGENCIES that ADMINISTER and IMPLEMENT
CCDF PROGRAMS and ACTIVITIES

State/Territory	Agency
Michigan	Michigan Community Coordinated Child Care Association Community Coordinated Child Care Councils Department of Community Health Department of Consumer and Industry Services Michigan State University Extension
Minnesota	County social services agencies Other agencies
Mississippi	Head Start programs Mississippi Planning and Development Districts Municipalities and local businesses Public and nonprofit agencies Institutions of higher learning
Missouri	Department of Health and Senior Services Department of Elementary and Secondary Education
Montana	Private nonprofit and private for-profit agencies Institutions of higher learning Montana Early Childhood Advisory Council
Nebraska	Other agencies
Nevada	Nonprofit agencies Other State agencies State Child Care Coordinator's Office Quality Control Section of the Welfare Division
New Hampshire	Other agencies
New Jersey	Division of Youth and Family Services Department of Human Services, Office of Licensing Child care resource and referral agencies Nonprofit community-based agencies Unified Child Care Agencies
New York	Local departments of social services State University of New York City University of New York New York State Department of Health Consortium for Worker Education (Liberty Zone) Nonprofit community-based agencies Cornell University American Red Cross New York State Child Care Coordinating Council
North Carolina	Public agencies Universities

TABLE 1.5
OTHER AGENCIES that ADMINISTER and IMPLEMENT
CCDF PROGRAMS and ACTIVITIES

State/Territory	Agency
North Dakota	Regional representative for Early Childhood Services (State Licensing Staff) Child care resource and referral
Ohio	County Department of Job and Family Services Department of Education
Oregon	Department of Human Services Head Start programs Center for Career Development in Childhood Care and Education State Commission on Children and Families Department of Education Oregon Child Care Resource & Referral Network Oregon Commission on Children and Families
Pennsylvania	Local Child Care Information Services Agencies Keystone University Research Corporation Child Care Resource Developers
Puerto Rico	Other agencies
Rhode Island	Other agencies
South Carolina	State Department of Education South Carolina Afterschool Alliance Head Start and Early Head Start programs South Carolina First Steps to School Readiness South Carolina Center for Child Care Career Development Child care resource and referral agencies Department of Disabilities and Special Needs Department of Health and Environmental Control University of South Carolina Clemson University
Tennessee	Universities Community agencies
Texas	Local Workforce Development Boards Department of Protective and Regulatory Services Other agencies
Utah	Other State and nonprofit agencies
Vermont	Community-based, private, nonprofit organizations
Virgin Islands	Other agencies
Virginia	Other State agencies Other non-State agencies
Washington	Other agencies

TABLE 1.5 OTHER AGENCIES that ADMINISTER and IMPLEMENT CCDF PROGRAMS and ACTIVITIES	
State/Territory	**Agency**
West Virginia	Other private agencies
Wisconsin	Wisconsin Works (W-2) agencies Counties and Tribal social or human service departments Wisconsin Child Care Improvement Project Child care resource and referral agencies Contracts Child Information Center Technical schools, colleges, and universities Wisconsin Early Childhood Association University of Wisconsin-Extension Local job centers The Registry Department of Public Instruction Early Childhood Excellence Centers Community Child Care Initiative grantees
Wyoming	Other agencies

Source: Information compiled from State CCDF Plans, FY 2004-2005.

Section 1.6 – Specific Eligibility, Referral, and Payment Functions

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: (§98.11)

Individual Eligibility Determination of Non-TANF Families

Does the Lead Agency itself: (§98.11) determine individual eligibility of non-TANF families? If NO, identify the name and type of agency that determines eligibility of non-TANF families for child Care:

- Seventeen Lead Agencies (DE, GA, ID, KS, LA, MD, MI, MO, NE, NH, NM, RI, TN, UT, VA, WA, WY) indicated that they determine eligibility of non-TANF families.

- Thirty-one Lead Agencies (AL, AK, AZ, CA, CO, CT, DC, FL, HI, IL, IN, ME, MA, MN, MS, MT, NV, NJ, NY, NC, ND, OH, OR, PA, PR, SC, TN, TX, VT, WV, WI) indicated that they do not determine eligibility of non-TANF families.

Individual Eligibility Determination of TANF Families

Does the Lead Agency itself: (§98.11) determine individual eligibility of TANF Families? If No, identify the name and type of agency that determines eligibility of TANF families for child care:

- Twenty-four Lead Agencies (AK, DE, DC, GA, HI, ID, IN, KS, LA, ME, MD, MI, MO, MT, NE, NV, NH, PA, RI, TN[5], UT, VA, WA, WY) reported that they determine eligibility for TANF families.

- Twenty-three Lead Agencies (AL, AZ, CA, CO, CT, FL, IL, MA, MN, MS, NJ, NM, NY, NC, ND, OH, OR, PR, SC, TX, VT, WV, WI) reported that they do not determine eligibility for TANF families.

Child Care Referral Services for Parents

Does the Lead Agency itself: (§98.11) assist parents in locating child care? If No, identify the name and type of agency that assists parents:

- Fourteen Lead Agencies (DE, DC, GA, HI, KS, MA, MS, NE, NM, PA, PR, SC, TN, VA) indicated that they directly assist parents with locating child care.

- Thirty-four Lead Agencies (AL, AK, AZ, CA, CO, CT, FL, ID, IL, IN, LA, ME, MD, MI, MN, MO, MT, NV, NH, NJ, NY, NC, ND, OH, OR, RI, TN, TX, UT, VT, WA, WV, WI, WY) indicated that they do not assist parents with locating child care.

Provider Payment

Does the Lead Agency itself: (§98.11) make payments to providers? If No, identify the name and type of agency that makes payments:

- Thirty-two Lead Agencies (AK, AZ, CA, CT[6], DE, DC, HI, ID, IL, KS, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NM, ND, OR, PA, RI, SC, TN, VT, VA, WA, WY) reported that they make payments to child care providers. In the FY 2002-2003 CCDF Plans, 24 States reported making payments to providers.

- Twenty Lead Agencies (AL, CA, CO, CT, FL, GA, IN, MN, MS, NV, NJ, NY, NC, OH, PA, PR, TX, UT, WV, WI) reported that the provider payment function is performed by another agency.

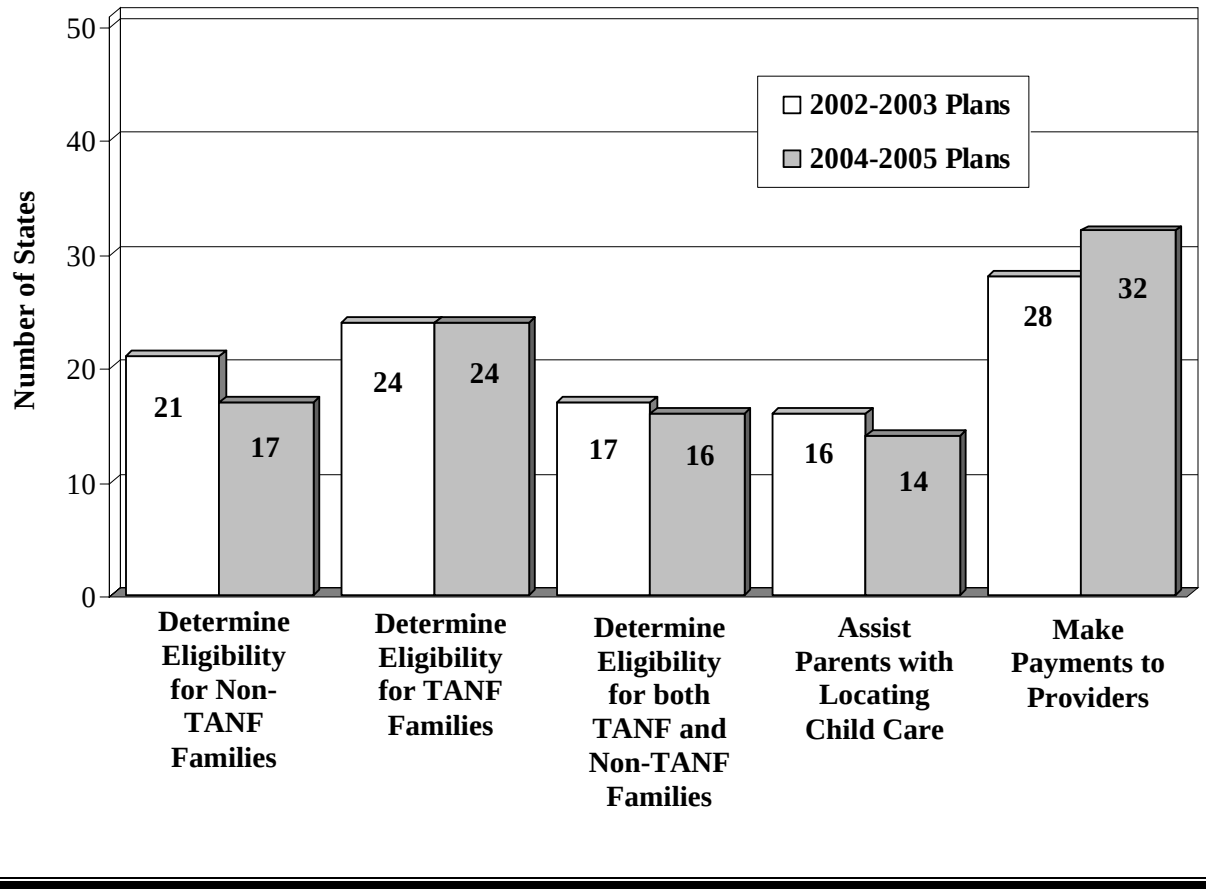
For most of these key functions, there was a slight decrease in the number of States carrying out the function since 2001. However, provider payment was a task that more States reported executing themselves in 2003 than in the previous Plan Period.

[5] The Tennessee Lead Agency itself assists parents on the certificate program who reside in four urban counties, Davidson, Knox, Chattanooga and Shelby, if they need assistance in locating child care; in the other 91 counties, it uses contract agencies that operate under the Lead Agency's parent consumer education policies and procedures to assist parents in locating child care.

[6] The Connecticut Lead Agency provides payments to child care centers and school-age programs funded through its contracted child care component; it contracts with ACS, Inc., a private organization, to provide payments to providers enrolled in the State's Care 4 Kids certificate/voucher program.

As shown in Chart 1.6, in the FY 2004-2005 CCDF Plans, fewer States reported that eligibility determination and provider payment are functions they perform directly than did so in the FY 2002-2003 CCDF Plans.

CHART 1.6
NUMBER of STATES in which the LEAD AGENCY ADMINISTERS ELIGIBILITY, PROVIDER-LOCATING, and PROVIDER PAYMENT FUNCTIONS



Source: Information compiled from State CCDF Plans, FY 2002-2003 and FY 2004-2005.

Section 1.7 – Non-Governmental Entities

Is any entity named in response to section 1.6 a non-governmental entity? (See section 1.6 of the guidance). (658D(b), §§98.10(a), 98.11(a))

Most States reported that they delegate one or more of the CCDF-funded tasks outlined in Section 1.6 to a non-governmental agency, such as a contracted voucher management agency or a child care resource and referral agency (CCR&R). Four States (AL, DE, NE, NM) indicated that none of the agencies that determine eligibility, assist parents with locating child care, or make payments to providers under §98.50 are non-governmental agencies.

Section 1.8 – Use of Privately Donated Funds

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 that they use private, donated funds to meet part of their matching requirement pursuant to §98.53 of the CCDF Final Rule. In FY 2002-2003 Plans, five States (MA, NV, NY, SD, TX) reported so using private, donated funds.
  - Two States (MA and UT) designate a State children's trust fund to receive private donations.
  - The Lead Agency in six States (MT, NY, OR, SD, TX, VA) is responsible for receiving such funds.

States Leverage Private Funding

States have reacted to the downturn in public finances by accelerating the search for partners in the private sector with whom to leverage resources for children served through the CCDF. The number of States counting private funds against the CCDF matching requirement nearly tripled from the previous Plan Period.

- In one State (FL), there is no single lead entity responsible for receiving private donated funds. Rather, as approved by the Administration of Children and Families in March of 2002, local school readiness coalitions receive private donated funds. Local school readiness coalitions are considered quasi-governmental agencies, and most are incorporated as private, nonprofit organizations.

Section 1.9 – Use of State Prekindergarten Expenditures

During this plan period, will State expenditures for Pre-K programs be used to meet any 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 % 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)):

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

Estimated % of the Matching Fund requirement 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)):

The number of States counting pre-K dollars to meet the requirements in the CCDF law regarding State Maintenance of Effort (MOE) and Match Funding increased slightly since CCDF Plans were last submitted in 2001. However, these States are meeting a larger portion of the Match and MOE requirements with State pre-K expenditures. Especially in States relying on pre-K spending to meet CCDF financial requirements, Lead Agencies are working collaboratively with State Education Agencies and local school districts to increase the availability of child care.

Prekindergarten Spending and State Maintenance of Effort

- In 15 States (AL, AR, GA, MD, MI, NJ, NY, OK, OR, SC, TN, TX, VA, WA, WI), expenditures on prekindergarten programs were used to meet the CCDF State MOE requirement. In FY 2002-2003, 11 States (AL, AR, GA, NJ, OK, OR, SC, TX, VA, WA, WI) reported so using pre-K expenditures.

More States Count Pre-K Funds

To meet CCDF match and MOE requirements, more States are counting State pre-K funds—and doing so to a greater degree. For example, the number of States using pre-K expenditures to meet more than 10 percent of the MOE requirement jumped from two in 2001 to 12 in 2003.

- Twelve States (AR, MD, MI, NJ, OK, OR, SC, TN, TX, VA, WA, WI) reported using prekindergarten expenditures to meet more than 10 percent of the MOE requirement.

- Eleven States (AR, MD, MI, OK, OR, SC, TN, TX, VA, WA, WI) reported doing so at the maximum 20 percent level permitted. On average, States using prekindergarten expenditures to meet MOE requirements met 18 percent of their MOE requirement with State prekindergarten expenditures. In the FY 2002-2003 CCDF Plans, only two States (TX and WI) reported that more than 10 percent of the MOE requirement was met with pre-K spending.

Prekindergarten Spending and State Match

- Seventeen States (AL, AZ, AR, CO, MD, MA, MI, NV, NJ, OK, OR, SC, TN, TX, VA, WA, WI) used prekindergarten expenditures to meet the CCDF Matching Fund requirement.

- Sixteen States (AZ, AR, CO, MD, MA, MI, NV, NJ, OK, OR, SC, TN, TX, VA, WA, WI) met more than 10 percent of CCDF Match with State prekindergarten expenditures. Fourteen States (AZ, AR, CO, MD, MA, MI, NV, OK, OR, SC, TN, TX, VA, WA) did so at the maximum level permitted, 20 percent of Match.[7] On average, the 17 States using

[7] Prekindergarten expenditures in Alabama were used to meet 10 percent of CCDF Match; in New Jersey and Wisconsin the figure was 15 percent and 13 percent respectively.

prekindergarten expenditures for CCDF Match met 19 percent of their Matching Fund requirement with State prekindergarten expenditures.

Coordinating Pre-K and Child Care Services to Expand the Availability of Child Care

The **Alabama** Department of Children's Affairs pre-K initiative operates 70 sites in 64 counties. The initiative uses a variety of strategies aimed at serving families and children, including collaborating with other entities to provide services in schools, homes, parenting centers, and child care centers, thus more effectively meeting the needs of working families within these communities. The Alabama Department of Education operates 4-year-old preschool programs for special needs children in all 128 school districts. These services are housed in public school facilities, which increases the availability for working parents, thus more effectively meeting the needs of working families within these communities.

Arkansas' quality pre-K program, Arkansas Better Chance, is licensed and contractually managed by the Lead Agency for the block grant. These pre-K contracts are with several differing entities, including: local school districts, Regional Educational Service Cooperatives, Head Start grantees, community-based nonprofit organizations, universities, housing authorities, community development corporations, hospitals, and the Economic Opportunity Corporation. These providers utilize the same income eligibility guidelines for their working families as the State's certificate program. Many of those providers participate in the certificate program as well.

State-funded pre-K programs receive information about the child care voucher program to assist parents in provision of wrap-around services that extend hours of care to children of working families. ABC programs are encouraged to offer after-school care and care during the summer to meet the needs of working families.

Action was taken by the 2003 Arkansas General Assembly to extend a 3 percent excise tax on packaged beer to provide financial support to the ABC program and to low-income working families through the child care voucher program. Eighty percent of the excise tax is given to pre-K services, and the remaining 20 percent is used for the child care voucher program that assists low-income, working families. In order to reduce the waiting time for voucher services, the division added eight people to the child care eligibility staff. This reduction in waiting time has ensured that working parents are receiving services more quickly.

The State-funded **Colorado** Preschool Program requires that local programs and parents create an agreement on how family needs will be met. Recent legislation allows two slots to be used per child if needed to provide full-day care.

In **Georgia**, the Office of School Readiness (OSR) partnership with the Department of Human Resources ensures that pre-K programs Statewide meet the needs of working parents. Eligible families receive extended day child care that supports the parents so that they can work and/or participate in training or education programs. OSR provides lottery funds to DHR to ensure extended care services (before-and after-school care) to Category One

eligible children. Category One eligibility is defined in the pre-K guidelines as the child's participation in one of the following programs: Food Stamps, Supplemental Security Income (SSI), Medicaid, TANF, or PeachCare for Kids. OSR sees this effort as a workforce development issue. Extended day care gives parents additional child care support so that they can work and/or participate in training programs. Extended day care provides an opportunity for children to obtain a quality preschool experience that would otherwise not be available to them.

Many local education agencies that receive State pre-K funding in **Maryland** are already providing wrap-around care to meet the needs of low-income working families. To receive public pre-K funds, a school must survey potential families and determine if wrap-around care is needed to meet the needs of low-income working families. The Maryland State Department of Education completes an annual survey of all schools to determine how many already provide these services for pre-K and kindergarten children and how many provide before- and/or after-school services for school-age children. The survey results were used to determine how local communities could be assisted to expand existing services. Additionally, the Child Care Administration selected programs through a competitive bid process to expand part-day, part-year programs that increase the availability of full-time child care services to meet the needs of low-income working families. The child care needs of low-income working families are a priority for the Child Care Administration and its pre-K programs. Additionally, Judith P. Hoyer Centers have been established to serve low-income, at-risk pre-K children and families. These centers are located in Title I school districts and provide coordination of needed services for low-income children and families.

The **Michigan** Department of Education requires that applicants for both the competitive funding stream and the State school aid funding stream for its prekindergarten program, the Michigan School Readiness Program (MSRP), conduct a needs assessment to make sure that the prekindergarten program aligns with the child care options in the local area. Priority is given in each funding stream to those applicants who propose wrap-around child care either within the program or by coordinating with local child care providers. Each year, data are collected on each child who attends MSRP and on his/her eligibility for child care reimbursement if s/he were not enrolled in MSRP. The match level is calculated based on the savings to the child care fund by enrolling eligible children in MSRP in lieu of child care programs that would receive reimbursement for those children. In addition, the Department of Education provides assurance that at least 50 percent of the children receiving services meet the income guidelines described by the Michigan Family Independence Agency.

Welfare reform's requirement for full-time work or participation in work readiness programs makes full-time, year-round early childhood education programs essential. Through the **New Jersey** Supreme Court order in *Abbott v. Burke*, the 30 Abbott School Districts have amended their Early Childhood Program Operational Plans to provide full-day, full-year early childhood education programs. The State may claim any eligible balance of the State prekindergarten expenditures not utilized for other Federal MOE or matching purposes. Local boards of education must cooperate with and utilize a Department of Human Services licensed child care provider whenever practicable to implement required early childhood educational programs and not duplicate programs or services otherwise available in the

community. In voucher child care programs, the Unified Child Care Agencies (UCCAs) will coordinate parents' and children's needs to ensure that TANF and CCDF eligible families receive the hours of care needed. UCCAs are funded to provide technical assistance to child care centers contracting with Abbott School Districts, as well as to modify voucher payments for children receiving subsidies for wrap-around child care and who attend Abbott pre-K programs.

Pre-K and child care coordination occurs at both the State and local levels in **Texas**. At the State level, the Texas Education Agency and Texas Workforce Commission have designated staff to coordinate the certification and reporting of pre-K expenditures. Both agencies also are the primary participants in a collaboration work group with the Head Start State Collaboration Office and several nonprofit organizations to increase the availability of full-day, full-year child care services that meet the needs of working families. Coordination at the State level focuses on addressing regulatory and administrative barriers to collaboration and removing those barriers to facilitate better collaboration resulting in full-day, full-year child care services.

Localities that participate in the **Virginia** Preschool Initiative must assure that the program will operate at least six hours per day and conform, at least, to the school calendar year. Programs are encouraged to operate on a full-day, full-year basis. Localities must provide transportation to and from the pre-K program and they also must assure that other services are identified to support families of participating children, such as child care wrap-around services. Through the expansion of before- and after-school programs under Virginia's Partnership for Achieving Successful Schools, preschool and school-age programs in participating school divisions will be eligible for expanded service hours to provide working parents with wrap-around child care services. The Department of Social Services, Department of Education, and Head Start have agreed to conduct an assessment of program availability, gaps in services, and deficiencies to better collaborate in the expansion of quality early care and education.

PART II – DEVELOPING THE CHILD CARE PROGRAM

Section 2.1 – Consultation and Coordination

2.1.1 – Consultation

Describe the consultation the Lead Agency held in developing this Plan and the results of that consultation. At a minimum, the description must include the following:

Representatives of local governments;
Tribal organizations when such organizations exist within the boundaries of the State. (658D(b)(2), §§98.12(b), 98.14(b))

Lead Agencies reported consultation with numerous entities, in addition to representatives of local governments and Tribal organizations. Descriptions included both consultation specific to the development of State Plans, and consultation that occurs on a continuous basis, leading up to development of State Plans.

State and Territories consulted with the following entities:

- Advocacy organizations
- Business entities
- Child and Adult Care Food Programs
- Child care providers
- Child Care Resource and Referral Agencies (CCR&Rs)
- Community organizations
- Economic development entities
- Employment/workforce entities
- Faith-based programs
- Foundations/Trusts
- Head Start programs, associations, collaboration offices
- Healthy Child Care America
- Higher education
- Inclusive special needs programs
- Juvenile justice
- Local governments/agencies
- Mental health programs
- Nonprofit organizations
- Other State agencies
- Parents
- Pre-K
- School districts
- School-age programs
- State Education Departments
- State Health Departments
- Statewide and Territory-wide organizations
- Temporary Assistance for Needy Families (TANF) entities
- Tribal organizations
- United Way

The following identifies the number of States and Territories that consulted with the different types of entities and highlights State and Territory examples.

- Twenty-two States (AR, CO, CT, DE, DC, FL, HI, MA, MI, MN, NE, NV, NJ, NC, PA, PR, SC, TN, UT, WA, WI, WY) and one Territory (VI) reported consultations with State and Territory Education Departments.

- Twenty-one States (CO, DE, DC, GA, IL, IN, IA, MA, MI, NE, NJ, NM, PA, PR, SC, SD, TN, TX, UT, WA, WY) and three Territories (AS, GU, VI) reported consultations with other State and Territory agencies.

- Twenty-one States (AK, AZ, CA, DE, DC, IL, KY, MA, MN, NE, NJ, NM, NY, NC, OR, PA, SD, TN, VA, WA, WI) and one Territory (GU) reported consultations with local governments.

  New York consults with local governments through a multi-year consolidated services plan process. Local county departments share best practices and concerns, and develop strategies on delivery of subsidy support programs. In 2002, the Lead Agency held over 200 regional information meetings attended by 2,408 child care providers where concerns, regulations, and policies related to the Quality Child Care and Protection Act were discussed.

Lead Agency Consultation

States reported Lead Agency consultations with 35 different types of entities in developing the Plan, including representatives of other Federal, State, local governments and Tribal organizations, as well as private agencies. The number of outside entities with which the Lead Agency consulted ranged between one and 14 entities.

- Twenty States (AR, CO, CT, DC, FL, IL, NM, NE, NV, NJ, NM, NY, NC, PR, SC, TX, UT, VA, WI, WY) and two Territories (GU and VI) reported consultations with Head Start programs, Head Start Associations, and/or Head Start collaboration offices.

- Twenty States (AK, AZ, CA, CO, FL, LA, ME, MI, MN, NE, NY, NC, ND, OR, SC, SD, TX, UT, WI, WY) reported consultations with Tribal organizations.

  In **Alaska**, 11 Tribal organizations were invited to participate in a teleconference resulting in increased communication through newsletters, regular teleconferences, closer alignment of systems, wider availability of State provider and subsidy applications in Tribal organizations, and work on increasing the number of licensed rural providers.

- Eighteen States (AZ, AR, CA, CO, DE, DC, FL, GA, IL, MA, MI, MN, MS, NJ, PA, TN, WA, WI) and one Territory (VI) reported consultations with child care providers.

- Eighteen States (AR, CO, CT, FL, GA, HI, IL, NE, NJ, NC, ND, PR, SC, TN, UT, WA, WI, WY) and two Territories (AS and VI) reported consultations with State and Territory health departments.

- Seventeen States (CA, CO, CT, IL, MA, MI, MN, MS, NE, NJ, NC, PA, TN, UT, WA, WI, WY) reported consultations with advocacy organizations.

- Sixteen States (AZ, AR, CA, CO, IL, KY, MA, MN, NE, NY, NC, ND, SC, UT, WI, WY) reported consultations with CCR&Rs.

In **Arizona**, CCR&Rs and the Lead Agency facilitate local involvement through community provider networks. Local child care needs are identified, as well as strategies and resources to improve the quality of child care.

- Twelve States (CA, CT, FL, HI, MT, NJ, MN, NY, NC, OH, SC, UT) and one Territory (GU) reported consultations with Statewide and Territory-wide organizations.

- Eleven States (AZ, AR, AS, CA, CO, DC, HI, MT, NE, NC, PR) and one Territory (GU) reported consultations with higher education.

  The University of **Guam** will assist the Lead Agency in facilitating a stakeholder process to create a vision to support and enhance overall development and school readiness of children. The university will assist in developing early learning guidelines and a professional development plan.

- Eight States (CA, CO, DE, MA, MS, NE, UT, WY) reported consultations with parents.

- Seven States (CO, DC, FL, MN, NE, NC, SC) reported consultations with inclusive special needs programs.

- Six States (GA, HI, NV, NY, NC, TX) reported consultations with pre-K.

- Five States (AR, CO, NJ, ND, PA) and one Territory (VI) reported consultations with TANF entities.

- Five States (AZ, CT, DC, UT, VA) reported consultations with community organizations.

- In one State (PA), the TANF entity updated TANF-related sections of the State Plan, and worked together with the Department of Education on the *Good Start, Grow Smart* section of the Plan.

- Four States each reported consultations with school districts (CO, NE, NV, NY); and school-age programs (MA, MN, SC, UT). Three States (SC, UT, WI) and one Territory (VI) reported consultations with employment/workforce entities. Three States (DC, IN, WY) reported consultations with business. Two States each reported consultations with faith-based entities (NC and SC); economic development entities (ME and NY); foundations/trusts (IN and UT); nonprofit organizations (SD and WA); and the United Way (SC and UT). One State each reported consultation with local agencies (CA); the Child and Adult Care Food Program (NM); juvenile justice (SC); mental health (SD); and Healthy Child Care America (WY).

Examples of Other Types of Consultations

In **California**, a Statewide stakeholder meeting was held in the fall of 2002. As a result of the meeting, quality improvement activities were reviewed and a school readiness and articulation project was added to facilitate the transition of preschoolers to kindergarten.

In **Delaware**, communities were contacted to determine child care needs and resources, provide input on effectiveness of local programs, and make recommendations on the use of child care funding to address budget shortages. Staff from the Department of Education and the Lead Agency collaborated on activities that led up to the completion of the State Plan.

Florida formed a workgroup, made up of 11 entities, to ensure that the Plan reflected coordination and collaboration across all entities involved in school readiness services.

Iowa's Consumer Advisory Team is working in partnership with the Lead Agency in advocating for increased funding and policy improvements to increase access to child care. This project is funded by the Joyce Foundation and coordinated with the Child and Family Policy Center, Ecumenical Ministries of Iowa, and Move the Mountain Leadership Center. The membership is comprised of low-income families.

Missouri began developing and consulting with entities on the State Plan beginning in March 2002. Thirty-eight focus groups were conducted, which included parents, child care providers, and local county staff. The recommendations resulted in increased focus on the early years and on establishing a cohesive early learning system. In addition, the Office of Early Childhood was established and Child Care and Development Fund administration was transferred into this new office. An advisory committee was formed to make recommendations for systems improvements in the subsidy payment process.

New Mexico held nine town meetings to receive input on child care licensing and registered home provider regulations and subsidy program regulations. Written input was also solicited from child care providers, associations, food sponsors, and other advocates. A second example of consultation includes two Early Care Summits. Numerous stakeholders provided input on compensation and funding, professional development, quality, and systems development. A third example of consultation is related to the development of the next Market Rate Survey. Child care providers and advocates work with the Lead Agency in developing the Market Rate Survey.

Rhode Island developed its Plan through a facilitated process, as part of the Advisory Committee on Child Care and Development. This process began in September 2002 and ended in June 2003.

The Alliance for Children in **South Dakota** was formed in July 2002 to develop a three-year strategic plan for the State. Issues such as workforce turnover, public awareness, professional development for family home providers, funding, school-age care, early learning standards, and infant/toddler care are addressed by the Alliance for Children. As a result of recommendations identified by the Mental Health Task Force, a planning session on social/emotional needs of children, and work of the Alliance for Children, mental health services for children will be available. A second example of consultation is related to Tribal infant/toddler coordinators. Ongoing consultations occur to improve the quality and availability of care on reservations.

Utah held 10 town meetings. Community input was documented and used to create the State Plan. Attendees included government agencies, State legislators, local government,

advocacy representatives, child development representatives, child care providers, parents, and community members.

Virginia received input on the Plan from 121 local departments of social services, Head Start organizations, and other State and local organizations. As a result of the input, the Lead Agency will continue to allocate funds to local departments for the expansion and improvement of child care; is investigating regional maximum reimbursable rates; is assessing the possibility of returning to the 75th percentile reimbursement rates; is investigating the feasibility of a tiered system of reimbursement; and is convening a work group to review use of CCDF funds for children in protective services.

Commissions, Advisory Councils, and Boards

Many States report that State-level commissions, advisory councils, task forces, or boards play a key role in contributing to the development of State Plans. Numerous organizations are represented on these State-level entities as seen in Table 2.1-A.

- Thirty-five States (AK, AZ, CA, CO, CT, DC, GA, HI, ID, IL, IN, IA, KS, KY, ME, MD, MA, MI, MO, MT, NE, NV, NJ, NM, OH, OR, PA, RI, SC, SD, TX, WA, WV, WI, WY) indicated State-level commissions, advisory councils, task forces, or boards are involved in State Plan consultation.

  In **Idaho,** development of the State Plan has been ongoing during the past two years. The Idaho Child Care Advisory Panel was involved in creating the new IdahoSTARS Professional Development and Resource and Referral contract. IdahoSTARS will establish a career lattice, incentive payments, and a provider registry.

  In **Illinois**, the Child Care and Development Advisory Council developed a five-year blueprint for the Child Care Assistance Program. This council is made up of representatives from local government, advocacy organizations, profit and nonprofit child care enters, family child care homes, research institutions, Head Start, philanthropy, churches, local health departments, colleges, CCR&Rs, and other State agencies.

  Indiana consults with the Indiana Child Care Fund Board. The purpose of the board is to turn contributions into investments in the future of child care in Indiana. Members include representatives from business, education, foundations, the Departments of Workforce Development and Health, the professional child care field, and local government representatives. Collaboration between the board and the Lead Agency has resulted in the implementation of initiatives to increase the professional development of child care providers, including T.E.A.C.H Early Childhood® Indiana.

  In **Kansas**, the Statewide Child Care and Early Education Advisory Committee serves as the organizing entity for State Plan development. Local government provides input on the State Plan to the committee. One example of coordination resulting from this committee is the

TABLE 2.1-A
ORGANIZATIONS REPRESENTED on STATE-LEVEL COMMISSIONS, ADVISORY COUNCILS, TASK FORCES, and BOARDS USED IN CONSULTATION AND COORDINATION

Type of Entity	Number of States and Territories
Child care providers	27
Head Start programs, associations, and/or collaboration offices	26
Education	26
Health	24
Other State agencies	21
Higher education	21
Resource and referral	20
Parents	20
Advocacy organizations	19
Business	14
Tribes	13
Statewide organizations/associations	13
Local government	13
Employment/workforce agencies	8
Legislators	7
School districts	6
Foundations, trusts	6
Office of the Governor	5
Mental health	5
Medical	5
Faith-based organizations	5
Community organizations	5
United Way	4
School-age programs	4
Early care and education trainers	4
Local agencies	3
Inclusive special needs programs	3
Child and Adult Care Food Program	3
Economic development entities	2
Chambers of Commerce	2
TANF	1
Pre-K	1
Nonprofit organizations	1
Healthy Child Care America	1
Empowerment boards	1

Source: Information compiled from State CCDF Plans, FY 2004-2005.

relationship between the Lead Crime Agency and the Juvenile Justice Authority, which coordinates funding to communities for prevention and/or school-age activities. The Lead Agency also conducts quarterly meetings with a Tribal organization, to ensure that dual eligibility requirements of CCDF are met.

The Child Care Advisory Council in **Maine** developed and distributed a questionnaire to their members to solicit input on the use of quality funds. Eighty-five surveys were returned and results from the survey were used to inform the professional development section of the State Plan.

Maryland's Child Care Administration Advisory Council made recommendations to the State Plan. Membership includes advocates, child care providers, parents, representatives of local and State public agencies, community-based organizations, Head Start, local departments of social services, resource and referral and the Maryland Senate. A sub-committee was established to review past accomplishments and make recommendations to the new Plan.

In **Montana**, the Montana Early Childhood Advisory Council is instrumental in producing outcomes in child care programs. Through this council:

- Changes were made to Head Start/child care eligibility in order to streamline subsidy program processes for child care providers and families;
- Resource and referral funds were targeted to employer/business outreach and the creation of a tool to help measure the impact of child care on local economies;
- The Career Development System was created; and
- The new computer system to accommodate the Tribal TANF families was developed.

In **Ohio**, Ohio Family and Children First is a partnership of government agencies and community organizations committed to improving the well-being of children and families. The recently developed Commitments to Child Well-Being will help develop policy and align program efforts and resources to enable every child to succeed.

2.1.2 – Coordination

Lead Agencies are required to coordinate with other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services. Check any of the following services provided by agencies with which the Lead Agency coordinates. In each case identify the agency providing the service and describe the coordination and expected results:

Lead Agency Coordination

State Lead Agencies coordinate with 20 different types of entities, including representatives of other Federal, State, and local governments and Tribal organizations, as well as private agencies in providing child care and early childhood development services. States reported coordinating with between six to 19 entities.

Coordination with Public Health Programs

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

  California's Lead Agency and the Department of Health work together to increase immunization rates. The percentage of children immunized upon enrollment in child care centers has increased from 91.8 percent in 2001 to 94.3 percent in 2002.

  The **District of Columbia** shares a staff position with the Maternal and Family Health Administration and has a Memorandum of Understanding for joint complaint documentation and resolution, a licensing specialist, and professional development.

  Hawaii coordinated with public health on a lead poisoning public campaign to inform parents on how to safeguard their children.

  Idaho's Lead Agency contracts with seven regional district health offices to monitor licensing health and safety standards. County Commissioners' Boards have authority over the health offices, resulting in increased local involvement on child care issues.

  In **Minnesota**, the Lead Agency, the Departments of Health and Education, Head Start Collaboration, and CCR&Rs are coordinating to develop a framework for health and developmental screening in early childhood. Quality indicators are being developed to assess outcomes, progress and improvement measures, and to promote community-wide planning.

  In **Missouri**, the Departments of Health, Mental Health, and the Lead Agency are identifying Statewide indicators for school readiness, including physical, social, and emotional well-being outcomes indicators.

  New York is working with the Department of Health to develop a comprehensive grant package for health care facilities such as hospitals, nursing homes, and other health related facilities. This project will allow facilities to have a comprehensive recruitment and training strategy, including competitive benefits, on-site child care, and child care subsidy for staff. Funding also is available to start-up and expand child care programs.

  North Carolina collaborates with the Department of Health in a healthy weight initiative pilot to promote healthy nutrition and activities for preschool children. In another pilot project, medically fragile children receive care in high-quality child care facilities.

  In **Pennsylvania**, child care facilities must submit annual immunization reports to the Health Department on all enrolled children.

  The Lead Agency in **South Dakota** collaborates with the Department of Health, the medical community, and CCR&Rs in an early literacy initiative—Reach Out & Read. Healthy Child Care nurse consultants, Department of Health nurses, and the CCR&Rs work together to

coordinate early literacy activities with the medical community. Doctors will distribute information on selecting child care during well-baby visits.

Coordination with Healthy Child Care America

- Forty-two States (AL, AZ, AR, CA, CO, CT, DE, DC, GA, ID, IL, IN, IA, KY, ME, MD, MA, MI, MN, MS, MT, NE, NV, NH, NJ, NY, NC, ND, NV, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WI, WY) reported coordination with Healthy Child Care America programs.

Alabama uses eight nurse consultants in 45 counties. Expected results include decreases in injury, illness, and death, and improved integration of health concepts in child care settings. Identified infants and toddlers are referred to the Early Intervention System.

In **Arizona**, the Healthy Child Care project is administered by the American Academy of Pediatrics (AAP). The project's goals include:

- Link child care providers with health care consultants;
- Link families with children's health insurance;
- Enhance health and safety standards through the recommendations in *Caring for Our Children* (2002), 2nd ed., by American Academy of Pediatrics, American Public Health Association, and Health Resources and Services Administration; and
- The Lead Agency plays an active role on the Statewide advisory council to ensure effective linkages and coordination are made.

Delaware's project includes numerous stakeholders—child care licensing, early intervention services, Medicaid, the Delaware Healthy Children Program, Head Start, the Family and Workplace Connection, Wesley College, and Wilmington College School of Nursing. Through a Robert Wood Johnson grant, health consultant services will continue to be free.

Georgia has expanded nurse consultant training to professionals in the Lead Agency, resource and referral, Cooperative Extension Service staff, military child care programs, early care and education instructors from technical colleges, and private child care training organizations. Child care providers benefit from increased technical assistance and training from multiple sources.

In **Iowa**, health consultant services are coordinated among the Department of Health, Head Start, the CCR&Rs, and Empowerment Areas. This expanded network includes 19 Head Start health specialists and, by 2005, a 0.5 full time equivalent in each one of the 26 Child Health Clinics.

Massachusetts coordinates with the Healthy Child Care America in Public Health to distribute potassium iodide to providers in 18 communities surrounding nuclear power plants.

Minnesota's Healthy Child Care America grant focuses on children with special medical, emotional, and behavioral needs. This program coordinates with Project Exceptional and

includes resource and referral, the Children's Defense Fund, the Fraser School, the Minnesota Association for the Education of Young Children, the AAP, and Head Start.

In **Nevada**, the University of Nevada Cooperative Extension coordinates activities under Healthy Child Care. Three initiatives are coordinated under this project—health consultation, the National Health and Safety Performance Standards for Out of Home Child Care, and training and promotion of the Children's Health Insurance Program. Self-study training modules are distributed to providers, making training more accessible to providers, particularly in the rural areas.

The project in **New Jersey** is a collaborative effort between the American Academy of Pediatrics, the Department of Health and Senior Services, and the Lead Agency. Through this effort, a health and safety survey of providers was conducted to determine training and consultation needs; the Universal Child Health Form was finalized and is being piloted in collaboration with the Office of Licensing; and a safety-oriented newsletter, the *Early Childhood Health Link*, was developed to link children, parents, caregivers, and health professionals with health-related topics.

Coordination with Mental Health Programs

- Nineteen States (AK, AR, CA, DC, KS, KY, ME, MD, MA, MI, MN, NE, NV, NM, ND, OH, OK, SD, VT) reported coordination with mental health programs.

Alaska coordinates with Head Start and a nonprofit organization, Stone Soup, to develop and deliver positive behavioral training for child care workers and educators working with children with behavioral or disability challenges.

A collaborative workgroup has been established in **Arkansas** on children's mental health issues. Members include the Head Start Collaborative, Department of Education, Division of Mental Health Services, Division of Developmental Disabilities, Division of Medical Services/Children's Services, and private and public children's mental health providers. The workgroup recommended implementing four pilots with a continuum of services for families and child care providers.

California's Lead Agency coordinates with the Infant, Preschool and Family Mental Health Initiative through the Beginning Together Project that is administered by Sonoma State University. Every year outreach sessions are conducted in 10 to 20 areas of the State to discuss how to improve services for children birth to 3 years old with disabilities or other special needs. Representatives from the Mental Health Initiative are included in the meetings.

Maine created a Task Force that focuses on development of a system of support for child care providers working with children with behavioral issues. Representatives include the Department of Behavioral and Developmental Services, the Maine Association of Infant Mental Health, Child Development Services (early intervention), the Center for Community Inclusion, Head Start, and the Department of Education.

Massachusetts coordinates with mental health to fund 16 supportive child care programs. Clinicians are located onsite at child care facilities to provide a broad range of training and support to children, families, and child care staff.

Michigan's mental health child care consultation services are provided through an interagency agreement with the Department of Community Health. Expected results included training for 450 child care providers and implementation of services that will positively impact 10,000 children.

The Lead Agency in **Oklahoma** and the Department of Mental Health and Substance Abuse jointly funded community-based mental health professionals who work with child care providers.

Coordination with Employment, Workforce, and Apprenticeship Programs

- Forty-one States (AK, AZ, AR, CA, CT, DC, FL, GA, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TX, UT, VT, VA, WA, WV, WI, WY) and three Territories (AS, GU, VI) reported coordination with employment/workforce programs. A number of States report coordination efforts in the area of apprenticeship programs.

Maine's coordination with the Department of Labor combines apprenticeship grant funding and a National Quality Child Care Initiative to fund family child care apprenticeships. Providers benefit from tuition-free training and in-home mentors for support.

The Lead Agency in **Massachusetts**, together with the Division of Apprenticeship Training, is piloting an apprenticeship program. An advisory group guides the development and sustainability of the initiative. The Advisory group consists of State agencies, provider groups, CCR&Rs, labor unions, and State colleges.

New York's Consortium for Worker Education is a collaboration with both the State Department of Labor and the U.S. Department of Labor to develop a "Satellite Day Care" program. TANF recipients are recruited and trained to provide family child care in a model where the family home provider is an employee of a supervising entity.

In **Pennsylvania**, a major goal of the CCR&Rs is to support TANF families in their transition from welfare to work. CCR&R staff work directly with local TANF offices and Careerlink staff on co-location activities. TANF clients receive extensive child care search assistance if they are unable to locate necessary or appropriate child care in order to work.

In **Rhode Island**, the Lead Agency works closely with the Rite Works Employment and Retention Services, which is a multiple-level partnership that develops employment opportunities. The Lead Agency and Rite Works staff work together to ensure child care issues are not barriers for TANF clients to fully participate in the workforce.

Vermont's coordination with the Department of Employment and Training is to ensure that the workforce is prepared for careers in child care. The main focus of this collaboration is

the apprenticeship program and supporting Vermont Technical Centers to work with high school students interested in child care careers.

Coordination with Public Education

- Forty-nine States (AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WV, WI, WY) and four Territories (AS, CNMI, GU, VI) reported coordination with public education.

  In **Colorado**, the Lead Agency works closely with the Department of Education on several initiatives—the Consolidated Child Care Pilots and the Learning Clusters. Through statute, the 17 Pilots have the ability to shape policy issues in order to support comprehensive services to families and children. The Learning Clusters, jointly funded by the Lead Agency and Department of Education, meet local professional training needs in 35 communities.

  An intra-bureau Early Learning Team in **Iowa** provides leadership in developing an assessment for school readiness efforts. It convenes a Natural Allies interagency workgroup, and is a key contributor to data and system planning toward the governor's 90/90 agenda—to make quality preschool services available to 90 percent of Iowa's children, and to ensure 90 percent of all Iowans complete at least two years of post-secondary education.

  Maine's coordination with the Department of Education and Head Start resulted in a Statewide conference on after-school programs and the development of guidelines for the 21st Century Community Learning Centers grant. The expected result is to increase the number of after-school programs, particularly for children of working parents.

  The Lead Agency in **Massachusetts** and the Department of Education are collaborating on the mutual use of the Lead Agency's Electronic Child Care Information Management System to coordinate services on preschool slots for 3- and 4-year-old children. This will meet families' needs in facilitating smooth transitions between funding streams.

  North Carolina's Lead Agency partners with the Public School Forum of NC, the Department of Public Instruction, the Department of Juvenile Justice, and the Department of 4-H Youth Development to establish a Statewide after-school network—the North Carolina Center for Afterschool Programs. The Mott Foundation and the Z. Smith Reynolds Foundation also support the project.

  In **Pennsylvania**, the Lead Agency is working with the Department of Education on *Good Start, Grow Smart* and revisions to the Early Learning Guidelines. In a second initiative with the Department of Education's Bureau of Adult Basic Literacy Education, a family literacy consortium meeting resulted in a number of cross-system activities:

  - State librarians are applying to the Pathways Trainer Quality Assurance System for approval to teach early literacy to child care providers;
  - A two and a half day parent educator training was held in June 2003; and

- The development of a family literacy Web site that provides parents, teachers, and children with literacy resources *(http://www.pabook.libraries.psu.edu/famlit2.html).*

In **Puerto Rico**, the Lead Agency coordinates with the Department of Education on the early learning guidelines and development of the Professional Development Plan. The Lead Agency administers preschool service centers and the Department of Education administers the Child and Adult Care Food Program. Through this coordination, 1,046 children received nutritional services, and training and equipment purchases funding was provided for the personnel.

The Lead Agency in **Tennessee** partners with the Department of Education, the Department of Health, the Head Start Collaboration, the Head Start Association, local governments in two counties, and other nonprofit organizations to print and distribute *SMART FROM THE START*, a calendar-like flip chart that guides parents and caregivers through a child's development from 3 months to age 5.

Virginia's coordination with the Department of Education focuses on preschool and school-age programs. In The Partnership for Achieving Successful Schools initiative, expanded hours in at-risk schools provide parents with wrap-around child care services. In addition, the Lead Agency will provide expansion and/or start-up grants for school-age programs in at-risk schools.

Coordination with TANF Programs

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

In **Arkansas**, the Lead Agency works closely with the Transitional Employment Assistance Board, which oversees TANF programs. The Lead Agency updates the board with child care need projections, and in the past two years the board has approved $12 million in transfers for child care subsidies.

In **Kansas**, coordination between the Lead Agency and TANF has resulted in a combined application for TANF cash, medical, child care, and Food Stamp benefits. Whenever possible, child care reviews are completed in conjunction with TANF, Food Stamp, and medical reviews. Head Start and Early Head Start programs receive quarterly lists of children whose families receive TANF as a Head Start recruitment strategy.

North Carolina continues to work on the North Carolina Families Accessing Services through Technology Project to provide a comprehensive connected system of human services with multiple points of entry. TANF, Medicaid, Children's Health Insurance Program, Food Stamps, and Child Care, with links to child support, child welfare, and adult and family services are included in the project. Another coordination involves TANF transfers—in State Fiscal Year (SFY) 2002-2003 over $72 million was transferred into CCDF and an additional $26 million blended with other funds for child care.

Wyoming's TANF program is co-located with child care. Benefit specialists determined eligibility for TANF, food stamps, child care, and medical programs. This results in families working with the same staff person for all programs.

Coordination with Pre-K Programs

- Thirty-nine States (AL, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL, IA, KS, KY, LA, ME, MA, MI, MN, MO, NE, NV, NH, NJ, NY, NC, OH, OK, OR, PA, SC, TN, TX, VT, VA, WA, WV, WI) and one Territory (GU) reported coordination with pre-K programs.

  In **Arkansas**, numerous entities administer the pre-K program named Better Chance. These include: local school districts, regional educational service cooperatives, Head Start grantees, community-based nonprofit organizations, universities, the Housing Authority, community development corporations, hospitals, and the Economic Opportunity Corporation.

  The pre-K school programs in **Delaware**, under the Early Childhood Assistance Program, use Head Start revised performance standards as the foundation for structuring and providing services.

  In **Hawaii**, the Lead Agency leads the Pre-Plus Program, which provides pre-K services for low-income children. Collaborative partners include Head Start, the Good Beginnings Alliance, Hawaii Association for the Education of Young Children, the Departments of Education and Health, and the Lieutenant Governor's Office.

  Louisiana provides TANF funding to support the Department of Education's pre-K and Starting Points programs. TANF funding also is used for nonpublic pre-K programs.

  In **Minnesota**, local School Readiness Programs must develop a comprehensive plan to coordinate existing social service programs for families with young children, health referral services, and community-based staff and resources, and to conduct community outreach.

  Nebraska received a grant to implement the Nebraska Early Language and Literacy Learning Collaboration. This model engages partners from higher education, early childhood programs, community members, and families to improve children's early language and literacy experiences. Community partners include three Tribal reservations.

Coordination with Head Start Programs, Associations, and Collaboration Offices

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

  In **Alaska**, collaboration with Head Start has resulted in eligibility criteria clarification to increase Head Start families' access to in wrap-around child care programs; an expansion of

Head Start's positive child development practices into other child care programs; and increased enrollment by modifying enrollment and attendance billing practices.

In **Arizona**, the Lead Agency transfers State funds to provide the required match for the Head Start Collaboration Project.

As a result of coordination with the Head Start Association in **California**, the State Collaboration Office will publish and disseminate a side-by-side comparison of the State and Federal program monitoring process. This will be used to prepare for monitoring reviews by both entities.

In **Illinois**, the Lead Agency invests $10 million for Head Start–child care collaborations that serve more than 2,000 children. The Partners in Care and Education program enables children to remain at one site all day and receive comprehensive early care and education services.

Maine's collaboration with Head Start has resulted in full-day, full-year Head Start programs that are available in most counties. Maine also funds Head Start programs through Tobacco Settlement Funds.

In **Massachusetts**, some of the Head Start STEP Training literacy and mentoring strategies will be applied in non–Head Start child care programs.

Through **Michigan's** collaboration with Head Start, WestEd infant/toddler quality improvement training was presented to 800 child care providers. The Family Literacy Partnership Project collaborates with libraries to prepare children and trains parents.

In **Nebraska**, the Lead Agency coordinates with Head Start programs at the local and State levels. The Lead Agency also funds Early Head Start grantees through infant/toddler CCDF earmarks.

Nevada's Head Start Collaboration Office is planning a series of inclusive meetings to bring State and community partners together to coordinate funding streams.

In **North Dakota's** collaborative partnership with Head Start, many Head Start programs participate in the Lead Agency's Carecheck program—a voluntary background check registry that includes checks for child abuse and neglect, and checks through the State Crime Bureau, and Federal Bureau of Investigation.

Through **Ohio's** coordination with Head Start, the Head Start Plus program is being developed for implementation in 2004/2005. Head Start Plus utilizes TANF funding to meet the child care needs of poverty-level working families and to assist at-risk children enter kindergarten ready for success.

Pennsylvania's Lead Agency coordinates with the Head Start Collaboration Office in supporting the Heads Up! Reading Initiative. This initiative focuses on strengthening early childhood literacy skills through a 14 week, 44-hour course for educators and parents of

young children. In 2001-2002, HeadsUp! Reading sites trained 261 individuals who completed the entire course.

Coordination to Promote Inclusive Special Needs Programs

- Fifty States (AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, WA, WV, WI, WY) and three Territories (AS, GU, VI) reported coordination with programs that promote inclusive special needs programs.

Alabama partners with United Cerebral Palsy of Huntsville and Tennessee Valley to provide training and supports to child care providers.

In **Alaska**, the Alaska Mental Health Trust funds a program that assesses children with disabilities and provides training to subsidized child care providers. These services are offered to Tribal organizations and children in rural areas.

Arkansas coordinates with Child Health Management Services to provide intensive medical early intervention care to children age 6 months to 4 years with special health care needs.

Indiana's Part C program, First Steps, is housed with the Lead Agency. Coordination with the Indiana Institute on Disability and Community–Early Childhood Center, and the Indiana Association of Resource and Referral increases options for inclusion through provider training and technical assistance.

In a partnership with Child Health Specialty Clinics, **Iowa's** Lead Agency and the Healthy Child Care program fund a position to focus on curriculum development, develop a proposal for a child care inclusive care specialist system, and coordinate and expand funding streams to support inclusive care.

Louisiana's Lead Agency has entered into a Memorandum of Understanding with the Department of Health and Hospitals to enhance the provision of child care for children with special needs. The Department of Health and Hospitals will provide training to families, child care providers, and other community professionals to enhance their understanding of supporting children with disabilities, and will refer children to the Lead Agency for child care eligibility determination.

Maine's Lead Agency and Head Start have a cooperative agreement with the University of Maine Center for Community Inclusion to provide technical assistance and flexible funding to assist providers who care for children with special needs.

In **Missouri**, the Departments of Mental Health, Health, and Senior Services, Elementary and Secondary Education, and Social Services collaborate in identifying Statewide indicators and supports for childhood well-being and early intervention for children with disabilities. Inclusion coordinators are on staff at the CCR&Rs to connect and provide services to families and child care providers.

Nebraska's CCR&R system's online services are connected to the Answers4Families Web site which is operated by the Center for Children, Families and the Law at University of Nebraska at Lincoln, and contains information and strategies to support families and their children with disabilities.

In **New Jersey**, the New Jersey Inclusive Child Care Training and Technical Assistance Project provides assistance to child care providers on developing inclusive programs, conducts training and networking for center, family, before- and after-school programs, CCR&Rs, parent groups, agencies, and professionals.

In **Rhode Island**, the Lead Agency coordinates with the Early Intervention Program and the Early Childhood Interagency Task Force. In a recently launched service, the Comprehensive Evaluation, Diagnosis, Assessment, Referral, and Re-evaluation (CEDARR) Family Center Initiative, certified child care providers who provide additional services in community child care settings will be supported by Medicaid funds.

In a new **South Dakota** collaborative initiative—Children with Advanced Special Needs—the Lead Agency collaborates with the Office of Developmental Disabilities, Department of Education, Part B & C, and the Office of Medical Services. This initiative targets families who have limited child care options and children who require services that exceed the child care reimbursement rates. The goal is to assist families with higher child care costs and keep children in the least restrictive child care settings.

Washington coordinates with the Infant Toddler Early Intervention Program and the Inclusive Child Care Committee in activities to promote cross referral of child care and early intervention services systems.

Coordination with Resource and Referral Programs

- Twenty-four States (AR, CO, DE, FL, GA, IL, IA, KY, ME, MD, MA, MN, MO, NE, NY, ND, OH, OK, OR, PA, SC, TN, WV, WI) reported coordination with resource and referral programs.

In **Illinois**, in a partnership with resource and referral, the T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Project and a wage supplement program under Great START work together to increase professional development. An advisory committee oversees the initiatives, with representatives from child care providers, Head Start, higher education, and the Lead Agency.

In **Kentucky**, the CCR&Rs provide technical assistance to providers participating in the voluntary Quality Rating System.

In **Minnesota**, the Resource and Referral Network administers grants to center and family child care providers for program start-up and improvement.

Coordination with Higher Education

- Twenty-four States (AR, CA, CO, CT, DE, GA, ID, IL, IA, KS, KY, ME, MA, MI, MT, NE, NV, NY, NC, PA, RI, SC, WV, WY) reported coordination with higher education.

In **Connecticut**, the Board of Trustees for State Community and Technical Colleges is designated by the Lead Agency to coordinate the State's voluntary career development system. This project also oversees the accreditation project.

Iowa's Lead Agency coordinates with Iowa State University in the Midwest Child Care Research Consortium that conducts research on child care quality in Administration for Children and Families (ACF) Region VII. Community colleges have been instrumental in assisting with Statewide efforts in T.E.A.C.H. Early Childhood® Iowa, Iowa Apprenticeship, and Natural Allies and have coordinated with resource and referral in the delivery of Statewide training.

Michigan contracts with Michigan State University Extension to run the Better Kid Care Project. The project activities include satellite training to increase provider and low-income adult knowledge, skills, and quality of care provided. The expected result is that 1,600 providers in 60 counties and 100 low-income adults in six communities will participate.

Coordination with Other State Agencies

- Twenty-two States (AZ, AR, CA, CO, CT, DE, DC, GA, IN, IA, KY, ME, MA, MN, NV, NY, NC, OK, PA, RI, SC, SD) reported coordination with other State agencies.

In **Arkansas**, a partnership with the Department of Economic Development makes funding available for renovation and construction of child care facilities. Total funding through the Community Development Block Grant is $1 million annually.

In the **District of Columbia**, Part IV-E funding for foster children is expected to be claimed toward child care reimbursement.

Massachusetts coordinates with the Massachusetts Emergency Management Agency in preparing an emergency preparedness manual for providers. Joint presentations for child care providers are offered an average of six times per year. The manual is available through NCCIC's Online Library at *http://nccic.org*.

Minnesota coordinates with the Department of Revenue and Resource and Referral to assist employers and increase the availability of pretax child care accounts. The Lead Agency also supports a software system used by Resource and Referral that tracks the type of information requested by employers. The information is reviewed every six months to identify what type of information is requested.

Coordination with School-Age Programs

- Fifteen States (AZ, CA, DC, KY, LA, ME, NJ, NY, OH, OK, PA, SC, SD, TN, VT) reported coordination with school-age programs.

  California's After School Education and Safety Program provides constructive alternatives for students in kindergarten through 9th grade. Local planning and development collaborators include law enforcement, parents, youth, school and government representatives, community-based organizations, and the private sector.

  In **Kentucky**, in-kind contributions for before- and after-school care come from numerous sources, including public and private schools, Family Resource Centers, Head Start programs, and other community resources such as YMCAs.

  South Dakota's out-of-school programs were implemented in December 2000. In April 2003, 142 programs have been licensed and grants totaling $5.8 million have been allocated, serving approximately 6,500 students in K–8th grades Statewide.

Coordination with Statewide Organizations and Associations

- Eight States (GA, HI, IN, KS, MA, MN, NC, VT) reported coordination with Statewide organizations/associations.

  Vermont coordinates with the Vermont Association for the Education of Young Children and the Vermont Child Care Providers' Association to advance accreditation with home and center-based providers. As a result of these efforts, 23 percent of centers and 15 percent of home providers have been or are in the process of being accredited.

Coordination with Advocacy Organizations

- Seven States (AR, CO, CT, GA, HI, MA, MN) reported coordination with advocacy organizations.

  In **Arkansas**, a partnership between the Arkansas Advocates for Children and Families and the Lead Agency is focusing on completing the School Readiness Indicators Initiative.

Coordination with Tribal Organizations

- Seven States (AZ, LA, NE, NM, ND, OK, WA) reported coordination with Tribal organizations.

  The Lead Agency in **Arizona** participates in the Arizona Tribal Early Childhood Working Group. This group has adopted a set of guidelines to improve coordination and quality of child care.

  The Tribal Consult Project in **North Dakota** is funded by the Lead Agency and Tribal organizations and contracted to a resource and referral agency.

Oklahoma's Lead Agency works cooperatively with the Indian Tribes in coordinating with licensing for acceptance of each other's monitoring visits. The Lead Agency also contracts with two Tribes to provide resource and referral services.

In **Washington**, field managers meet quarterly with local Tribal representatives on child care issues.

Coordination with Other Entities

- Six States (DC, FL, KY, NM, VT, WV) reported coordination with State Child and Adult Care Food Program offices.

- Five States (AK, DE, GA, NC, ND) reported coordination with foundations/trusts.

  In **North Dakota**, the St. Paul Bush Foundation funds the North Dakota Professional Development Initiative and the Infant/Toddler Enrichment Program (Tribal and State).

- Five States (CT, GA, KY, MA, VA) reported coordination with United Way.

  In **Connecticut**, the Child Care INFOLINE is a Statewide resource and referral service operated by the United Way of Connecticut.

  In **Georgia**, Smart Start Georgia is a partnership between the Lead Agency, United Ways of Georgia, Georgia Chamber of Commerce, and the Joseph B. Whitehead Foundation. This effort is dedicated to improving the quality of early childhood education programs.

- Four States (CA, CO, MD, TN) reported coordination with local government.

- Four States (MI, NJ, NY, ND) reported coordination with infant/toddler programs.

- Three States (AR, MN, NE) reported coordination with local agencies.

- Three States (AK, CO, IA) reported coordination with nonprofit organizations.

- Three States (FL, HI, MD) reported coordination with the Governors' Offices.

- Two States (GA and LA) reported coordination with faith-based organizations.

  Louisiana's Lead Agency contracts for child care initiatives with several faith-based organizations. Piloted services include parent centers and parent education.

- Two States each reported coordination with juvenile justice/law enforcement (AR and NC); business (KY and VT); community organizations (AR and KY); parents (NE and OK); and school districts (AR and CA).

Innovative Coordination Activities

States reported diverse approaches in the coordination of activities. The following examples highlight some of the unique State efforts.

Alabama partners with Alabama Public Television to implement the Ready-to-Learn Project. This project offers training supports and resources to trainers who conduct workshops in their community, and provides technical assistance and follow-up.

In **Colorado**, coordinated use of subsidy program funding streams is structured in a way that results in a seamless delivery system for families, county departments of social services, and child care providers. Title XX funds, all CCDF funding streams, and State and county funds are assigned at the State level.

In **New York**, the Lead Agency continues to expand its coordination with courts under the Children's Centers in the Courts initiative. Lead Agency funding establishes early childhood children's centers with services for children whose parents need to appear in courts. Center staff are trained in child care and early childhood development and they also provide parents with information and referrals to other needed services. A total of 32 centers have been established to date.

South Dakota's annual Dakota Fatherhood Summit includes collaboration between South Dakota State University, the Head Start Association, the Department of Education, the Community Development Institute, the South Dakota Coalition for Children, Even Start and Growing Up Together, and individual Head Start programs. The second annual summit included the governor and nationally known speakers from the National Fatherhood Initiative.

Washington's Braided Funding Think Tank is made up of Federal and local early childhood professionals who are addressing barriers and creating strategies for using multiple sources of funding for early childhood programs. The goal is to streamline funding streams and improve access for families.

Coordination with State-level Commissions, Advisory Councils, Task Forces, and Boards

Many States reported that State-level commissions, advisory councils, task forces or boards play a key role in early childhood program coordination. Numerous organizations are represented as these State-level entities as seen in Table 2.1-A.

- Nineteen States (AZ, CA, CO, CT, DC, GA, IA, KS, MD, MS, MO, NE, NV, OR, RI, SC, WV, WI, WY) coordinate with State-level commissions, advisory councils, task forces, and/or boards.

Colorado's Early Childhood State Systems Team is a State-level multiple stakeholder team that is developing a plan for an early childhood system. Five task forces, strategic planning, public engagement, funding and financing, organizational structure, and evaluation and

outcomes are building a plan incorporating the Colorado Child Care Commission's Blueprint and technical assistance from North Carolina's Smart Start Technical Assistance Team.

In **Georgia**, the Georgia Child Care Council sponsored the development of The Strategic Plan for Childhood Care and Education in Georgia: Charting the Journey to Access and Excellence. This comprehensive plan reflects coordinated efforts across all childhood care and education.

In **Maryland**, the State Early Care and Education Workgroup is a multi-agency/advocate/service provider group charged with establishing and coordinating services across programs for low-income families with young children. Services include child care, meeting physical and mental health needs, early education, inclusion of special needs children, and other family supports.

Oregon's Child Care Education and Coordinating Council is instrumental in the development of the State Plan. These are 26 members from public and private agencies, a foundation, nonprofits, professional development entities, a Statewide organization, and advocacy agencies.

In **Wisconsin**, the Wisconsin Early Childhood Collaborating Partners has developed an Agenda for Early Childhood Education and Care stating that all young children and families will have access to a comprehensive system of high-quality care. Programs included are: child care, early intervention, special education, public school early education, Head Start, Even Start, preventive health services, CCR&Rs, parent education, home visitation, and family resource centers.

TABLE 2.1-B
NUMBER of STATES CONSULTING and COORDINATING by TYPE of ENTITY

Type of Entity	Number of States and Territories	
	Consultation	Coordination
Advocacy organizations	17	7
Business	3	2
Child and Adult Care Food Program	1	6
Community organizations	5	2
Economic development	2	0
Education	23	53
Employment/workforce	5	44
Faith-based organizations	2	2
Foundations/trusts	2	5
Head Start and Head Start Collaboration	22	55
Health	20	55

TABLE 2.1-B
NUMBER of STATES CONSULTING and COORDINATING by TYPE of ENTITY

Type of Entity	Number of States and Territories	
	Consultation	Coordination
Healthy Child Care America	1	42
Higher education	12	24
Inclusive programs for children with special needs	7	53
Infant/toddler programs	0	4
Juvenile justice	1	2
Local agencies	1	3
Local government	22	4
Mental health	1	19
Nonprofit organizations	2	3
Office of the Governor	0	3
Other State agencies	24	22
Parents	8	2
Prekindergarten	6	40
Providers	19	0
CCR&Rs	16	24
School-age programs	4	15
School districts	4	2
Statewide organizations/associations	13	8
TANF	6	52
Tribes	20	7
United Way	2	5
State commissions, advisory councils, task forces, and boards	35	20

Source: Information compiled from State CCDF Plans, FY 2004-2005

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. At a minimum, the description must indicate: 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), how the content of the plan was made available to the public in advance of the public hearing(s.) (658D(b)(1)(C), §98.14(c))

Public Hearing Dates and Locations: Summary Information

States held an average of 2.4 public hearings, down from the 2.8 average reported by States in the FY 2002-2003 CCDF Plans. The average number of hearings held in Territories was 1.3.

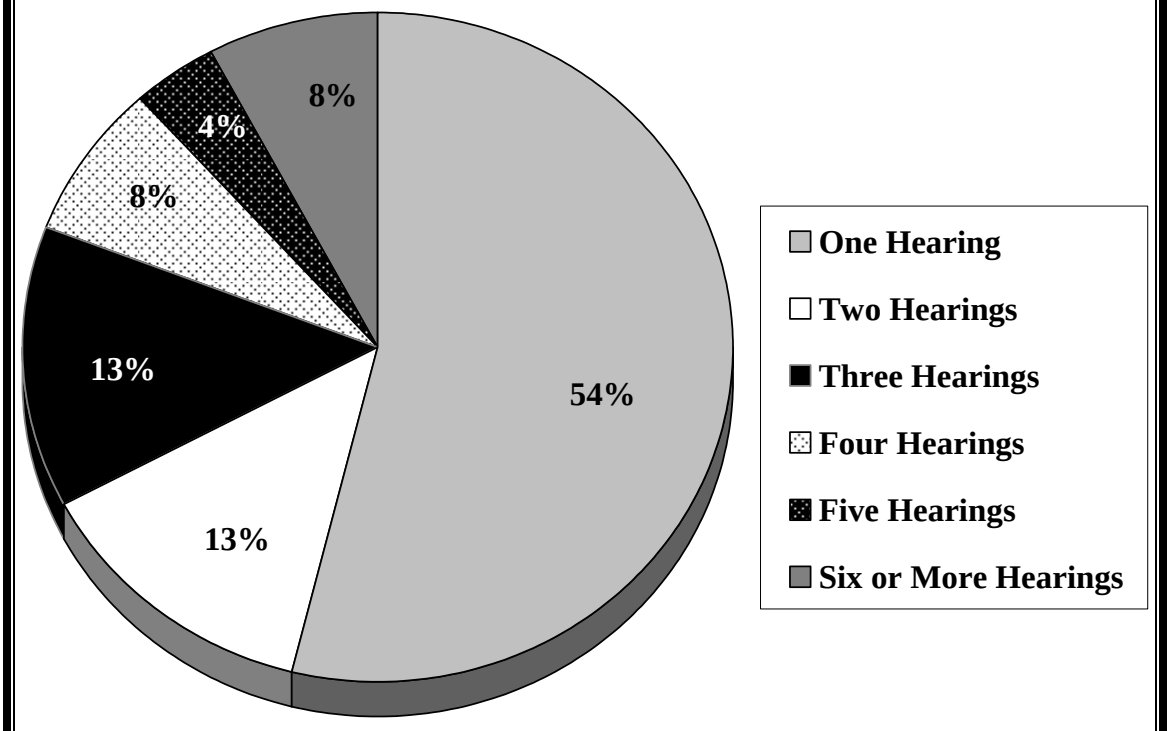
In 2003, the earliest hearing reported by States was on April 14 and the latest was on June 30; the *earliest* date of the *last* public hearing was April 29 and the latest date was June 27. The earliest hearing in the Territories was on May 28, 2003, and the last hearing date was on June 26, 2004.

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

- Twenty States (AZ, CA, CO, CT, DE, DC, IL, IN, KS, MD, ME, MN, MS, NJ, NY, PR, TX, VA, VT, WA) and one Territory (VI) held between two and five hearings.

- Four States (GA, MA, MO, NH) held six or more hearings.

CHART 2.2
NUMBER of HEARINGS CONDUCTED by STATES



Source: Information compiled from State CCDF Plans, FY 2004-2005.

States held hearings in an average of 3.6 locations. The average number of meeting locations has decreased from a high of 4.4 reported in the FY 2002-2003 State Plans to a low of 3.6 reported in the FY 2004-2005 State Plans (the average number of locations reported in the FY 2002-2003

State Plans was 4.2). Some States use video-conferencing technology to involve multiple locations at the same time.

Territories held hearings in an average of 1.25 locations.

- Twenty-one States (AL, FL, HI, ID, IL, KY, LA, MI, NE, NM, NC, OH, OK, OR, PA, RI, SC, TN, WV, WI, WY) and three Territories (AS, CNMI, GU) held hearings in one location.
- Five States (AZ, DE, DC, NV, WA) and one Territory (VI) held hearings in two locations.
- Seven States (IN, ME, MD, MS, NJ, NY, PR) held hearings in three locations.
- Five States (CA, CO, TX, UT, VA) held hearings in four locations.
- Nine States (AR, CT, GA, KS, MA, MN, MO, ND, VT) held hearings in five–nine locations.
- Five States (AK, IA, MT, NH, SD) held hearings in 10–18 locations.
- Ten States (AK, AR, IA, MN, MT, MV, ND, SD, UT, VT) used video-conferencing to increase the number of individuals participating in the public hearings.
- One State (AL) conducted one hearing with Statewide video-conferencing at 18 sites across the State.
- One State (DC) conducted two hearings. The hearings were devoted to testimonials from parents and children. In addition, 10 groups and organizations submitted comments and recommendations on the State Plan.
- One State (IA) held one public hearing with video-conferencing at 16 sites.
- In one State (MT), the public hearing was broadcasted via interactive video-conferencing to 12 sites across the State. The CCR&R hosted the meetings at local sites and mailed synopses of the Plan to all child care providers.

Notification of Public Hearings

States used three primary methods to inform the public of the upcoming public hearings: public notices in newspapers; postings to Web sites; and mailings.

- Thirty-six States (AL, AR, CT, DE, DC, GA, HI, IA, IL, IN, KS, KY, LA, ME, MD, MI, MN, MS, MO, NE, NH, NJ, NM, NY, OK, OR, PA, PR, RI, SC, SD, UT, VT, VA, WI, WY) and one Territory (AS) informed the public of public hearings through newspapers.
- Thirty-three States (AK, AZ, AR, CA, CO, CT, DE, FL, GA, IL, IN, IA, KS, LA, MI, MN, MO, NJ, NY, NC, OH, OK, OR, RI, SC, TN, TX, UT, VT, WA, WV, WI, WY) informed the public by posting information on their Web sites.

- Twenty-three States (AL, AK, CA, CT, FL, GA, KS, MA, MI, MS, MO, MT, NV, NH, NJ, NC, OK, PA, PR, SD, TN, WA, WI) and one Territory (GU) mailed information about the public hearings to organizations and stakeholders.

- Seven States (IA, KS, MD, MN, NH, RI, VT) also informed stakeholders at meetings.

- Five States (AZ, NC, ND, TN, TX) issued press releases.

- Five States (AS, DC, KS, NV, UT) posted public hearing notifications in various locations.

- Three States (KY, NH, ND) informed stakeholders through newsletters.

- Two Territories (AS and VI) used radio stations to inform the public of the public hearings.

States used three primary methods to make the State Plan available to the public in advance of the public hearing(s): posting to Web sites; mailings; and via other agencies.

- Forty-three States (AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, SC, SD, TN, TX, VT, VA, WA, WV, WI, WY) made the content of the Plan available on their Web sites. This method of making the content of State Plans available has increased since the FY 2002-2003 State Plans, when 35 States reported posting the Plan on their Web sites.

- Eighteen States (AL, AR, CA, DC, HI, IL, IA, KS, MN, MT, NE, NV, NM, NC, PA, RI, TN, TX) and one Territory (GU) mailed the content of the Plan to organizations and stakeholders.

- Three States (ME, MS, UT) informed the public that copies of the Plan were available at the Lead Agency.

- Eleven States (GA, HI, IL, IA, KS, MD, NJ, ND, OK, OR, SC) made the content of the Plan available through other agencies.

  Georgia posted the Plan on three Web sites—the Lead Agency, the Georgia Child Care Council, and the Web site that child care providers use to submit invoices. Comments were received through e-mail. In addition, hard copies of the draft Plan were distributed to families by local child care offices and the CCR&Rs provided copies to clients and providers.

  Oregon made the content of the Plan available to the public and constituents groups through members of the Child Care and Education Coordinating Council.

  New York set up online registration for those who were interested in testifying at the public hearings.

Section 2.3 – Public-Private Partnerships

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

All States indicated that public-private partnerships are occurring in their States. These partnerships include a variety of approaches—from Statewide entities that develop and oversee partnership activities to focused initiatives that include partnerships in the development and implementation of projects.

Partnerships Focused on Professional Development

- Thirty-four States (AL, AK, AZ, CA, CO, CT, DC, FL, IL, IN, IA, ME, MA, MI, MN, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OR, PA, RI, SC, SD, UT, VA, WA, WI) are involved in professional development initiatives through public-private partnerships.

  In **Connecticut**, the Lead Agency is working with the Child Health and Development Institute, a component of the private Children's Fund foundation, to implement two training programs. The Training Program in Child Development and the Early Childhood DataCONnections Program have provided training to nearly 4,000 caregivers in basic child health development over the past four years.

  In **Illinois**, the Lead Agency and the Department of Commerce and Community Affairs facilitated a local collaboration between a major employer and the YWCA resource and referral agency to offer training to family child care providers. Training includes a "Foundations of Family Child Care" course in Spanish and English, and training in business management skills. Over the past two years, three additional major employers have been recruited in Lake County. Plans are being developed to expand into another urban county. In a second professional development initiative—the apprenticeship project—the CCR&Rs administer a multi-collaborative project. The McCormick Foundation provides funding for a Professional Development Coordinator.

  In **Maine**, a training titled *Family Child Care as a Business* was developed as a result of collaboration between the small Business Administration; the Lead Agency; Head Start; Women Work and Communities; and Coastal Enterprises, Inc. This 30-hour training will become part of the 180 hours of Core Knowledge Training.

  In **Michigan**, the Lead Agency contracts with the Statewide 4C Association to provide comprehensive training for child care providers. Other funding sources include major foundations and private industry. Through this effort, it is anticipated that 15,537 providers will be trained in 2003 and 150 start-up and incentive awards will be granted to new providers in 2003.

  In **Minnesota**, several foundations have each pledged over $700,000 to match public funding to implement the T.E.A.C.H. Early Childhood® Project. The funding will be used for scholarships, retention grants, and career guidance and program operation. The expected results include increased retention of staff and increased levels of professional development.

North Dakota's Professional Development Initiative is a public-private collaboration between the Lead Agency, the Bush Foundation, Resource and Referral, Wheelock College, and the Professional Development Leadership Team.

Pennsylvania is involved in private-public partnerships at the State and local levels. At the State level, the T.E.A.C.H. Early Childhood® Project is funded by the Lead Agency at $1.75 million and an additional $343,000 is funded through private organizations: Child Care Matters, Focus on Our Future, Heinz Foundation, Terri Lynne Lokoff Foundation, Pennsylvania Home Based Provider Association, and Smart Start Centre County. In a regional partnership, the Early Childhood Initiative of Southeastern Pennsylvania consists of five advocacy groups to increase quality. The Child Care Matters initiative is funded in part by a three-year grant for over $10 million from the William Penn Foundation and United Way.

South Dakota's Child Development Associate (CDA) training initiative is a partnership between the Lead Agency, the National Council for Professional Recognition, the Department of Education, National Institute on Out of School Time, and the SD Association for the Education of Young Children. Since its inception in 1998, 594 students have participated in the training. Evening and weekend classes are held to accommodate the schedules of early childhood practitioners.

Partnerships Focused on Business

- Twenty-four States (AR, CO, DC, ID, IL, IN, IA, KS, ME, MD, MA, MO, NJ, NY, NC, OH, OR, PA, RI, TN, VT, WA, WV, WI) reported business involvement in partnership activities.

Indiana's Lead Agency and the Indiana Association of Child Care Resource and Referral support local community efforts to increase the role of the private sector as leaders and investors in high-quality child care for their employees. The goal of this project is to establish a strong network of Business Partnership Specialists who will: consult with businesses; educate the community on work family issues; advise community organizations of local employer interests; and build a business mentoring network.

In **Montana**, the CCR&Rs have collaborated with local Chambers of Commerce in three communities to offer training called *Workforce 20-20*. The goals of the training include helping employers reduce turnover, increase profits, improve employee productivity, and develop non-conventional recruiting practices. In addition, the CCR&Rs have developed a menu of services for businesses across the State: employee child care needs assessment; business work-family self-assessments; community care resource assessments; employee child care cost-benefit analysis; review of employer child care options; information on employer tax benefits; referral services for employees; and payment assistance for low-income employees.

New York has two business involvement initiatives. Investments in Child Care is a partnership between the Lead Agency and the Superintendent of Banking to create linkages between the financial and child care communities. Banking institutions are encouraged to meet their Community Reinvestment Credits through investments in child care. The two

agencies are developing a financial technical assistance center in New York City for the child care industry. The second initiative, the Governor's Small Business Task Force, brings together State agencies with lobbying groups, Chambers of Commerce, and small businesses—including child care providers—to help promote an environment supportive to small business in the State.

In **Pennsylvania**, the Lead Agency contracts with Child Care Resource Developer agencies. These agencies help employers develop family friendly practices by providing information and technical assistance. The agencies maintain a database of business and community resources and publish a quarterly *Business Support* Newsletter. They also provide training and resources in business involvement efforts.

Tennessee's Lead Agency, through the Child Care Facilities Corporation, initiated a Corporate Initiative in 2000. The initiative includes educating communities and employers about bottom-line benefits connected to public and private child care assistance; facilitating collaborative initiatives that enable employers to share ideas and pool resources; providing technical assistance and marketing tax incentive information to communities and business; and disseminating the *Kids At Work* brochure to new and expanding companies, Chambers of Commerce, and others.

Partnerships Focused on Quality

- Twenty-four States (AL, AZ, AR, CA, CO, DC, FL, IL, IA, KS, MA, NE, NJ, NY, ND, OH, OR, PA, RI, SC, SD, TN, TX, WV) are involved in quality improvement through public-private partnerships.

In **Colorado**, Educare Colorado amplifies CCDF-funded efforts through quality ratings and quality improvement services. Funded primarily through foundations, Educare's services are implemented in some of Colorado's Consolidated Child Care Pilots.

The **Kansas** Resource and Referral network leverages CCDF funding with private funds. During the past several years, approximately $5.3 million has been raised at the local levels from foundations and businesses.

Massachusetts has established the Child Care Quality Fund to hold revenues received from sales of Invest in Children automobile license plates. Quarterly grants are awarded to nonprofit organizations to improve the delivery of child care services. In November 2002, the fund exceeded $1 million.

The Accreditation Facilitation Project of **New Jersey** increases the availability and access of high-quality early childhood programs by increasing the number of centers accredited by the National Association for the Education of Young Children (NAEYC). This unique public-private partnership formed by the New Jersey Professional Development Center for Early Care and Education collaborates 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.

Partnerships on School Readiness and Literacy

- Eighteen States (AZ, AR, CA, DE, DC, FL, IL, IA, ME, MA, MI, MN, NM, OH, OK, RI, UT, WI) are involved in school readiness and/or literacy public-private initiatives.

Arkansas is one of 16 States involved in the School Readiness Indicators Initiative, which is funded by four national foundations. The project is managed by the Arkansas Advocates for Children and Families and the Lead Agency. Representatives in this initiative include: Department of Education, Department of Health, Head Start, Arkansas Children's Hospital, University of Arkansas Children's Data Center, early childhood professionals, parents, teachers, and school administrators. The major focus is on indicators of readiness for children, families, communities, and schools.

In **California**, eight public television stations provide training for family child care providers and parents via the Public Broadcasting Preschool Education Project, California's Ready to Learn Partnership. Information is provided on how to use television appropriately in the education of young children. The national PBS Ready to Learn initiative and various First 5/ Children and Families county commissions fund this project.

In **Florida**, the Redlands Christian Migrant Association partners with local businesses to promote literacy in English and provide resources in Spanish. Books are provided to over 4,000 migrant children three times a years and *novelas* in Spanish provide information on abuse prevention and behavioral management.

The **Maine** Public Broadcasting System provides training and books to child care programs to expand caregivers' skills in literacy development. Through a train-the-trainer model, literacy programs have been expanded to Head Start and child care programs throughout the State. PBS provides videos and books for the trainers.

Massachusetts has three public-private initiatives in school readiness and literacy. Computer Technology in the Early Childhood Environment is a partnership between the Lead Agency and IBM to provide computer technology grants to early childhood programs. Nonprofit child care programs receive customized computers and software programs designed for young children to maximize learning. In the Literacy Initiative, WGBH, a television station, has collaborated with 12 child care programs to participate in a theme-based literacy program that utilizes television programming and additional literacy activities to develop children's literacy skills. In the Book Distribution initiative, the Lead Agency solicited donations from the Houghton/Mifflin Company, which donated 3,000 books in September 2002.

Michigan's Early Childhood Comprehensive System and Be Their Hero from Age Zero campaign initiatives' goals are to ensure that all children enter kindergarten ready to succeed in school and in life. Representatives from State and local governments, corporate and small business, the faith community, law enforcement, educators, parents, providers, and experts in early childhood lead these efforts.

The **Oklahoma** Partnership for School Readiness, a public-private initiative, will implement four strategies with financial and technical assistance from the Smart Start National Technical Assistance Center, the Lucent Universal Preschool Initiative, and the Bank of America/United Way of America Success by 6. The four strategies of this initiative include:

1) Enacting a strong public policy promoting early childhood care and education;
2) Creating a Statewide public-private early childhood partnership;
3) Mobilizing communities to provide environments that support children and families; and
4) Implementing a comprehensive public engagement campaign.

In **Utah**, the National Children's Foundation is a newly created initiative collaborating with the Utah Family Center and the Utah PTA. The purpose of this effort is to provide information to providers and educate parents and others regarding the importance of early literacy.

Partnerships for Facility Start-up and Enhancement

- Seventeen States (AR, CA, CT, DE, DC, IL, IA, MA, MI, MN, MO, NY, NC, RI, SC, SD, WA) developed public-private partnerships for facility start-up and enhancement initiatives.

The Lead Agency in **Arkansas** partners with the Department of Economic Development in distributing $1 million in Community Development Block Grant funds for renovation/construction of child care facilities. The State-local planning stage of assessing child care capacity needs involves local businesses.

In **Connecticut**, the Lead Agency partnered with the Connecticut Health and Educational Facilities Authority, seven private banks, and a community investment corporation to provide loan opportunities to child care providers. In a collaboration with a community development organization, technical assistance is provided to child care providers participating in financing projects.

In **Delaware's** Capacity Building Program, the Statewide Resource and Referral Agency refers providers in need of capital funds to the Working Capital (sponsored by the YWCA) or First State Community Loan Fund for low-cost loans.

In the **District of Columbia**, the Facility Start-Up and Enhancement project is a public-private endeavor involving a CareBuilders matching grant; collaboration is with the DC Bar Pro Bono Project, the DC Downtown Child Care Partnership, and child care in DC government worksites.

Illinois partners with the Illinois Facilities Fund on training and technical assistance to nonprofit providers seeking capital funds for construction, renovation, and start-up of programs in high-need areas of the State. The Lead Agency expanded the project by contributing Matching Funds and works with the CCR&Rs to identify communities and providers that would benefit from training and technical assistance. The project has resulted in: a presentation of Child Care Facilities Planning and Financing workshops throughout the

State; direct assistance for expansion of space and services to approximately 10 programs; and collaborative work in three high-need communities to establish community resource centers. Also, the Lead Agency provided funding to the Illinois Facilities Fund to produce a State Child Care Needs Assessment report in 2003 with supply and demand data specific to ages 0–5 for every county and urban area with populations over 30,000.

Iowa will be partnering with the Development Corporation for Children to plan, develop, and finance early education businesses in low- and moderate-income communities. Below–market rate financing will be made available to businesses seeking to purchase a facility, make capital improvements, correct code violations, purchase equipment, or obtain small amounts of working capital. Iowa's infrastructure of the Resource and Referral network, the Empowerment initiative, and the interest of the banking community contributed to Iowa being selected for this project.

In the Growing Your Child Care Business initiative in **Massachusetts**, a partnership with Senator John Kerry's office, the U.S. Small Business Administration, and others, addresses the need for resources that help child care providers open and expand successful programs. The public-private advisory committee's efforts resulted in a resource guide and training that will be offered to child care providers across the State.

In **Minnesota**, the Legislature established a grant and loan program to enhance and expand child care sites. The Lead Agency administers the program through the Development Corporation for Children. Contributions from banks and foundations have resulted in over 101 loans, impacting 2,408 child care spaces. The Lead Agency has raised over $2.2 million in foundation and corporate grants in this endeavor.

A multi-funded initiative in **Rhode Island**, the Rhode Island Child Care Facilities Fund, includes the Lead Agency, the Rhode Island Foundation, United Way, the Housing and Mortgage Finance Corporation, the Alan Shawn Feinstein Family Fund, Hasbro Charitable Children's Trust, the U.S. Department of Education, and the U.S. Department of Health and Human Services. Funding priorities include child care subsidy families, expansion of child care capacity in underserved areas, increased infant/toddler capacity, participation in accreditation or other quality improvement activities, and projects that include high-quality environments.

In **South Carolina**, a partnership was established with the University of South Carolina, foundations, Gateway Academy, South Carolina Educational Television, and the Lead Agency to construct and equip a child care center with NAEYC accreditation, which will serve as a model private-public partnership. The center will also serve as a research center for university researchers.

The Lead Agency in **Washington** has contracted with the State's Department of Community Trade and Economic Development to manage a Child Care Facility Fund that provides low interest loans and grants to employers and child care providers to develop a new business or expand existing businesses.

Partnerships to Promote Public Awareness

- Fourteen States (AZ, AR, DC, FL, HI, IN, IA, MD, OR, UT, VT, WA, WV, WI) conducted public awareness campaigns.

  Maryland educates and encourages eligible families to apply for the Federal and Maryland Earned Income Credit through a campaign—the Maryland Earned Income Credit Awareness Campaign. A partnership of over 30 nonprofit organizations, businesses, and State and local public agencies conducts the campaign using direct mail, the United Way telephone hotline, public service announcements, advertisements, and bus posters to reach as many families as possible.

  In **Oregon**, an education campaign—Oregon's Child: Everyone's Business—focuses on brain research. It involves more than a dozen public and private partners and offers free resource information in English and Spanish for parents, caregivers, businesses, and organizations.

  Care About Child Care is **Utah's** first public awareness/media campaign intended to make the public aware of the role quality child care plays in early childhood development. It emphasizes quality care and how parents can find and evaluate child care.

Partnerships to Increase Availability and Accessibility

- Nine States (CA, FL, IN, KY, LA, MA, MS, MT, NY) targeted availability and accessibility through public-private partnerships.

  In **Florida**, the governor's appointed Child Care Executive Partnership Board, comprised of business leaders throughout the State, links the funding commitment of businesses with early childhood programs. During 2002-2003, $19 million in business donations leveraged CCDF funding to double the number of children served in child care.

  In **Mississippi**, availability and accessibility of child care for low-income working parents is addressed under the Child Care Partnership Grant Program. This initiative encourages local community-generated financial resources to match Federal funds.

  In a social purpose business venture, **New York's** Non-Profit Assistance Corporation is developing the Community Child Care Assurance project. It will provide licensed, affordable, quality, emergency, back-up child care to low-wage, disadvantaged workers and/or welfare-to-work participants when primary child care arrangements have been disrupted or are unable to accommodate fluctuating work schedules, school vacations, and holidays.

Partnerships Focused on Infant/Toddler Initiatives

- Eight States (CA, CO, DC, IN, IA, MN, ND, SD) conducted infant/toddler public-private initiatives.

North Dakota's Infant/Toddler Intensive Project is a partnership between the Lead Agency, the Bush Foundation, Resource and Referral, four Tribal reservations, the Trenton Indian Service Area, and the United Tribal Technical College. WestEd training is used with on-site consulting services.

Since 1997, **South Dakota** has been awarded $4.6 million from the Bush Foundation to improve the quality of infant/toddler care. Over 130 people have been trained in the WestEd curriculum. Since 1998, over 1,177 infant/toddler training sessions have been conducted, reaching over 2,938 child care providers.

Partnerships Focusing on Employer Involvement

- Eight States (AZ, GA, IL, IA, MD, MA, MT, NJ) participated in employer involvement partnerships.

In **Massachusetts**, all businesses with 50 or more employees that contract with the Lead Agency must provide their employees with on-site, nearby, or subsidized child care, or the option to participate in a dependent care assistance program.

In **New Jersey**, employer-supported child care centers have grown from seven in 1982 to 153 in 2003. The Lead Agency works with the New Jersey Department of Community Affairs to promote and expand these centers through technical assistance, a comprehensive packet of informational resource materials, and consultation to advocacy organizations.

Partnerships on School-Age Initiatives

- Seven States (DC, FL, IL, MA, RI, SD, WY) focused on school-age initiatives.

In the Keeping Kids on Track initiative, the **Massachusetts** Lead Agency, United Way of Massachusetts Bay, and Department of Education partnered in a research collaboration to support the case for expanding quality after-school programs throughout the State. The partners will build on established and more recent after-school research by using existing data from the partners and include data from after-school program staff, school teachers, parents, students, and schools.

In **Rhode Island**, the Community Schools Rhode Island Initiative includes the following funding partners: the Lead Agency, United Way of Rhode Island, Nellie-Mae Foundation, and the DeWitt-Wallace Foundation. Grants and technical assistance are available to five urban communities to begin high-quality after-school programs in middle schools. Additional services and inputs include: establishing a Statewide learning network for after-school programs, offering high-quality training, convening and coordinating the Rhode Island Out-of-School Time Alliance, developing and implementing strategies to gather input and data, and advancing a public information agenda to build public support for middle school after-school programs.

The Out-of-School Time (OST) initiative in **South Dakota** has developed a 10-module OST curriculum. A special incentive is included for those participants completing all modules. A

45–65 hour Training certificate is planned for 2004, which will articulate into the 120+ hour School-Age CDA (also planned for 2004/2005). In addition, the Lead Agency, with other partners, will apply to the Mott Foundation for funding to establish a Statewide after-school network to promote quality after-school programs.

Partnerships to Conduct Economic Impact Studies

- Six States (AZ, AR, CT, KS, MN, VT) developed public-private partnerships to conduct economic impact studies.

In **Arkansas**, Entergy, the State's largest utility company, published *The Economics of Education*, a report which documents a study of Arkansas, Louisiana, Mississippi, and Texas. The report estimates a $9 return for every $1 invested in early childhood education.

Kansas released the Kansas Economic Impact study in 2003. Cornell University, the Mid-America Regional Council, and a private consultant completed the analysis. The purpose was to promote the concept of child care as a cornerstone for economic development in Kansas to business leaders and legislators.

In **Minnesota**, the National Economic Development and Law Center partnered with the Resource and Referral Network to identify the economic impact of licensed child care at the State level. The work was made possible by a grant from the Kellogg Foundation.

In **Vermont**, a Child Care Association in partnership with the Lead Agency and other agencies conducted an economic impact study of the child care industry. The study has been presented to businesses and legislative and community leaders. This has resulted in the Legislature requiring the State's economic plan to include the development of child care to support employers and their employees.

Partnerships Focused on Public Recognition

- Five States (AR, NH, RI, UT, VT) reported involvement in public-private partnerships to conduct public recognition initiatives.

The **Arkansas** Early Childhood Commission sponsors the Outstanding Early Childhood Professional Awards each year. Professionals, parents, and the general public nominations are honored for their service to the State on behalf of young children.

The Lead Agency in **New Hampshire** has created three awards to increase recognition of early childhood professionals. The Cambridge Trust funds these awards—one recognizes commitment to the next generation of early childhood professionals, the second recognizes achievement and advancement in the credentialing system, and the third recognizes a family group child care provider.

The Work/Life Awards in **Utah** recognize Utah's Top Ten Most Family-Friendly Companies. The project has been successful in educating and engaging the business community on the importance of forward-thinking work/life policies.

In **Vermont**, the Child Care Fund of Vermont sponsors the Child Care Counts Honor Roll with the Vermont Business Round Table. Businesses with family friendly practices are recognized.

Partnerships for Children with Special Needs

- Three States (AL, AK, OR) reported public-private partnerships for children with special needs.

The **Alaska** Mental Health Trust Authority funds the Alaska Inclusive Child Care Initiative. The project focuses on providing an enhanced referral system for children with special needs and offers individualized training to child care providers.

Partnerships Focused on Parent Education and Involvement

- Three States (DC, FL, OR) conduct parent education and involvement initiatives through public-private partnerships.

The **District of Columbia** provides parenting education through partnerships with the Washington Parent Education Collaborative and a matching grant for parent education classes.

In one county in **Florida**, parents participating in school readiness activities and parent education can redeem certificates in exchange for toys, books, and resources donated by church, civic, and business groups.

Partnerships to Promote Tax Credits

- Three States (CO, ME, TX) promote tax credits and benefits through public-private initiatives.

Texas has instituted a child care franchise tax credit for employers. Since its inception in 2000, 21 of the State's employers have submitted claims totaling $4.5 million in tax credits.

Multi-Faceted Partnerships

In **Arizona**, the Bank of America and United Way of America's Success by 6 Initiative is operating in three areas. In one county, the strategies include a public awareness/social marketing campaign, economic modeling research, and a quality early learning pilot. In the second county, the project targets employer support for parents facing child care challenges, activities to increase demand for quality child care, and increasing the number of providers who provide a safe, healthy, and developmentally appropriate environment. In the third area, Child Care Summits bring professionals, law enforcement, the business community, and legislators to discuss child care and enhance community awareness and education on the importance of early care and learning.

In **Arkansas**, funding from private foundations enable the Lead Agency to promote home visiting programs through the Parents As Teachers Program. Also, the Winthrop Rockefeller

Foundation has provided a planning grant for development of a scientifically based research project to study the effects of early care and education interventions in the State.

The Quality Child Care Initiative in **California** is a collaborative effort of the San Francisco Bay Area Early Childhood Funders Group. The group is an informal affiliation of approximately 35 foundations, donors, and corporations with a common interest in funding projects that support young children and their families through efforts directed at availability and quality of child care.

In **Indiana**, the Lead Agency and the Indiana Child Care Fund Board formed a joint project, the Indiana Community Child Care Initiative, to improve and expand quality child care through public and private partnerships at the local level. The project focuses on infant and toddler care, special needs care, nontraditional hour care, consumer awareness and parent information, organized efforts to work with business, and professional development. An expected result of the project is providing $1 from local community investments for every $2 in public funding.

The Lead Agency in **Maine** has a cooperative project with the Maine Arts Commission to provide an Early STARTs program. Artists visit child care programs to share their art and teach skills.

The Lead Agency in **Oklahoma** contracted with the Oklahoma Institute for Child Advocacy to complete a community planning toolkit to be used by 14 designated Success by 6 communities. The toolkit will enable communities to identify and address local unmet needs of families and children.

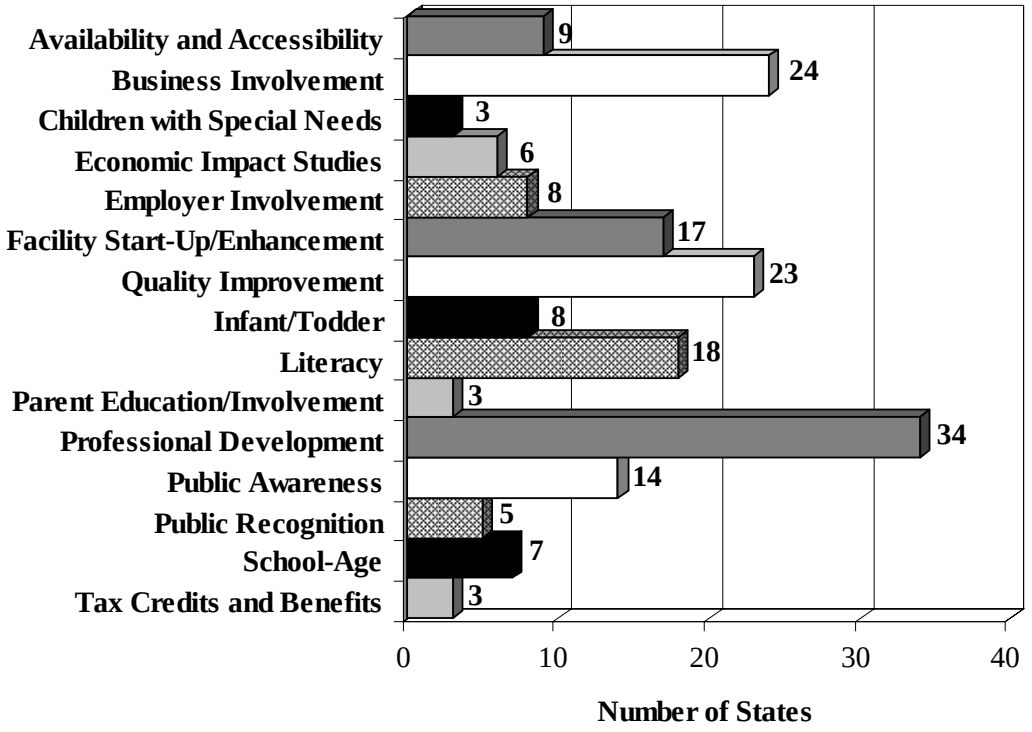
In **Oregon**, the Child Care/Health Links Project is a partnership between child care partners and the Oregon Pediatric Society aimed at developing a Statewide system of health consultation to providers.

In **Texas**, the Texas Workforce Network is a public-private partnership between the Network, the Workforce Development Boards, service providers, and other stakeholders. Boards contract with private companies or nonprofit organizations to operate one-stop Texas Workforce Centers. Boards develop agreements with public and private entities for donations of private funds that are used as State Match for CCDF Matching Funds.

The Lead Agency in **West Virginia** is collaborating with WV Kids Count, which is funded by the Claude Worthington Benedum Foundation, the Sisters of St. Joseph Charitable Fund, and CCDF funds to develop a three-year campaign that brings child care and business together to increase the quality and availability of early learning experiences for children.

In **Wyoming**, the Lead Agency has been working with local communities to facilitate public-private partnerships. In one community, business leaders are working with economic development agencies to consider building a child care center to meet the needs of businesses and to create additional nontraditional hour capacity.

CHART 2.3
PUBLIC-PRIVATE PARTNERSHIP ACTIVITIES



Source: Information compiled from State CCDF Plans, FY 2004-2005.

Partnerships Involving Statewide Commissions, Advisory Councils, Committees, Boards, and Task Forces

- In twenty-four States (AK, AR, CO, DC, FL, GA, HI, ID, KY, MA, MO, MT, NE, NM, NY, NC, OH, OR, SC, TX, UT, VA, WA, WI), public-private partnership activities are conducted through Statewide commissions, advisory councils, committees, boards, or task forces.

  In the **District of Columbia**, the Children and Youth Interagency Action Team addresses universal school readiness and school-age collaborative initiatives. The team's representatives include the Lead Agency, the Deputy Mayor for Children, Youth, Families, and Elders, the DC Agenda, public schools, the Children Youth Investment Trust Corporation, the Departments of Employment Services and Parks and Recreation, the public library, Foundation representatives, and community-based providers.

  In **Florida**, the governor's appointed Child Care Executive Partnership Board, which is comprised of business leaders, links business funding with early childhood programs. During 2002-2003, $19 million in business donations leveraged CCDF funding to expand child care services, which doubled the number of children served.

The **Georgia** Child Care Council encourages partnerships by blending public and private funds to support Smart Start Georgia; promoting the State's corporate tax credit; funding the Statewide network of Child Care Resource and Referral Agencies; and conducting an award-winning consumer awareness campaign.

The **Idaho** Child Care Advisory Panel takes the lead in promoting public-private sector collaboration. A partnership among United Way, the Albertson Foundation, and the Department of Labor funds the T.E.A.C.H. Early Childhood® Project.

The Business Council in **Kentucky** involves the corporate community, county judges/executives, and mayors in supporting issues of importance to working families with young children. The council also collects and disseminates information on how businesses and local governments can become involved in supporting early childhood development.

In **Oregon**, the Child Care Financing Taskforce was mandated by the Legislature in 2001. The taskforce developed a report with specific strategies to finance quality child care.

PART III – CHILD CARE SERVICES OFFERED

Section 3.1 – Description of Child Care Services

REMINDER: The Lead Agency must offer certificates for services funded under 45 CFR 98.50. (98.30) Certificates must permit parents to choose from a variety of child care categories, including center-based care, group home care, family child care and in-home care. (§98.30(e))

3.1.1 – Certificates, Grants, and Contracts

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

Most States administer the bulk of their Child Care and Development Fund (CCDF) services funds via child care certificates. But many Lead Agencies reported that they also negotiate contracts or grants for direct services and/or reserve "slots" for specific populations. These efforts are summarized below.

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

  Arkansas provides grants for child care services so that low-income working families can access high-quality care through the Arkansas Better Chance (ABC) programs. Any licensed provider meeting the ABC criteria and Quality Approval/Accreditation standards can participate in this program.

  California uses 11 percent of its direct services child care funds for contracts with child care centers and family child care home networks through the California Department of Education.

  Massachusetts ensures access to child care through a system of contracts, vouchers, and special programs targeting the hard to serve (homeless, second and third shift employees, and families with mental health needs). Its comprehensive contract system is designed to provide a stable source of revenue to child care providers and family child care systems, and to guarantee access to child care for CCDF-funded children.

  New Jersey contracts with approximately 480 local community-based agencies that provide child care services to over 36,000 children for infant/toddler, preschool, before-and after-school programs, kindergarten, school-age child care services, and summer camps. These contracts include child care programs who operate in the Abbott School Districts to implement full-day/full-year preschool and wrap-around child care services.

  Puerto Rico operates an annual request for proposal process for grants and contracts for a wide range of child care services, including extended-day Head Start centers, child care

networks combining centers and family child care, school-age child care, and family child care networks.

States use grants and contracts for a variety of reasons. In many cases, grants and contracts are used to ensure child care services for targeted populations or to support specific programs or types of care.

TABLE 3.1.1
STATE USE of GRANTS and CONTRACTS for CHILD CARE SLOTS

Type of Use	Number of States
Wrap-around child care for children in Head Start and pre-K	9
Before- and after-school child care	8
Child care programs serving children with special needs	6
Migrant child care	3
Child care for teen parents	3
Services to families participating in TANF activities	3

Source: Information compiled from State CCDF Plans, FY 2004-2005.

- Nine States (GA, IL, KY, ME, MA, MS, NJ, PR,VT) contract for wrap-around child care for children in Head Start and/or prekindergarten programs. These contracts are intended to meet the extended day/full-year needs of working parents.

- Eight States **(**GA, HI, IL, MA, NV, NJ, PR, SC) contract with before- and after-school child care programs.

  South Carolina allocates funding for before- and after-school child care services through a grant with the State Department of Education.

- Six States (AZ, HI, IL, OR, SC, VT) contract with programs to serve children with special needs.

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

  Pennsylvania allows its voucher management agencies, called Child Care Information Services (CCIS) agencies, to negotiate contracts with providers that serve special populations or to ensure the availability of child care in neighborhoods or specific areas. The total amount of funds committed to sub-grants may not exceed 20 percent of the CCIS budget.

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

- Three States (HI, OR, PA) contract for child care for teen parents.

- Three States (HI, SD, WI) reported that they negotiate contracts or make special provisions for families participating in welfare reform.

  South Dakota contracts for child care in Rapid City, where the State serves an above-average number of Temporary Assistance for Needy Families (TANF) families. The program allows TANF recipients to begin work/job search activities immediately while having the assurance of quality child care.

- Two States (HI and WI) contract to provide on-site child care to help parents participate in required employment-related activities.

- Two territories (GU and VI) contract for child care services.

  Guam contracts with the Department of Education for wrap-around and campus child care, and with the Department of Youth Affairs for after-school programs.

  The **Virgin Islands** contracts with child care programs that are part of an established partnership between CCDF programs, Head Start, and private child care centers, in order to provide families with all-day, year-round services.

3.1.2 – 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?

- Seventeen States (AZ, CO, CT, IL, LA, MD, MN, MS, MO, NM, OH, OK, OR, PA, SC, UT,WY) reported that they do *not* limit in-home care in any way.

- Thirty-five States (AL, AK, AR, CA, DE, DC, FL, GA, HI, ID, IN, IA, KS, KY, ME, MA, MI, MT, NE, NV, NH, NJ, NY, NC, ND, PR, RI, SD, TN, TX, VT, VA, WA, WV, WI) reported that they limit the use of in-home care in some way. Most of these States limit use of in-home care for financial reasons. Information on health and safety requirements in State licensing regulations applying to in-home care can be found in Sections 6.1–6.5.

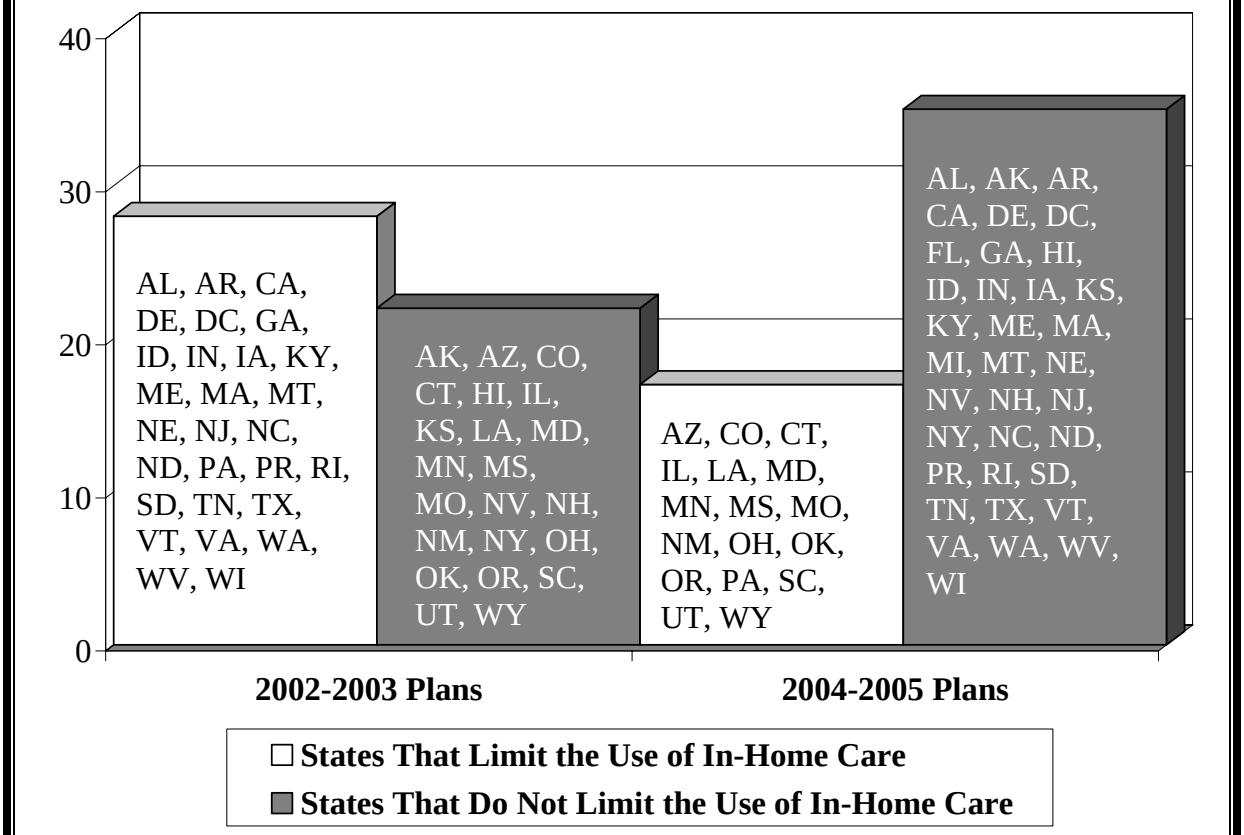
Financial Limits

States establish financial limits on the use of in-home care to ensure simultaneously that costs are reasonable and that the in-home provider receives at least the minimum wage, which is required by labor laws. In some cases, the cap is established by specifying a minimum number of children who must be served.

- Seven States (HI, IN, IA, NC, PR, VA, WV) indicated that they required in-home providers to meet minimum wage laws or the Fair Labor Standards Act.

West Virginia limits the use of in-home care to ensure compliance with the State and Federal wage and hour laws. In-home care is limited to cases where payments equal minimum wage.

CHART 3.1.2
LIMITATIONS on IN-HOME CARE



Source: Information compiled from State CCDF Plans, FY 2002-2003 and FY 2004-2005.

- Six States (DE, ID, IN, IA, NE, WI) set restrictions related to the minimum number of children in care.
- Five States (ID, IN, IA, NE, WI) set the minimum number at three children.
- One State (DE) sets the minimum number at four children.

TABLE 3.1.2 LIMITATION on the USE of IN-HOME CARE			
Limitation on In-Home Providers	**States Reporting 2002-2003 Plans**	**States Reporting 2004-2005 Plans**	**Change**
Must Serve Four or More Children	3	1	-2
Must Serve Three or More Children	4	5	1
Must Serve a Sufficient Number of Children to Meet Federal Wage Laws	5	7	2

Source: Information compiled from State CCDF Plans, FY 2002-2003 and FY 2004-2005.

Other Limits

Some States allowed use of in-home care under certain circumstances.

- Seven States (ID, NE, NV, ND, PR, WV, WI) allowed use of in-home care when a child's special needs or medical condition warranted it.

  Idaho and **Wisconsin** limit the use of in-home care only when there are less than three children who need care, but make exceptions when the child has a verified illness or disability or when out-of-home care is not available.

  Nebraska allows the use of in-home care when three or more children from the family are in care, when the child has special needs, or when the care needed is for nontraditional hours (evening, overnight, weekends, and holidays).

  North Dakota limits in-home care to care of children seriously ill or with disabilities so severe that it is risky to take the child out of the home.

3.1.3 – 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))

- Forty-six States (AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IN, IA, KS, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SD, TN, TX, UT, VT, VA, WV, WI, WY) reported that child care services, including certificates, are offered throughout the State.

- Six States (AZ, HI, KY, NJ, SC, WA) indicated that child care services are not offered uniformly in all parts of the State. In general, they reported that contracts for child care were not in place in all areas of the State.

Arizona provides certificates throughout the State, but child care via contracts is not occurring in all counties, although providers in all counties had an opportunity to apply for contracts.

Kentucky offers certificates throughout the State, but its contracted services in conjunction with the Head Start collaborative effort serve only seven sites.

New Jersey was directed in a court case (*Abbott v. Burke*) to provide early childhood education in the State's 30 poorest school districts, with many of the programs to be housed in child care centers in order to meet parents' needs. Therefore, New Jersey has these child care contracts available only in those districts.

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.

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. Include, at a minimum:

- *The month and year when the local market rate survey(s) was completed. (§98.43(b)(2))*
- *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))*
- *Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))*
- *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.*

Market Rate Surveys

States are required to ensure that families receiving child care assistance have equal access to comparable care purchased by private-paying parents. The Market Rate Survey (MRS) is a tool States use to achieve this program objective. States must conduct a local MRS every two years and must use its results to inform the rate structures they establish.

Timing of the Survey and Implementation of New Rate Ceilings

In most States, the MRS is conducted every two years as required, but some States do so more often and may use rate information recorded in licensing data or resource and referral data. Usually, there is a brief lag between the date of the survey and the implementation of revised rate ceilings; however, in some States implementation of revised reimbursement rate ceilings, a process that may involve legislative action, can take more than a year to complete. As shown in Chart 3.2-A, 46 percent of States submitted rate schedules that predated the survey (i.e., that showed no change based on the most recent MRS), up from 32 percent doing so in FY 2002.

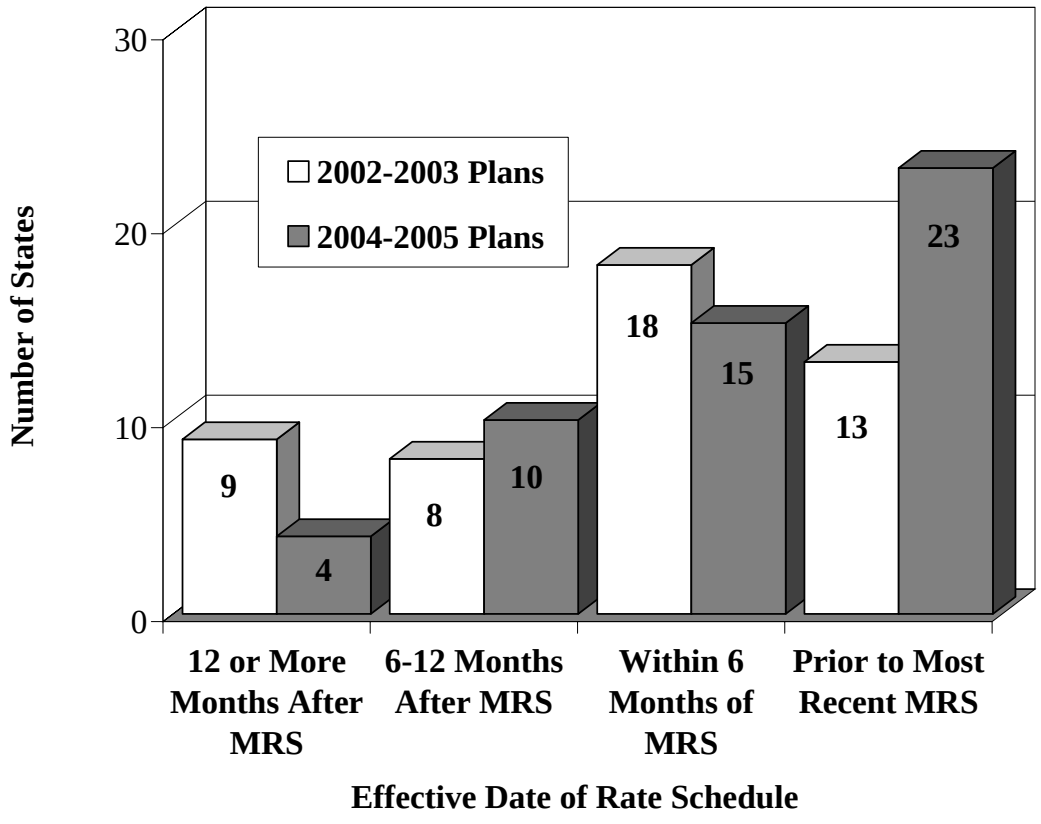
Several States explained that fiscal pressures and other policy choices weighed against increasing rates.

- Two States (TN and WI) reported that they survey the child care market annually.

How the Market Rate Survey is Conducted

While States have long conducted the Market Rate Survey in house, in recent years more have been partnering with consulting firms, universities, and resource and referral agencies to acquire and analyze market rate data.

CHART 3.2-A
EFFECTIVE DATE of RATE SCHEDULE RELATIVE
to MOST RECENT MARKET RATE SURVEY



Source: Information compiled from State CCDF Plans, FY 2002-2003 and FY 2004-2005.

Note: N = 48 in FY 2002-2003 Plans and N = 52 in FY 2004-2005 Plans.

- Child care resource and referral agencies (CCR&Rs) assist with the Market Rate Surveys in at least seven States (AR, ID, IN, IA, MD, MN, UT).

The Lead Agency in **Idaho** conducted a Statewide survey of child care providers to determine rates charged. Surveys were mailed to all providers who were listed with child

care resource and referral agencies. Data from the completed surveys were entered into NACCRAware, a Web-based information management system.

In **Indiana**, Market Rate Survey information was collected during February 2003 through an electronic data transfer of licensed provider rate information from the local child care resource and referral database.

For the 2000 and 2002 surveys, **Iowa** partnered with its CCR&R network to collect provider rate data from across the State. The CCR&Rs maintain data using a uniform format for every county on all regulated providers and nonregulated providers who request to be on the CCR&R referral database. The database is maintained and updated annually on rates charged to parents. Within the Lead Agency, the Bureau of Research and Analysis coordinates and provides an analysis of the Market Rate Survey.

A Market Rate Survey was conducted by the **Maryland** Committee for Children (MCC) under its contract with the Department of Human Resources to operate the Maryland Child Care Resource and Referral Network. MCC maintains a Statewide database of all regulated child care programs in the State, including licensed family child care homes and child care centers and has developed a program to calculate the mean, median, and 75th percentile of the market.

- Seven States (AL, AK, PA, SD, TN, WV, WI) indicated that the Market Rate Survey was conducted by the Lead Agency alone or in concert with another State office.

During the summer of 2003, **Pennsylvania** conducted a Market Rate Survey. To complete an analysis, the responses from the survey were entered into the new Child Care Management Information System (CCMIS), which includes a Statewide regulated child care provider database. The analysis included determining the percentiles of the maximum child care allowance—effective October 2001—for every county, care level, unit of care, and provider type.

A two-page survey has been developed by the **South Dakota** Department of Social Services, Office of Child Care Services, to obtain current information on child care in South Dakota. The survey was designed to collect data based on variables such as provider type, full and part-time status, enrollment, age group, and geographic location. The survey was administered by the South Dakota Department of Labor, Labor Market Information Center.

Tennessee performs an annual market rate analysis of Statewide child care, with the latest being completed in July 2002, for purposes of planning the State Fiscal Year (SFY) 2003-2004. This market analysis was from data tabulated from the Lead Agency's child care information database of all regulated child care providers across the State and represents all geographic regions within the State.

West Virginia's latest Market Rate Survey was completed in June 2003. The survey questions are included on a child care provider information form that is completed as part of the application and renewal application process for all providers. The information is then entered into the Family and Children's Tracking System, and a report may be generated whenever needed.

- Six States (HI, KS, ME, NH, NY, RI) reported that a consulting firm was engaged to conduct the Market Rate Survey.

- Four States (CT, DC, NC, WA) reported that universities were engaged to conduct the Market Rate Survey.

Ensuring Equal Access

Both the Personal Responsibility and Work Reconciliation Act (PRWORA) of 1996, which authorized CCDF, and the CCDF Final Rule require that child care subsidy payment rates must be sufficient to provide eligible families with equal access to child care services available to families that do not receive subsidies. In promulgating the Final Rule, the Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, suggested a benchmark that payments established at least at the 75th percentile of the Market Rate Survey "would be regarded as providing equal access."[8] At the 75th percentile, the cap would equal or exceed the rate charged by three out of every four of the providers who responded to the State's Market Rate Survey. In the FY 2002-2003 CCDF Plans, most of the States reported that they believe their rate ceiling ensures that families who receive child care assistance have equal access to comparable child care services provided to children whose parents are not eligible for public subsidies. In addition to such estimates of the "buying power" of subsidy payments, about a quarter of the States also pointed to the extent to which providers participate in the child care subsidy program, or to the mix of types of providers participating in the subsidy program, as an indication of equal access to the range of child care services available.

- Twenty-three States (AK, AZ, AR, CA, ID, IN, IA, KY, MD, MI, MN, MT, NY, ND[9], OH, PA, PR, RI, SC, SD, UT[10], WI, WY) and three Territories (AS, CNMI, VI) indicated that they cap reimbursement rates at the 75th percentile of a local Market Rate Survey or higher. However, eight of these States (AK[11], AZ[12], ID[13], IA[14], MD[15], MI[16], MT[17], PA[18]) reported that rates were established at the 75th percentile of a *prior year* Market Rate Survey.

  In January–April 2002, **Alaska** conducted a Market Rate Survey. It found generally that during the six- to eight-month period after implementation of the July 1, 2001 rate increase,

[8] The Statute at Section 658E(c)(4)(A) requires the Lead Agency to provide a summary of the facts which relied on to determine if its payment rates are sufficient to ensure equal access. The CCDF Final Rule, 45 CFR Parts 98 and 99, appeared in the *Federal Register*, July 24, 1998; §98.43 addresses the equal access requirement and the quote appears on p. 39959.

[9] For center/group homes in North Dakota, rates are established above the 75th percentile; for family child care, rates are above the 70th percentile, except for the age range 3–12 years (which is $9.00 below the 70th percentile).

[10] Utah reported: "Payment rates under the CCDF block grant are calculated using rates established at the 75th percentile by local Market Rate Survey. Surveys are completed every two years. … The 2002 Local Market Rate Survey indicated that the current rates are comparable with the market; therefore, no changes have been made at this time."

[11] Rates established at 75th percentile of December 2000 survey.

[12] Rates established at 75th percentile of 1998 survey.

[13] Rates established at 75th percentile of 2000 survey.

[14] Rates established at 75th percentile of December 1998 survey.

[15] Rates established at 75th percentile of January 2001 survey.

[16] Rates established at 75th percentile of 1999 survey.

[17] Rates established at 75th percentile of 2000 survey

[18] Rates established at 75th percentile of 2001 survey.

rates set at the 75th percentile became the 50th percentile. It also found that in one geographic region the rates were mistakenly set well above the 75th percentile; this rate also became the 50th percentile less than eight months later. It appears that the State rates are driving the market rates in this low-population State. The Lead Agency has proposed to change its rate-setting policies and use a tiered reimbursement system. This proposal is currently being considered. In the meantime, the Lead Agency will use its current rate schedule effective July 1, 2001. Most rates will be at the 50th percentile level of the April 2002 Market Rate Survey.

In **Arizona,** an updated Child Care Market Rate Survey was completed in December 2002. Arizona has 144 unique maximum reimbursement rates that apply to child care centers, certified group homes and certified small family homes. Of these 144 rates, 58 percent are equal to or above the 50th percentile of the 2002 Child Care Market Rate Survey.

In conducting the **California** regional Market Rate Survey of licensed centers and family child care homes, the rate data by enrollment was weighted to reflect the number of children a provider serves at each rate. Thus, the reimbursement ceilings reflect child care slots and not child care providers. Provision 7(c) of item 6110-196-0001 of the Budget Act of 2003 required the California Department of Education to change the reimbursement ceiling to the 85th percentile of the Market Rate Survey of providers offering the same type of child care for the same age child. Therefore, subsidized families have access to 85 percent of the child care market in their area. Full-time, in-home, and license-exempt ceilings were calculated by applying an adjustment factor of 0.90 to the full-time family child care home ceiling.

Maximum rates were not changed in **Idaho**, but continue to reflect the 75th percentile of the last Market Rate Survey. The current rate, which became effective January 1, 2001, equates to an average of the 61st percentile of the most recent survey.

Rhode Island State law mandates that the Department of Labor and Training (DLT) conduct or certify a child care Market Rate Survey of licensed and certified child care providers biennially and forward the results to the Department of Human Services (DHS). The current survey, conducted by the University of Rhode Island with input from DLT, DHS, and child care providers, was submitted to DHS in July 2002. Reimbursement rates for regulated providers are determined by applying the 75th percentile of the Market Rate Survey responses. The statute requires that DHS Child Care Assistance Program (CCAP) rates be adjusted to the 75th percentile of Market Rate Survey results every two years.

- Twelve States (AZ, DE, KS, MA, MI, NV, NM, ND, OH, RI, VT, WI) and one Territory (AS) pointed to the extent to which providers participate in the child care subsidy program, or to the mix of types of providers participating in the subsidy program, as an indication of reasonable access to the range of child care services available.

Arizona families have access to and a choice of a full range of child care providers as evidenced by the fact that approximately 86 percent of licensed centers, certified group homes, and all certified small family child care homes have Registration Agreements with the Arizona Department of Economic Security (DES) for reimbursement for care and therefore are available to provide care to children of eligible families. As a result, families have access to the vast majority of child care providers in the State. A further indication (that

the State provides equal access) can be seen by the patterns of utilization of care across different types of providers. Currently, of all the children receiving CCDF child care through DES, 72 percent receive care in child care centers; 6 percent receive care in certified groups; 9 percent receive care in small family child care homes; and 13 percent receive care that is provided by unregulated relative providers.

In **Delaware**, the rates the Lead Agency pays range from 62 to 76.5 percent of the local market rate for homes and from 56 to 72 percent of the local market rate for centers. Providers serve children in subsidized care and there is no wait list for services. In addition, we note that there are approximately 320 licensed child centers operating throughout the State. Of this number, approximately 259 have agreed to accept children who receive a subsidy under the CCDF. Also, there are approximately 1,662 family home providers, providing care throughout the State. Of this number, approximately 1,115 have agreed to accept children who receive a subsidy under the CCDF.

The **Kansas** Department of Social and Rehabilitation Services (SRS) may enroll the provider chosen by the parents, including regulated providers (centers, group homes, and family child care homes) and unregulated, legally-exempt providers, which may include in- or out-of-home relative care and/or in-home nonrelative care. Fifty-four percent of eligible regulated providers have agreements with SRS, up from the 52 percent in an earlier report. Payment rates have not deterred regulated providers from registering to care for SRS children.

Caseload statistics show that 41 percent of the total cases served by the **Michigan** Child Development and Care Program are using regulated care, while 59 percent are choosing care by relatives and in-home aides. This indicates that parents have access to all types of care settings.

A September 2003 data match of **North Dakota's** licensing and subsidy systems demonstrated that 93 percent of the licensed and legally nonlicensed providers in the State were in the child care subsidy system.

While **Vermont** observed a growing discrepancy between its subsidy rates and market rates, the Lead Agency actively recruits providers to serve children in the subsidy program and supports them with incentives such as tuition assistance and credential and accreditation bonuses. Currently 1,500 providers are serving 9,000 children in the subsidy program. This represents 50 percent of all regulated providers in the State.

Approximately 80 percent of regulated providers participate in the subsidy program in **Wisconsin**, a higher percentage of participation than is found in most States. This indicates that Wisconsin's reimbursement policies and procedures reasonably reflect the private market, recognize the important role of providers, and provide subsidized parents with a wide range of choices.

Since the establishment of the program in **American Samoa** in 1995, the majority of child care providers have used the payment rate set by the Social Services Division Child Care Program as their established rate of care.

- Three States (CO, FL, TX) reported devolving rate-setting to the counties or other local jurisdictions.

  Based on **Colorado** statute, counties are given authority to set their reimbursement rates for all types of care based on guidance provided by the State Market Rate Survey. Some counties have conducted Market Rate Surveys for providers in their respective counties prior to establishing their rate ceilings. Other counties have opted to pay the private pay rate providers charge. Counties are provided the results of the State Market Rate Survey to be used as a guide to set payment rates that will afford families equal access. The State monitors this through the annual county child care assistance plan submitted to the State. The percentage of market rate across Colorado ranges from 72 percent of the 75th percentile to 197 percent of the 75th percentile.

  Local coalitions are required by **Florida** statutes to develop a payment schedule that encompasses all programs funded by that coalition. The payment schedule must take into consideration the relevant market rate (recommended at the 75th percentile), must include the projected number of children to be served, and must be submitted to the Florida Partnership for School Readiness for approval. Payment rates for informal providers may not exceed 50 percent of the payment rate for family child care providers.

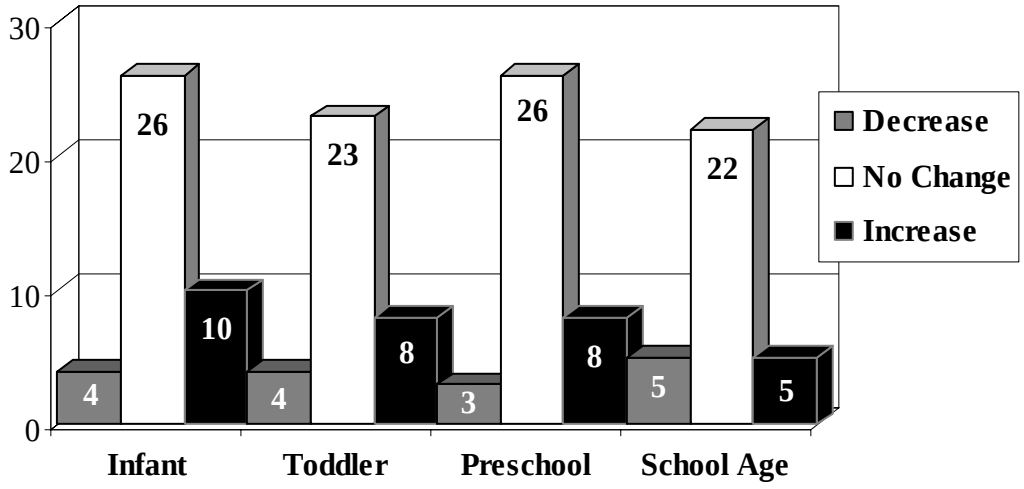
Reimbursement Rate Ceilings

Lead Agencies were asked to include their reimbursement rate ceiling schedule with their CCDF Plans. Table 3.2-B summarizes those reimbursement ceilings for center-based facilities in the largest urban area in each State. Because of anomalies in the child care market, these rate ceilings may not always be the highest rates paid within each State. For States with tiered reimbursement schedules, which pay a higher rate for higher quality care, the base rate was used in this summary.

For most States, reimbursement rate ceilings for center-based care remained constant from FY 2002 to FY 2004, as summarized in Chart 3.2-B. In each age range, between 65 percent and 70 percent of the States examined showed no change in the maximum rate. Between 20 percent and 25 percent of States increased rate ceilings for infant (10 States), toddler (eight States), and preschool care (eight States). Fewer than 15 percent of States decreased rate ceilings for infant (four States), toddler (four States), and preschool care (three States). Maximum rates for school-age child care (SACC) showed no change in most States; however, 15 percent of States increased and 15 percent of States decreased SACC rate ceilings. Among those States for which comparisons could be made between rate schedules included in CCDF Plans for FY 2002-2003 and FY 2004-2005, more States—nearly twice as many—raised rate ceilings than lowered them.[19]

[19] The change in rate ceilings within each age range was calculated only for those States whose rate ceiling schedules included comparable data in both the FY 2002-2003 and FY 2004-2005 Plans. For example, if a State changed the definition of infant or added a distinct toddler rate in place of an infant/toddler rate, the State's rates for that age range were not included in our calculations. Similarly, when rate tables expressed rates in different units (days rather than weeks, for example), those rates were excluded for that age range. Complete data for both years was not available for all States for all age ranges.

CHART 3.2-B
PERCENTAGE CHANGE in STATE RATE CEILINGS
for CENTER-BASED CARE, FY 2002–FY 2004



Source: Information compiled from State CCDF Plans, FY 2002-2003 and FY 2004-2005.

TABLE 3.2
STATE CENTER-BASED CARE REIMBURSEMENT RATE CEILINGS
LARGEST URBAN AREAS[1]

State/ Territory	Infant Age Range	Infant Rate	Toddler Age Range	Toddler Rate	Preschool Age Range	Pre-School Rate	School-Age Defined	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	0 to 18 months	$1035.00/ month	19 thru 36 months	$983.00/ month	37 mos. thru 6 years	$880.00/ month	7 thru 12 years	$859.00/ month	Rates vary by area. Rates for Anch/Mat-Su given.
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 given.
Arkansas	Infant	$18.00/ day	Toddler	$17.00/ day	Daycare	$17.00/ day	School-age	$15.20/ day	Rates vary by county. Rates for Pulaski County given.
California	Under 2 years	$37.00/ day	2 - 5 years	$27.59/ day	2 - 5 years	$27.59/ day	6 years +	$25.00/ day	Rates vary by county. Rates for Los Angeles County given.
Colorado	Under 2 years	$33.00/ day	2 years and older	$28.00/ day	2 years and older	$28.00/ day	2 years and older	$28.00/ day	Rates vary by county/ groups of counties. Rates for Denver Metro Counties given.
Connecticut	Infant/ Toddler	$171.00/ week	Infant/ Toddler	$171.00/ week	Preschool	$135.00/ week	School-age	$122.00/ week	Rates vary by region. Rates for Eastern region given.

TABLE 3.2
STATE CENTER-BASED CARE REIMBURSEMENT RATE CEILINGS
LARGEST URBAN AREAS[1]

State/ Territory	Infant Age Range	Infant Rate	Toddler Age Range	Toddler Rate	Preschool Age Range	Pre-School Rate	School-Age Defined	School-Age Rate	Rate Area
Delaware	0 - 1 year	$115.50/ week	1 - 2 year	$101.20/ week	2 to 5 years	$86.25/ day	6 and over	$81.40/ 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	0 - 12 months	$120.00/ week	13 - 23 months	$110.00/ week	36 - 47 months[2]	$90.00/ week	School-age Summer	$62.00/ week	Rates vary by local school readiness coalition area. Rates for Duval School Readiness Coalition given.
Georgia	6 weeks - 12 months	$105.00/ week	13 - 36 months	$95.00/ week	3 - 5 years	$80.00/ week	Before & After School[3]	$55.00/ week	Rates vary by zone. Rates for Zone 1 given.
Hawaii	All ages	$425.00/ month	All ages	$425.00/ month	All ages	$425.00/ month	Before School/	$60.00/ month	Rates are Statewide.
							After School	$80.00/ month	

TABLE 3.2
STATE CENTER-BASED CARE REIMBURSEMENT RATE CEILINGS
LARGEST URBAN AREAS[1]

State/ Territory	Infant Age Range	Infant Rate	Toddler Age Range	Toddler Rate	Preschool Age Range	Pre-School Rate	School-Age Defined	School-Age Rate	Rate Area
Idaho	0 - 12 months	$522.00/ month	13 - 30 months	$453.00/ month	31 - 60 months	$396.00/ month	61 - 72 months/ 73+ months	$363.00/ month $345.00/ month	Rates vary by region. Rates for Region I given.
Illinois	Under 2 ½ 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 Counties given
Indiana	Infants	$36.00/ day	Toddler	$35.00/ day	3 - 4 years/ 5 years[4]	$33.00/ day	School-age Before/ After[3]	$32.00/ day	Rates vary by county. Rates for Marion County used.
Iowa	2 weeks - 2 years	$12.45/ half-day	2 weeks - 2 years	$12.45/ half-day	2 years to school-age	$10.50/ half-day	Full- or half-day classes, including Kinder-garten	$9.00/ half-day	Rates are Statewide.
Kansas	0 - 12 months	$4.48/ hour	13 - 30 months	$3.85/ hour	31 months - 5 years	$3.12/ hour	6 years or more	$2.98/ hour	Rates vary by urban, near urban, and rural groups of counties. Rates for Group #1 counties (urban) given.

TABLE 3.2
STATE CENTER-BASED CARE REIMBURSEMENT RATE CEILINGS
LARGEST URBAN AREAS[1]

State/ Territory	Infant Age Range	Infant Rate	Toddler Age Range	Toddler Rate	Preschool Age Range	Pre-School Rate	School-Age Defined	School-Age Rate	Rate Area
Kentucky	Infant/ Toddler	$23.00/ day	Infant/ Toddler	$23.00/ day	Preschool	$20.00/ day	School-age	$19.00/ day	Rates vary by region and urban/non-urban area. Urban rates for Central Region given.
Louisiana	All ages	$15.00/ day	All ages	$15.00/ day	All ages	$15.00/ day	All ages	$15.00/ day	Rates are Statewide.
Maine	Infant	$168.00/ week	Toddler	$168.00/ week	Preschool	$150.00/ week	School-age - Summer	$133.00/ week	Rates vary by county. Rates for Cumberland given.
							School-age – Before/ After School	$85.00/ week	
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, Tier 1 given.
Michigan	0 - 2½ years	$2.85/ hour	2½ years+	$2.25/ hour	2½ years+	$2.25/ hour	2½ years+	$2.25/ hour	Rates vary by Shelter Areas. Rates for Shelter Area IV given.

TABLE 3.2
STATE CENTER-BASED CARE REIMBURSEMENT RATE CEILINGS
LARGEST URBAN AREAS[1]

State/ Territory	Infant Age Range	Infant Rate	Toddler Age Range	Toddler Rate	Preschool Age Range	Pre-School Rate	School-Age Defined	School-Age Rate	Rate Area
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 to 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.
Missouri	Infant	$25.75/ day	Infant[5]	$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 St. Louis County.
Montana	Infant	$22.00/ day	Age 2 +	$17.25/ day	Age 2 +	$17.25/ day	Age 2 +	$17.25/ day	Rates vary by resource & referral district. Rates for Billings District given.

TABLE 3.2
STATE CENTER-BASED CARE REIMBURSEMENT RATE CEILINGS
LARGEST URBAN AREAS[1]

State/ Territory	Infant Age Range	Infant Rate	Toddler Age Range	Toddler Rate	Preschool Age Range	Pre-School Rate	School-Age Defined	School-Age Rate	Rate Area
Nebraska	Infant	$25.00/ day	Toddler	$21.00/ day	Preschool	$21.00/ day	School-age	$21.00/ day	Rates vary by groups of counties; for accredited care, rates are Statewide. Rates for unaccredited care in Douglas/Sarpy counties given.
Nevada	0 - 12 months	$31.00/ day	13 - 36 months	$32.00/ day	37 - 71 months	$30.00/ day	72 months and above	$26.00/ day	Rates vary by two counties and rural areas. Rates for Clark County given.
New Hampshire	Under Age 3	$28.90/ day	Under Age 3	$28.90/ day	Age 3 or over	$24.40/ day	Age 3 or over	$24.40/ day	Rates are Statewide, but vary by program step level. Rates given for contract/licensed care, for Step 1 Income Limit (TANF Financial Assistance Recipients Only).

TABLE 3.2
STATE CENTER-BASED CARE REIMBURSEMENT RATE CEILINGS
LARGEST URBAN AREAS[1]

State/ Territory	Infant Age Range	Infant Rate	Toddler Age Range	Toddler Rate	Preschool Age Range	Pre-School Rate	School-Age Defined	School-Age Rate	Rate Area
New Jersey	0 up to 2½ years	$147.00/ week	2 up to 2½ yrs	$147.00/ week	2½ up to 5 years	$121.40/ week	5 – 13 years	$121.40/ week	Rates are Statewide, but may vary by assistance group; rates for care provided participants in the Work First New Jersey and transitional child care programs in nonaccredited, licensed centers given.
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	Under 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, Richmond) given.
North Carolina	Infant/ Toddler	$536.00/ month	2 year olds	$490.00/ month	3-5 year old	$477.00/ month	School-age	$423.00/ month	Rates vary by county and tiered quality level. Rates for 1-star centers in Mecklenburg County given.

TABLE 3.2
STATE CENTER-BASED CARE REIMBURSEMENT RATE CEILINGS
LARGEST URBAN AREAS[1]

State/ Territory	Infant Age Range	Infant Rate	Toddler Age Range	Toddler Rate	Preschool Age Range	Pre-School Rate	School-Age Defined	School-Age Rate	Rate Area
North Dakota	Birth up to 2 years	$115.00/ week	2 years	$110.00/ week	3 - 13 years	$100.00/ week	3 to 13 years	$100.00/ week	Rates are Statewide.
Ohio	Infant	$140.00/ week	Toddler	$125.00/ week	Preschool	$113.00/ week	School-age	$100.00/ week	Rates vary by county. Rate for Cuyahoga County given.
Oklahoma	0 - 12 months	$15.00/ day	25 - 48 months	$13.00/ day	49 - 72 months	$13.00/ day	73 months - 13 years	$11.00/ day	Rates vary by geographic area and tiered quality level. Daily rates for centers in One Star Metro Area (includes Oklahoma County) given.
Oregon	Birth thru 12 months	$525.00/ month	1 year thru 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 given.
Pennsylvania	Infant	$34.40/ day	Young Toddler	$32.50/ day	Preschool	$28.00/ day	Young School-age	$26.00/ day	Rates vary by county. Rates for Bucks County given.
			Old Toddler	$30.40/ day			Old School-age	$26.00/ day	
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

TABLE 3.2
STATE CENTER-BASED CARE REIMBURSEMENT RATE CEILINGS
LARGEST URBAN AREAS[1]

State/ Territory	Infant Age Range	Infant Rate	Toddler Age Range	Toddler Rate	Preschool Age Range	Pre-School Rate	School-Age Defined	School-Age Rate	Rate Area
Rhode Island	1 week up to 3 years	$172.50/ week	1 week up to 3 years	$172.50/ week	3 years up to entry into 1st Grade	$140.00/ week	Entry to 1st Grade up to 13 years	$125.00/ week	Rates are Statewide.
South Carolina	0 - 2 years	$93.00/ week	0 - 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.
South Dakota	Infants up to Age 3	$2.50/ hour	Infants up to Age 3	$2.50/ hour	3 years and older	$2.15/ hour	3 years and older	$2.15/ hour	Rates vary by urban and rural areas. Rates for urban areas given.
Tennessee	Under Age 2	$105.00/ week	Under Age 2	$105.00/ week	Preschool	$90.00/ week	School-Age In	$50.00/ week	Rates vary by Top 17 Counties (highest average populations and incomes) and 78 other counties, as well as by tiered quality level. State rate for Top 17 Counties given.
							School-Age Out	$75.00/ week	
Texas[6]									

TABLE 3.2
STATE CENTER-BASED CARE REIMBURSEMENT RATE CEILINGS
LARGEST URBAN AREAS[1]

State/ Territory	Infant Age Range	Infant Rate	Toddler Age Range	Toddler Rate	Preschool Age Range	Pre-School Rate	School-Age Defined	School-Age Rate	Rate Area
Utah	0 to < 24 months	$3.87/ hour	2 & 3 years	$3.21/ hour	4 & 5 years	$3.00/ hour	6 < 13 years	$2.71/ hour	Rates are Statewide.
Vermont	Under 3	$23.42/ day	Under 3	$23.42/ day	3 +	$20.81/ day	3 +	$20.81/ day	Rates are Statewide.
Virginia	Infant	$190.00/ week	Toddler	$185.00/ week	Preschool	$161.00/ week	School-age	$148.00/ week	Rates vary by regions and also by county. Rates for Fairfax Co/City given.
Washington	0 - 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 given.
West Virginia	< 24 months	$24.00/ day	< 24 months	$24.00/ day	24 months and older	$18.00/ day	24 months and older	$18.00/ day	Rates are Statewide, but vary by tier quality level. Rates for base level given.
Wisconsin	0 - 2	$7.17/ hour	2 - 3 years	$6.17/ hour	4 - 5 years	$5.50/ hour	6 +	$5.33/ hour	Rates vary by county. Rates for Milwaukee County given.
Wyoming	0 - 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.

Source: Information compiled from State CCDF Plans, FY 2004-2005, effective October 1, 2003.

Notes:

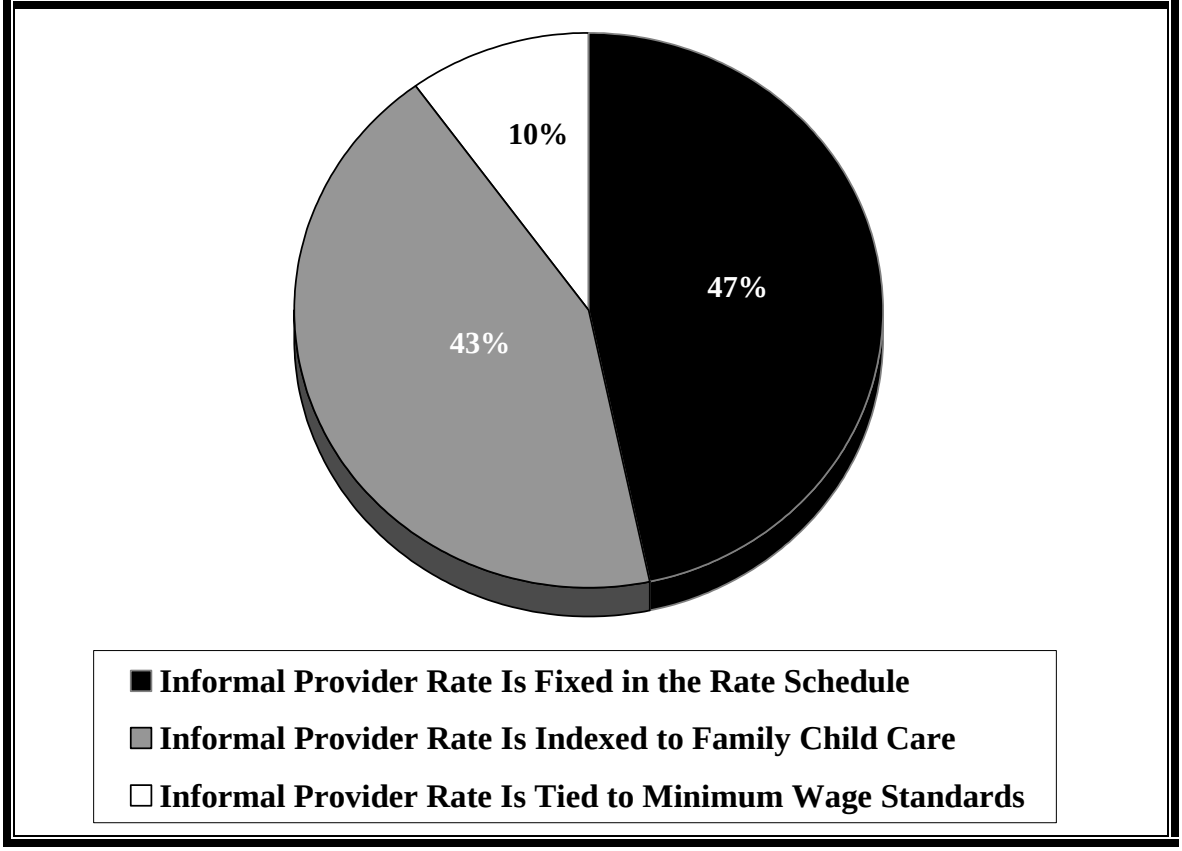
[1] Rate information presented here is based on each States' response to Section 3.2 of the FY 2004-2005 CCDF Plan as well as States' subsidy rate tables included as attachments to the CCDF Plan. These rates are not necessarily the highest rates paid in the State, but are the rates prevailing in the largest

Notes (continued):
urban area in each State. For some States, specific age ranges were not defined in the rate schedule submitted with their CCDF Plan. In States 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 (copayment).
[2] In Florida, Duval County has three age ranges between 24 and 59 months.
[3] Georgia has two additional after-school rates: part-time (per day) or occasional (per week) care, the latter of which is paid for teacher workdays, snow days, and holidays/breaks, and is capped at $16.00 per week; and full-time care (per week), usually paid for full-day summer case, set at $80.00 per week.
[4] Indiana has two "preschool" age ranges, 3–4 years and 5 years, both with the same rate in Marion County. Indiana also has separate rates for Kindergarten ($33.00/day) and for "School-age/All Other" ($32.00/day).
[5] Missouri does not have a separate age range for Toddlers and the Lead Agency did not report age ranges in its CCDF Plan.
[6]An approved FY 2004-2005 rate schedule for Texas was not available.

Informal Child Care

Many Lead Agencies reported that it is difficult to conduct an accurate Market Rate Survey among informal, unregulated child care providers. Instead, some States index informal care rate ceilings to their regulated family child care rates or to minimum wage standards.

CHART 3.2-C
STATE POLICIES for SETTING RATES CEILINGS
for INFORMAL CHILD CARE PROVIDERS



Source: Information compiled from State CCDF Plans, FY 2004-2005.

Note: Only 30 States specified their informal provider rate.

- Fourteen States (AL, AK, AZ, DE, DC, GA, HI, IN, MI, ND, RI, SC, SD, VT) fix informal provider rate ceilings in their reimbursement rate structures.
- Sixteen States (CA, CT, FL, IN, IA, ME, MD, MN, MT, NV, NY, NC, PA, VA, WI, WY) reported that informal provider rate ceilings are indexed.
  - In 13 of these States (CA, FL, ME, MD, MN, MT, NV, NY, NC, PA, VA, WI, WY), 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.
  - The other three States (CT, IN, IA) tie the rates for unregulated care to minimum wage standards.

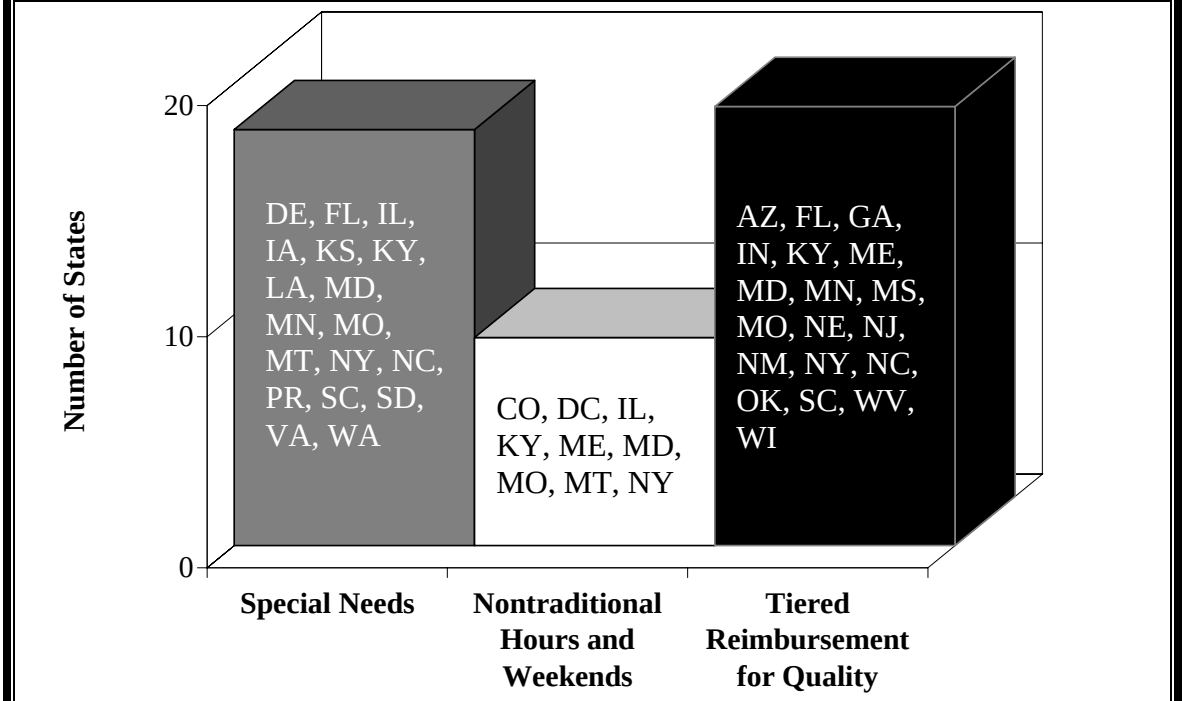
The reimbursement rate for in-home care in **Indiana** is calculated per family on an hourly basis consistent with the current Federal minimum wage. This means there is one rate for all siblings. Reimbursement is limited to no more than 40 hours of care per week (Sunday through Saturday).

In **Connecticut**, the payment rates for "providers exempt from licensing," including relatives and in-home providers, are set as a percentage of the State minimum wage. Those rates are set as follows: care for one child, one-third of the minimum wage; care for two children, two-thirds of the minimum wage; and care for three children, full minimum wage.

Rate Differentials

Most States 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 care that meets higher standards of quality than those included in basic licensing requirements.

CHART 3.2-D
RATE DIFFERENTIALS



Source: Information compiled from State CCDF Plans, FY 2004-2005.

- Thirty States (AZ, CO, DE, DC, FL, GA, IL, IN, IA, KS, KY, LA, ME, MD, MN, MS, MO, MT, NJ, NM, NY, NC, OK, PR, SC, SD, VA, WA, WV, WI) and one Territory (GU) reported establishing a rate differential for certain types of care.

- Nineteen States (AZ, FL, GA, IN, KY, ME, MD, MN, MS, MO, NE, NJ, NM, NY, NC, OK, SC, WV, WI) reported establishing a tiered reimbursement for quality care beyond that level assured by minimum licensing standards.

  Beginning in 1998, the **Florida** Legislature authorized the payment of a rate differential or stipend to those school readiness providers who have achieved Florida "Gold Seal" quality status through accreditation. Funding for this tiered reimbursement has been included in annual proviso language since its establishment. As referenced in statute, reimbursement rates are prohibited from having the effect of limiting parental choice or creating standards or levels of services that have not been authorized by the Legislature.

  Child Care and Parent Services (CAPS) is piloting tiered reimbursement in certain areas of **Georgia**. Tiered reimbursement is for providers who meet quality standards that exceed the State's minimum licensing standards and who care for children up to age 5. The tiered reimbursement rates are 100 percent of the Department of Family and Children Services (DFCS) rate for providers who meet regulatory requirements. Registered family day care providers, licensed group home providers, and center-based providers who meet enhanced quality standards may receive reimbursements at 115 percent or 135 percent of the DFCS rate, depending on the enhanced quality level met. Providers who achieve national accreditation may receive reimbursement at 150 percent of the DFCS rate. Tiered reimbursement provides enhanced access to higher-quality child care settings that may charge more than the DFCS rate. Through tiered reimbursement, CAPS clients have greater access to place children in those higher cost settings because the difference between the DFCS rate and the provider's higher cost will be reduced or eliminated. Preliminary results from the tiered reimbursement pilot indicate that child care providers are ready to increase the quality of their programs if reimbursement rates support the quality improvements. If funds become available, CAPS would like to expand the program Statewide.

- Eighteen States (DE, FL, IL, IA, KS, KY, LA, MD, MN, MO, MT, NY, NC, PR, SC, SD, VA, WA) and one Territory (GU) reported paying a higher rate for care provided to children with special needs.

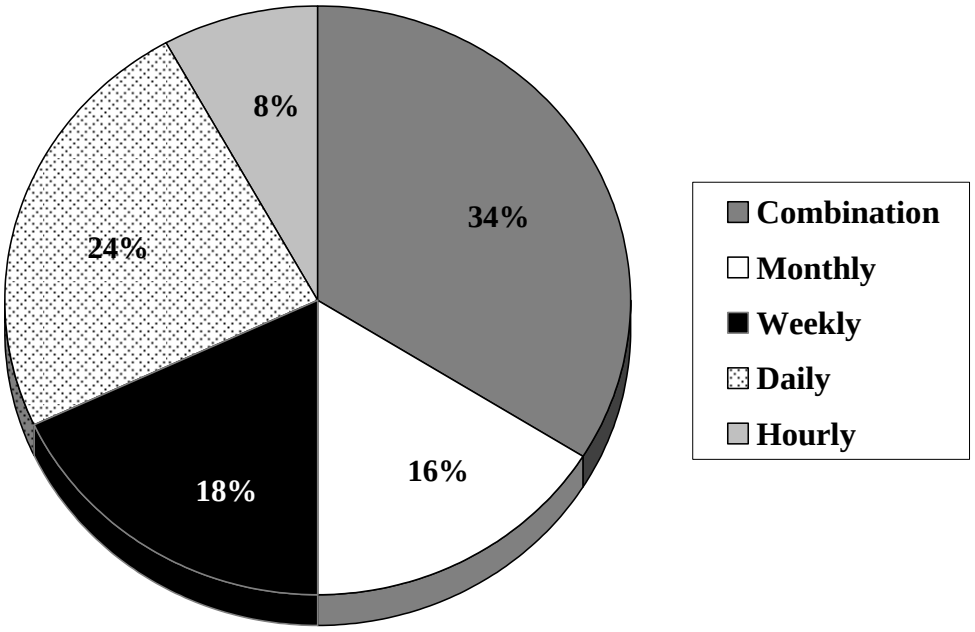
  The **Florida** payment structure also includes a "special needs" negotiated rate for children with disabilities and special health needs. Rates are based on the care needs of the child and the availability of care providers, and vary by local school readiness coalition.

- Nine States (CO, DC, IL, KY, ME, MD, MO, MT, NY) reported establishing a differential rate for care provided during nontraditional hours and on weekends.

Rate Units

States pay providers using different units of service: hourly, daily, weekly, and/or monthly. Nearly two-thirds of States use part-time as well as full-time units of service, whether accounting for service delivery on an hourly, daily, weekly, or monthly basis.

CHART 3.2-E
UNITS of SERVICE STATES USE to PAY PROVIDERS



Source: Information compiled from State CCDF Plans, FY 2004-2005.

- Nineteen States (CO, DE, FL, ID, IA, KS, LA, ME, MD, MA, MI, MT, NE, NV, NH, NC, PR, SD, UT) and two Territories (AS and VI) reported only one unit of service, without a full- or part-time accounting.

- Thirty-one States (AL, AK, AZ, AR, CA, CT, DC, GA, HI, IL, IN, KY, MN, MS, MO, NJ, NM, NY, ND, OH, OK, OR, PA, RI, SC, TN, VT, VA, WA, WV, WY) and one Territory (GU) listed part- and full-time units of service for either daily, weekly, or monthly payment.

- Seventeen States (CA, FL, IN, LA, ME, MN, MT, NE, NH, NJ, NY, OH, OK, OR, WV, WI, WY) and one Territory (GU) use a combination of hourly, daily, weekly, and/or monthly units of service.

- Eight States (AK, HI, ID, MD, NM, NC, ND, PR) and three Territories (AS, CNMI, VI) reported rate ceilings in monthly service units.

- Nine States (AL, CT, DE, GA, MS, RI, SC, TN, VA) reported rate ceilings in weekly service units.

- Twelve States (AZ, CO, DC, IL, IA, KY, MA, MO, NV, PA, VT, WA) reported rate ceilings in daily service units.

- Four States (KS, MI, SD, UT) reported rate ceilings in hourly service units.

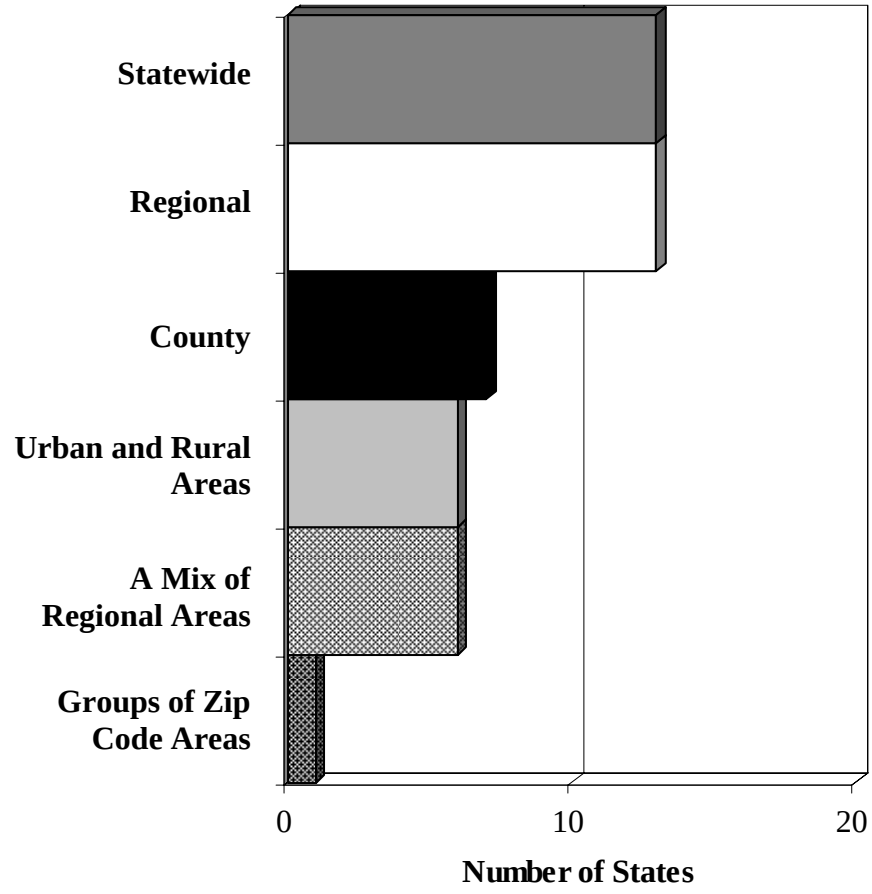
Rate Areas

When establishing reimbursement rate ceilings, States are permitted to define the geographical outlines of the market within which rates are grouped and for which the rate ceiling is established. About one-third of the States establish Statewide rate structures, but other rate areas are used including regional, county-level, and rural/urban. In determining whether rates will apply uniformly Statewide or vary by county, region, or other area, States balance multiple factors (demographic, economic, fiscal, and political). A recent policy analysis in **Iowa** illustrates this process.

In reviewing alternatives to the current structure for a legislative report several years ago, the Lead Agency in Iowa looked at establishing rates by county, cluster, region, and rural/urban (versus the current Statewide rate). The final analysis yielded that:

- Establishing a county rate was impractical due to the sparse provider population in some counties.
- Establishing a cluster rate, in addition to being administratively cumbersome to a centrally administered program, also did not result in rates that exceeded the State maximum.
- Establishing a regional rate also does not increase rates beyond the maximum rate. Only one region, Des Moines, shows a significant difference from the other regions in terms of rates. This is probably more of a rural/urban difference, because of the nine counties considered urban in Iowa, three of them are in the Des Moines region. Under a regional approach, a significant number of providers across the State would see a decrease in their reimbursed rates.
- Establishing a rural/urban rate does not equalize the rate structure, as many rural areas realize a better benefit under the current Statewide rate than they would realize under a rural/urban rate structure. Establishing a rural rate at less than the current maximum raises some concern in supporting infant care options in rural Iowa.

CHART 3.2-F
RATE AREAS DEFINED in STATE CHILD CARE RATE SCHEDULES



Source: Information compiled from State CCDF Plans, FY 2004-2005.

- Thirteen States (DC, HI, IA, LA, MS, NH, NJ, ND, PR, RI, UT, VT, WY) and four Territories (AS, CNMI, GU, VI) establish Statewide reimbursement rate ceilings.
- Thirteen States (AL, AK, CT, FL, GA, ID, IL, MD, MA, MI, MT, NY, WA) set regional rate ceilings.
- Eleven States (AR, CA, DE, IN, ME, MN, NE, NC, OH, PA, WI) establish rate ceilings that vary by county.
- Six States (KS, NM, OK, SC, SD, TN) establish rate ceilings for urban and rural areas.
- Rate structures in six States (AZ, CO, KY, MO, NV, VA) use a mix of geographic areas.
- One State (OR), collects rate information at the zip code level and establishes rate ceilings by groups of zip code areas.

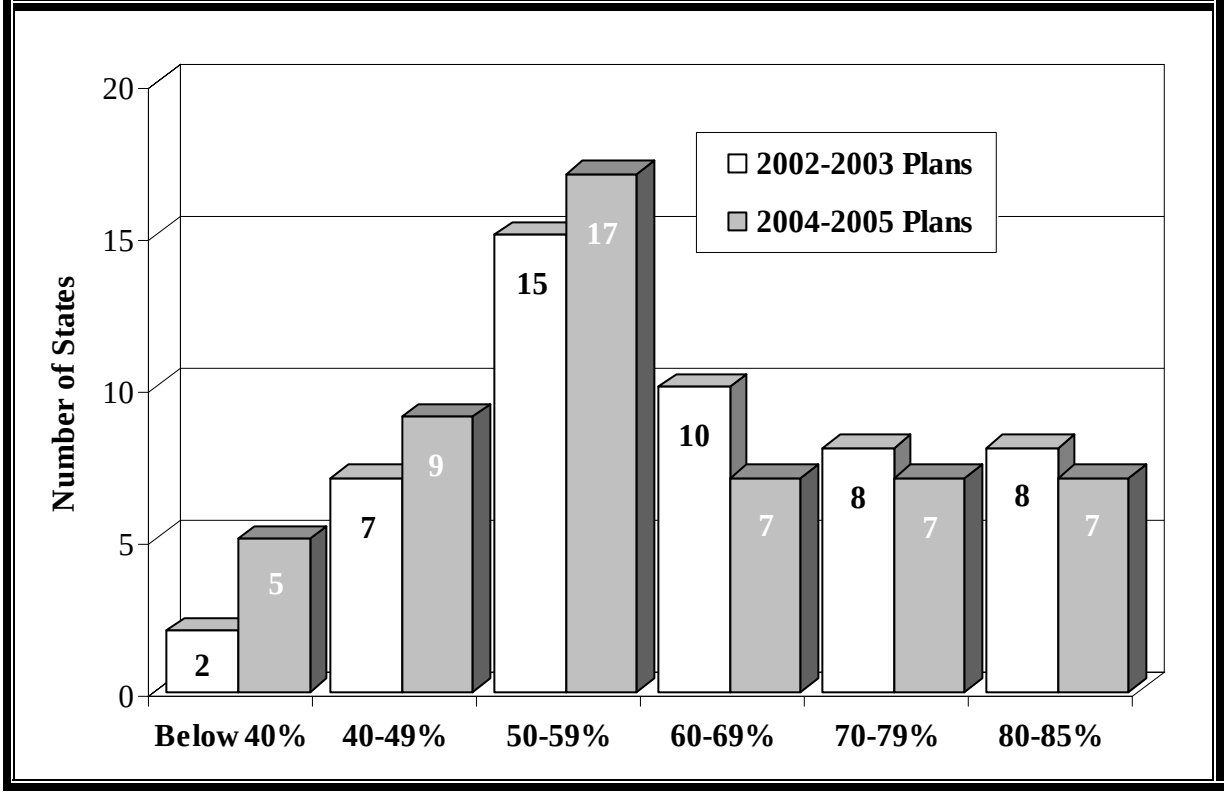
Section 3.3 – Eligibility Criteria for Child Care

By statute, all eligible children must be under the age of 13, or under age 19 if physically or mentally incapable of self-care, or under court supervision, and reside with a family whose income does not exceed 85% of the State Median Income (SMI) for a family of the same size and whose parent(s) are working or attending a job training or educational program or who receive or need to receive protective services. (658E(c)(3)(B), 658P(3), §98.20(a))

3.3.1 – Income Eligibility Limits

Forty-five States set income eligibility limits for child care assistance that were below 85 percent of the State Median Income (SMI), the maximum level permitted in Federal regulations.[20] Income thresholds ranged from 28 percent of SMI to 85 percent of SMI. Overall, States reported an average income eligibility level equivalent to 59 percent of SMI, down from 62 percent in 2001. In FY 2004-2005 CCDF Plans, five States (HI, ME, MS, PR, TX) reported setting income eligibility limits at the Federal maximum (85 percent of SMI), the same number of States as did so in FY 2002-2003 Plans. The distribution of State income eligibility limits, expressed as a

CHART 3.3.1-A
DISTRIBUTION of INCOME ELIGIBILITY LIMITS
as a PERCENTAGE of STATE MEDIAN INCOME (SMI)



Source: Information compiled from State CCDF Plans, FY 2002-2003 and FY 2004-2005.

[20] States reported income limits using a variety of different SMI data. Thirty-eight States (AL, AZ, AR, CO, CT, DE, DC, FL, GA, ID, IL, IN, IA, KS, KY, ME, MI, MN, MT, NE, NV, NJ, NY, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, VA, WA, WI, WV, WY) used SMI data from 2003 or 2004; however, 14 States (AK, CA, HI, LA, MA, MD, MS, MO, NH, NM, NC, UT, VT, PR) and two Territories (AS and VI) used SMI data ranging from 1994 to 2002.

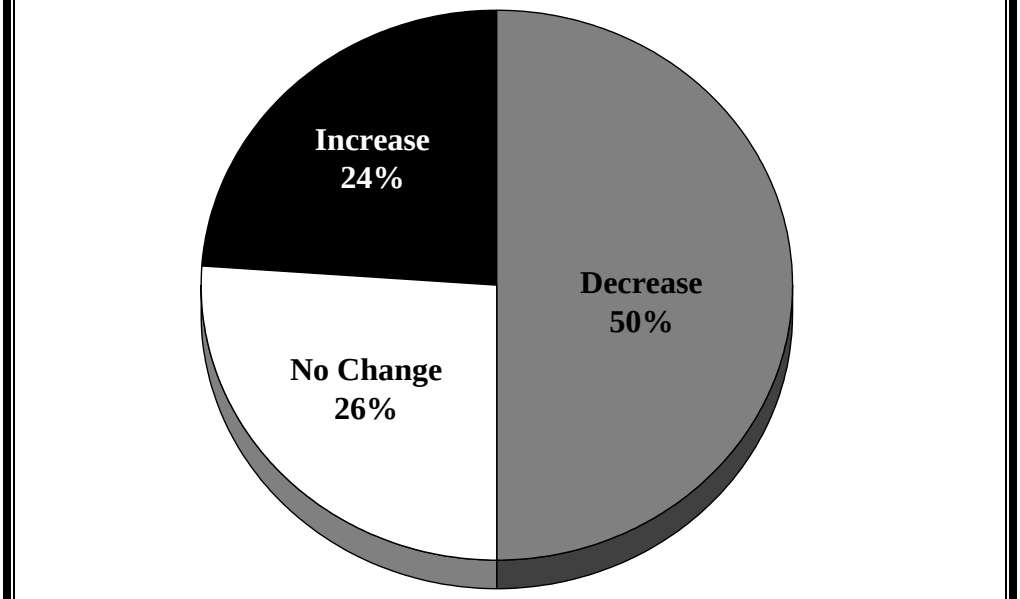
percentage of SMI, is shown in Chart 3.3.1-A.

- Twenty-six States (AK, AZ, CO, CT, DE, DC, GA, ID, IN, IA, KY, MN, MO, NE, NH, NJ, NM, NY, ND, OH, OR, PA, RI, VA, WA, WV) reported income eligibility ceilings expressed as a percentage of SMI that are *lower* than those reported in the FY 2002-2003 CCDF Plans. In nine of those States (CT, GA, IN, MN, NE, NH, OH, OR, WV), the income limits used to determine eligibility decreased by 10 percentage points or more, expressed as a percentage of SMI.

- Thirteen States (AL, AK, AR, CA, ME, MA, MS, NV, NC, PR, TX, UT, WI) reported income eligibility ceilings expressed as a percentage of SMI that are unchanged from those reported in the FY 2002-2003 Plans.

- Twelve States (HI, IL, KS, LA, MD, MT, OK, SC, SD, TN, VT, WY) reported income eligibility ceilings that are *higher* than those reported in the FY 2002-2003 Plans. In six of those States (IL, KS, LA, MD, OK, SD), the income limits used to determine eligibility were increased by 10 percentage points or more.

CHART 3.3.1-B
CHANGE in INCOME ELIGIBILITY LIMITS, FY 2002–FY 2004



Source: Information compiled from State CCDF Plans, FY 2002-2003 and FY 2004-2005.

Chart 3.3.1-B illustrates the extent of change in State income eligibility thresholds as indicated in the FY 2002-2003 and FY 2004-2005 CCDF Plans. Between FY 2002 and FY 2004, half of all States lowered their income limits, by an average of 6 percent of SMI. Despite these declines, one out of five States *increased* eligibility thresholds, by an average of 9 percent of SMI. Fully one in four States did not change income eligibility during that period.

Table 3.3.1 shows the income level for a family of three at 85 percent of SMI, as reported in the State 2004-2005 CCDF Plans. Table 3.3.1 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.

TABLE 3.3.1
CHILD CARE ASSISTANCE INCOME ELIGIBILITY THRESHOLDS
and STATE MEDIAN INCOME (SMI), FAMILY of THREE, FY 2002–FY 2004

State/Territory	2001			2003			
	85% of Monthly State Median Income (SMI)[1]	Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility	Monthly Income Eligibility Level as a Percentage of SMI	85% of Monthly State Median Income (SMI)[1]	Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility	Monthly Income Eligibility Level as a Percentage of SMI	SMI Year
Alabama	$3,118.00	$1,585.00	43%	$3,248.00	$1,653.00	43%	2004
Alaska	$4,481.00	NA	85%	$4,263.00	$3,853.00[2]	77%	2002
American Samoa	NK	NK	NK	$925.00	NA	85%	1995
Arizona	$3,156.00	$2,013.00	54%	$3,336.00	$2,099.00	53%	2004
Arkansas	$2,776.92	$1,960.21	60%	$2,846.43	$2,009.25	60%	2003
California	$3,315.00	$2,925.00	75%	$3,315.00	$2,925.00	75%	1998
Colorado[3]	$3,774.00	$2,743.00	62%	$3,964.00	$2,862.00	61%	2003
Commonwealth of the Northern Mariana Islands	NK	NK	NK	$1,533.00	NA	85%	NR
Connecticut	$4,495.00	$3,966.00	75%	$4,910.00	$2,889.00	50%	2004
District of Columbia	$3,706.00	$3,470.00	80%	$3,773.00	$3,470.00	78%	2003
Delaware	$3,902.00	$2,440.00	53%	$4,127.00	$2,544.00	52%	2003
Florida	NK	NK	NK	$3,293.00	$2,543.00[4]	66%	2003
Georgia	$3,569.00	NA	85%	$3,792.00	$2,035.00	46%	2003
Guam	NK	NK	NK	$1,908.00	NA	85%	NA[5]
Hawaii	$3,479.00	$3,274.00	80%	$3,678.00	NA	85%	2001

TABLE 3.3.1
CHILD CARE ASSISTANCE INCOME ELIGIBILITY THRESHOLDS
and STATE MEDIAN INCOME (SMI), FAMILY of THREE, FY 2002–FY 2004

State/Territory	2001			2003			
	85% of Monthly State Median Income (SMI)[1]	Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility	Monthly Income Eligibility Level as a Percentage of SMI	85% of Monthly State Median Income (SMI)[1]	Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility	Monthly Income Eligibility Level as a Percentage of SMI	SMI Year
Idaho	$2,838.00	$1,706.00	51%	$3,197.00	$1,706.00	45%	2003
Illinois	$3,948.00	$1,818.00	39%	$3,958.00	$2,328.00	50%	2004
Indiana	$3,289.40	$2,207.00	57%	$3,694.00	$1,615.00	37%	2003
Iowa	$3,455.00	$1,890.00	47%	$3,669.00	$1,780.00	41%	2004
Kansas	$3,874.00	$2,255.00	49%	$3,379.00	$2,353.00	59%	2003
Kentucky	$3,105.00	$2,012.00	55%	$3,232.00	$1,908.00[6]	50%	2004
Louisiana	$2,942.00	$2,077.00	60%	$2,942.00	$2,596.00	75%[7]	2002
Maine	$3,038.01	NA	85%	$3,343.08[8]	NA	85%	2003
Maryland	$4,451.00	$2,095.00	40%	$4,249.00	$2,499.00	50%	2002
Massachusetts	$4,104.00	NA	50%	$4,104.00	$2,414.00[6]	50%	2000
Michigan	NK	NK	NK	$4,090.00	$1,990.00	41%	2003
Minnesota	$3,967.00	$3,501.00	75%	$4,322.00	$2,225.00[9]	44%	2004
Mississippi	$2,513.00	NA	85%	$2,513.00	NA	85%	2000
Missouri	$3,010.00	$1,482.00	42%	$3,631.00	$1,482.00	35%	2001
Montana	$3,032.00	$1,829.00	51%	$2,861.00	$1,878.00[4]	56%	2004
Nebraska	$3,373.00	$2,104.99	53%	$3,394.00	$1,463.00	37%	2003
Nevada	$3,539.00	$3,123.00	75%	$3,527.00	$3,112.00	75%	2004

TABLE 3.3.1
CHILD CARE ASSISTANCE INCOME ELIGIBILITY THRESHOLDS
and STATE MEDIAN INCOME (SMI), FAMILY of THREE, FY 2002–FY 2004

State/Territory	2001			2003			
	85% of Monthly State Median Income (SMI)[1]	Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility	Monthly Income Eligibility Level as a Percentage of SMI	85% of Monthly State Median Income (SMI)[1]	Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility	Monthly Income Eligibility Level as a Percentage of SMI	SMI Year
New Hampshire	$3,630.00	$2,648.00	62%	$4,264.00	$2,407.00	48%[7]	2000
New Jersey	$4,223.50	$3,047.92	61%	$4,674.00	$3,179.00	58%	2003
New Mexico	$2,658.00	$2,438.00	78%	$3,016.27	$2,543.33	72%	2002
New York	$3,400.00	$2,438.00	61%	$3,839.00	$2,543.00	56%	2003
North Carolina	$3,232.00	$2,852.00	75%	$3,339.00	$2,946.00	75%	2002
North Dakota	$3,035.00	$2,463.00	69%	$3,281.00	$2,463.00	64%	2004
Ohio	$3,346.00	$2,255.00	57%	$3,825.00	$1,272.00	28%	2003
Oklahoma	$3,110.00	$1,936.00	53%	$2,883.00	$2,825.00[9]	83%	2003
Oregon	$3,208.00	$2,255.00	60%	$3,495.00	$1,908.00	46%	2003
Pennsylvania	$3,543.00	$2,438.00	58%	$3,934.74	$2,543.33	55%	2004
Puerto Rico	$1,279.00	NA	85%	$1,279.00	NA	85%	1994
Rhode Island	$3,844.50	$2,743.17	61%	$4,192.00	$2,861.00	58%	2003
South Carolina	$3,330.00	$1,829.00	47%	$3,349.00	$1,908.00	48%	2003
South Dakota	$3,504.00	$1,829.00	44%	$3,553.00	$2,544.00	61%	2003
Tennessee	$3,093.00	$2,027.00	56%	$3,336.00	$2,355.00	60%	2004
Texas[3, 10]	$3,171.00	NA	85%	$3,368.00	NA	85%	2003
Utah	$3,406.00	$2,244.00	56%	$3,406.00	$2,244.00	56%	2002

TABLE 3.3.1
CHILD CARE ASSISTANCE INCOME ELIGIBILITY THRESHOLDS
and STATE MEDIAN INCOME (SMI), FAMILY of THREE, FY 2002–FY 2004

State/Territory	2001			2003			
	85% of Monthly State Median Income (SMI)[1]	Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility	Monthly Income Eligibility Level as a Percentage of SMI	85% of Monthly State Median Income (SMI)[1]	Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility	Monthly Income Eligibility Level as a Percentage of SMI	SMI Year
Vermont	$2,867.33	$2,586.00	77%	$2,664.00	$2,586.00	83%	1999
Virginia[11]	$3,829.00	$1,950.00	43%	$4,141.00	$1,908.00	39%	2004
Virgin Islands	NK	NK	NK	$2,022.50	NA	85%	2000
Washington	$3,670.00	$2,743.00	64%	$3,821.00	$2,544.00	57%	2003
West Virginia	$2,689.00	$2,358.00	75%	$2,943.00	$1,769.00[6]	51%	2004
Wisconsin	$3,774.00	$2,255.00	51%	$3,894.00	$2,353.00[6]	51%	2004
Wyoming	$3,310.00	$2,255.00	58%	$3,324.00	$2,544.00	65%	2003

Sources: Information compiled from State CCDF Plans, FY 2002-2003 and FY 2004-2005, effective October 1, 2001 and October 1, 2003 respectively. Approved Plans for Florida, Michigan, American Samoa, Commonwealth of the Northern Mariana Islands, Guam, and the Virgin Islands were not included in the FY 2002-2003 summary.

Key: NA = Not Applicable; NK = Not Known; NR = Not Reported

Notes:

[1] Monthly State Median Income is derived based on information provided in the State Plans, which does not necessarily coincide with most recent year SMI. SMI used by each State is indicated. In 2003, the Federal Poverty Level (FPL) for a family of three for the 48 contiguous States and the District of Columbia was $15,260. The FPL for Alaska was $19,070 and the FPL for Hawaii was $17,550. See *Federal Register*, Vol. 68, No. 26, February 7, 2003, pp. 6456–6458.

[2] The adjusted gross income levels that Alaska reported are equal to 85% SMI less an estimated amount of the 2002 Alaska Permanent Fund Dividend, which is not used in calculating the adjusted gross income amount.

Notes (continued):

[3] Colorado and Texas permit sub-State jurisdictions to set different income eligibility limits. In Texas, local Workforce Development Boards set their own income eligibility limits to meet local needs, within the State-imposed cap of 85% of SMI; the State reported that most Boards have established limits that are below 85% of SMI.

[4] Florida and Montana each have a two-tiered eligibility threshold and reported the upper limit, which is applied to families already receiving child care assistance.

[5] The Lead Agency reported that there is no current SMI calculated for Guam and it uses 150% of the 2003 Federal Poverty Income Guidelines for Contiguous States and the District of Columbia to limit eligibility.

[6] Kentucky, Massachusetts, Minnesota, and Wisconsin each have a two-tiered eligibility threshold. Kentucky, Massachusetts, and Wisconsin reported the lower limit, which is applied to families newly applying for child care assistance; Minnesota and West Virginia reported both limits, the lower of which is included here.

[7] New Hampshire SMI is derived from information reported in the FY 2004-2005 CCDF Plan, from which the percentage was calculated.

[8] Maine's Monthly State Median Income was derived from its annual SMI ($40,117) as reported in the Plan.

[9] Oklahoma's maximum eligible income threshold depends on the number of children in care.

[10] Texas' FY 2002-2003 CCDF Plan extended into FY 2004; data reported are from the draft Texas FY 2004-2005 CCDF Plan.

[11] Virginia thresholds reflect local cost of living and are established for three groups of localities. Income limits are set at or below a defined percentage of the Federal Poverty Level (FPL), adjusted for family size, ranging from 150% FPL to 185% FPL.

Two-Tiered Eligibility Thresholds

Several States have implemented two-tiered income eligibility thresholds, one for families newly entering the subsidy program and a second, higher income level for families already receiving child care assistance. States have chosen this option as a strategy to permit families to experience wage increases and make progress toward self-sufficiency without being forced to exit the subsidy program altogether.

- Seven States (FL, KY, MA, MN, MT, WV, WI) implemented a two-tiered eligibility threshold.

  Initial eligibility for child care subsidy in **Kentucky** is based on families whose income is at or below 150 percent of the Federal Poverty Level. Ongoing eligibility for child care subsidy is based on families whose income is at or below 165 percent of the Federal Poverty Level.

  For a **Massachusetts** family who does not currently have an income-eligible contracted slot or voucher, the family's income must be at or below 50 percent of the SMI in order to access the subsidized child care system. Once a family has a subsidy, a family will remain eligible until its income reaches 85 percent of SMI. For a family who has a child with a documented disability, the initial income eligibility level is 85 percent of SMI. In addition, a family that has a child with a documented disability who is in child care is eligible for subsidized care for any other children at the higher income eligibility limits.

  In **Minnesota**, the entry level income is set at 175 percent of the Federal Poverty Level (FPL) and the exit level is 250 percent of FPL.

3.3.2 – Income Definitions for Eligibility Determination

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 exclude or exempt certain income, or allow deductions to income for certain expenses. States 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.

Whose Income is Included

- Sixteen States (AL, CA, IA, ME, MD, MI, MN, MT, NE, NV, OH, OR, TN, TX, UT, VA) and one Territory (GU) reported that they count the income of "all family members" or "all household members."

- Fifteen States (AZ, AR, CA, CO, FL, GA, IL, IN, KY, MA, NM, PA, SC, SD, WI) indicated that they count the income of all family members except nonparent minors when estimating eligibility.

- Six States (AK, DC, LA, NC, PR, WY) specified that only the income of the parent or legal guardian counts toward determining family income for eligibility purposes.

- Five States (HI, MO, NH, RI, WV) and one Territory (AS) count the income of parents and related children only when determining income eligibility.

Income Exclusions or Deductions

States determine what income is counted when calculating income for eligibility purposes. Many States exempt or deduct certain income; commonly excluded income includes income received from some public assistance programs, such as TANF, Supplemental Security Income (SSI), Food Stamps, and energy and housing assistance.

- Thirty-nine States (AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IA, KS, KY, ME, MD, MA, MI, MN, MS, MO, MT, NV, NH, NM, NY, NC, OH, PA, PR, RI, SC, SD, TN, UT, VT, WA, WY) reported permitting some kind of exclusion, exemption, or deduction from income when determining eligibility.

- Thirty-nine States (AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IA, KS, KY, ME, MD, MA, MN, MS, MO, MT, NV, NH, NM, NY, NC, OH, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WY) excluded or exempted income received from some public assistance programs, including income from TANF cash assistance, SSI, Volunteers in Service to America (VISTA) or AmeriCorps, Food Stamp benefits, low-income energy assistance and housing allotments, among others. In the FY 2001-2003 CCDF Plans, 32 States (AL, AK, AZ, AR, GA, HI, ID, IL, KS, KY, ME, MD, MA, MS, MO, MT, NV, NH, NM, NY, NC, ND, OH, PA, RI, SC, SD, TX, VT, VA, WA, WY) reported excluding such public assistance.

- The value of scholarships, educational loans, grants and/or income from work study programs is not counted by 34 States (AZ, AR, CA, CT, DE, DC, GA, ID, IL, IA, KS, ME, MD, MA, MI, MN, MO, MT, NV, NH, NM, NY, NC, OH, PA, RI, SC, TN, TX, UT, VT, WA, WV, WY).

- Twenty-seven States (AZ, AR, CT, DE, FL, GA, IL, IA, KY, ME, MD, MA, MN, MS, MO, MT, NV, NM, NY, NC, OH, PA, RI, TN, TX, UT, VT) exclude the value of Food Stamps when calculating family income.

- Twenty-four States (AK, AZ, DC, GA, ID, IL, IA, KS, ME, MD, MA, MN, MO, MT, NH, NM, NC, PA, RI, SC, VT, WA, WV, WY) do not count State adoption subsidies or foster care payments.

- Twenty-two States (AR, CA, CO, GA, KS, MD, MN, MS, MO, MT, NV, NM, NC, OH, PR, SC, SD, UT, VT, VA, WA, WY) reported excluding SSI payments from family income.

- Child support is excluded or deducted in 20 States (AK, AZ, AR, CT, FL, ID, IL, IA, MD, MA, MS, OH, PR, SD, TN, UT, VT, VA, WA, WI).
  - Thirteen States (AZ, CT, ID, IL, MD, MA, OH, SD, TN, UT, VT, VA, WA) deduct child support payments made.
  - Seven States (AK, AR, CT, IA, MS, PR, UT) exclude child support payments received when calculating family income for eligibility purposes.
- Sixteen States (AK, AZ, AR, CT, ID, ME, MN, MO, MT, NV, NC, OH, RI, SD, UT, VT) exempt Federal and/or State Earned Income Tax Credits.
- The value of benefits received under the National School Lunch Program (NSLP)—the free/reduced lunch program—is not counted in 16 States (AZ, AR, DE, GA, IL, IA, ME, MD, MA, MO, NM, NY, NC, PA, RI, SC).
- Fourteen States (AZ, CT, DC, GA, IL, IA, ME, MN, MT, NV, NM, NC, OH, WY) indicated that they do not include the value of Low-Income Home Energy Assistance Program benefits or other energy assistance benefits.
- Eleven States (AZ, GA, IA, MN, MS, MO, MT, NC, OH, RI, SC) exempt the value of housing allotments or other housing assistance.
- Ten States (CT, DC, GA, ID, KS, MD, MS, NC, OH, WA[21]) reported excluding income from TANF cash assistance from family income calculations.
- Eight States (DE, GA, ID, ME, NH, NC, PA, SC) reported excluding income from VISTA and AmeriCorps.
- Seven States (GA, MN, MS, MO, PR, UT, WA) reported deducting medical expenses and/or insurance premiums, or excluding the value of Medicaid benefits.
- Three States (AZ, NM, NC) indicated that income from the Child and Adult Care Food Program (CACFP) is not included in family income when determining eligibility for child care assistance.
- Three States (FL, MA, OH,) reported deducting alimony payments made by a parent when calculating the family's income.
- Two States (CT and WA) reported excluding unemployment insurance payments.
- One Territory (PR) reported excluding worker compensation payments.

[21] In Washington, the TANF grant is not counted for the first three months of employment to allow families time for successful transition to work.

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))

- Twenty-seven States (AK, CO, CT, DE, FL, GA, IA, KY, LA, MD, MA, MI, NE, NH, NJ, NY, ND, OK, PA, RI, SC, TN, TX, UT, VA, WA, WI) and four Territories (AS, CNMI, GU, VI) establish additional eligibility conditions or priority rules and/or have rules that vary in different parts of the State.

  The need for child care services in **Michigan** must be verified and exist only when responsible group members, i.e., family members, are unavailable to provide the child care for one or more of the following reasons:

  - High school completion; and/or
  - Agency approved education or training activity; and/or
  - Employment; and/or
  - Family preservation (a physical, mental, or emotional condition for which treatment is being received).

  As a condition of eligibility, applicants for services are responsible for pursuing other benefits for which they may be eligible, such as child support and Unemployment Compensation.

  In **Tennessee**, all teen parents in school applying for child care assistance must maintain satisfactory attendance and academic progress. All non-TANF, low-income parents or caretakers applying for child care assistance who are in post-secondary education or training must make satisfactory progress and participate in activities for 40 hours per week that combine education with work or other approved activities. All non-TANF low-income parents or caretakers applying for child care assistance must:

  - Maintain full-time employment, education, or a mix thereof; and
  - Earn a gross income that equals minimum wage or above for the number of hours worked.

- Five States (CO, FL, NY, TX, VA) described income eligibility limits or service priorities that vary within the State.

  Under the **Colorado** Consolidated Child Care Services pilot program, counties are able to receive waivers of the State-set limit.

  In **Florida**, local school readiness coalitions have the authority to establish additional eligibility priorities after meeting priorities established in Florida Statutes and annual budget implementing legislation.

The income eligibility level for the Liberty Zone Demonstration Project, Consortium for Worker Education and Satellite Child Care Pilot Project is up to 275 percent of the **New York** State income standard.

In **Texas**, the 28 Workforce Development Boards are authorized to establish income limits for eligibility that best meet local needs as long as the limit is not greater than 85 percent of the State's median income for a family of the same size.

For those **Virginia** families receiving subsidy through the transitional assistance program or through the income eligible fee system, the following income eligibility rules apply:

- Income eligibility thresholds for child care assistance reflect local cost of living by metropolitan statistical areas. Income limits are set at or below a defined percentage of the Federal Poverty Level (FPL), adjusted for family size, as follows:

  - Group I Localities – 150 percent FPL (39 percent of SMI);
  - Group II Localities – 160 percent FPL (42 percent SMI); and
  - Group III Localities – 185 percent FPL (48 percent SMI)—the maximum income limit allowed under CCDF requirements.

- Three local departments of social services (Alexandria, Arlington, and Fairfax) have waivers that permit them to provide services to residents whose income exceeds the maximum established by the Lead Agency.

- Ten States (GA, IA, KS, LA, NE, ND, OR, UT, VA, WA) reported additional eligibility conditions or priority rules to ensure that families receiving or transitioning off TANF cash assistance have full access to child care assistance.

  Nebraska families who are transitioning off TANF cash assistance because of earnings from employment have a higher income limit than families at risk of receiving TANF.

  In **Oregon**, there is no copay requirement for families receiving TANF.

  The TANF grant in **Washington** is not counted when calculating family income for the first three months of employment to allow families time for successful transition to work.

  In **Utah**, child care eligibility for TANF-funded Family Employment Program parents is determined by participation in an approved employment plan.

- Six States (AK, DE, MA, NJ, SC, TX) described eligibility conditions or rules related to serving special needs children.

  In **Massachusetts**, for a family who does not currently have an income eligible contracted slot or voucher, the family's income must be at or below 50 percent of the SMI to access the subsidized child care system. Once a family has a subsidy, a family will remain eligible until its income reaches 85 percent of SMI. A family with a child with a

documented disability is eligible for subsidized care if its income is at or below 85 percent of SMI. In addition, any family that has a child with a documented disability who is in child care is eligible for subsidized care for any other children if its income is at or below 85 percent of SMI. Children with disabilities and their siblings may continue to receive a subsidy until their family's income reaches 100 percent of SMI.

South Carolina families with special needs children may exclude documented medical expenses for the special needs child when determining their income.

- Three States (MD, MI, PA) and one Territory (VI) reported requirements related to the pursuit of child support as a condition for receiving child care assistance.

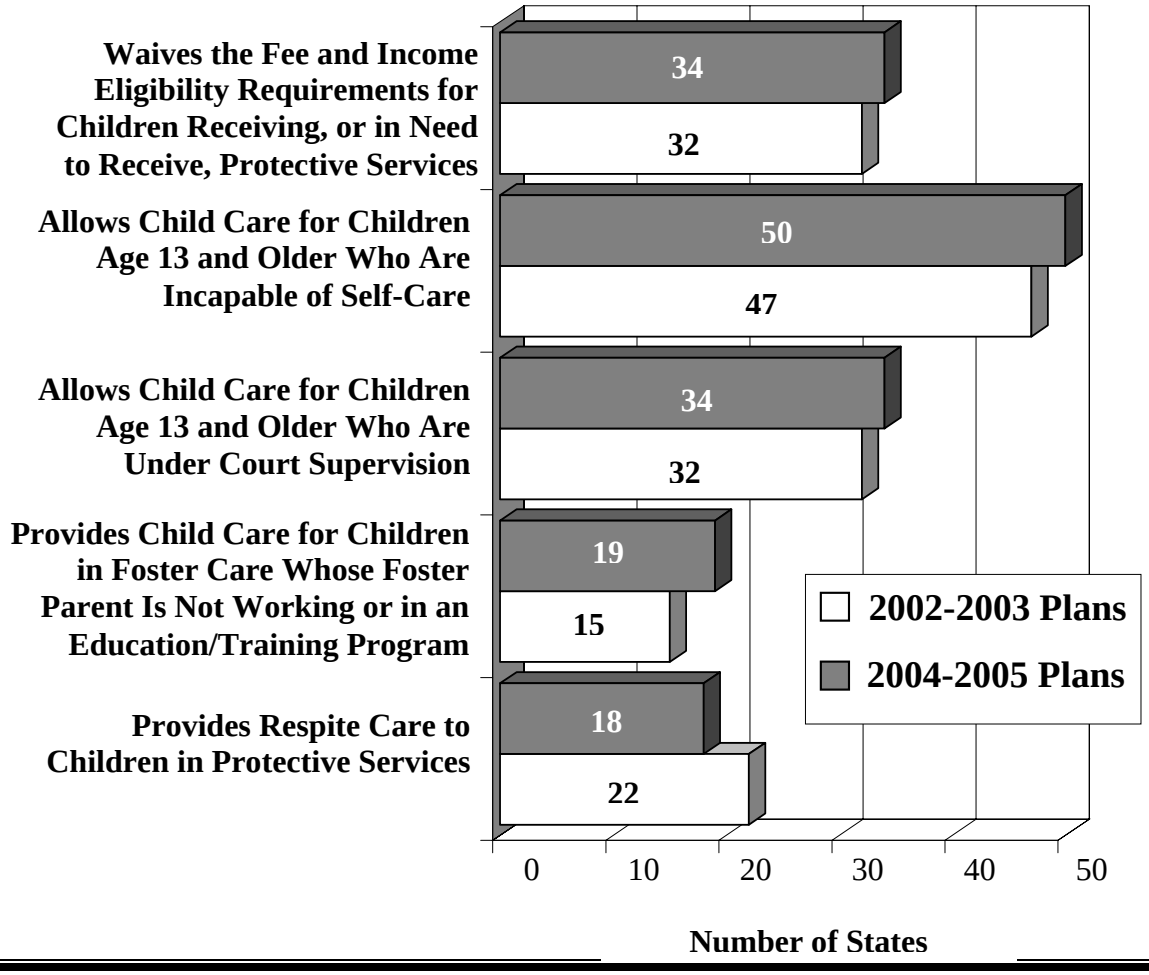
  The pursuit of child support is mandatory for those receiving child care subsidy in **Maryland**. An applicant who has the care of a child eligible for child support services under State regulations shall pursue the establishment and enforcement of support obligations on behalf of the child.

- Twenty five States (AL, AZ, AR, CA, DC, HI, ID, IL, IN, KS, ME, MN, MS, MO, MT, NV, NM, NC, OH, OR, PR, SD, VT, WV, WY) *do not* establish additional eligibility conditions or priority rules, nor do these rules vary in different parts of the State.

3.3.4–3.3.8 – Special Eligibility Considerations

Most States have structured the child care assistance program to address the service needs of special populations including children in protective services, teenagers with physical or mental disabilities, children under court supervision, and children in foster care. Table 3.3.4–3.3.8 summarizes special eligibility considerations used by States to assure that target populations have access to child care services.

CHART 3.3.4–3.3.8
SPECIAL ELIGIBILITY CONSIDERATIONS



Source: Information compiled from State CCDF Plans, FY 2002-2003 and FY 2004-2005.

Section 3.3.4 – 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-four States (AL, AK, AZ, CA, DE, DC, FL, GA, HI, IN, IA, KS, KY, LA, ME, MA, MI, MN, MO, MT, NE, NH, NV, NJ, NY, OK, PR, SC, SD, TX, VT, WA, WV, WI) and three Territories (AS, GU, VI) reported that they have elected to waive, on a case-by-case basis, the child care copayment and income eligibility requirements for children who are in need of protective services.

- Six States (CT, ID, MD, MS, PA, VA) and one Territory (CNMI) reported that the do not waive child care copayment and income eligibility requirements for children who are in need of protective services.

- Twelve States (AR, CO, IL, NM, NC, ND, OH, OR, RI, TN, UT, WY) reported that the question was not applicable because they do not use CCDF funds to pay for child care for children in protective services.

Section 3.3.5 – Does the Lead Agency allow 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))

- Fifty States (AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) and two Territories (GU and VI) offer child care subsidies to eligible families with children who are physically and/or mentally incapable of self-care and are younger than age 19.

  In **Texas**, the 28 Workforce Development Boards are authorized to establish whether or not the Board will provide care for children with disabilities from 13 to 19 years of age. Twenty-six of the 28 Boards have chosen to serve children with disabilities up to age 19. The Central Texas Workforce Development Board and the Golden Crescent Workforce Development Board have chosen not to do so, citing lack of any identified need for this service in the workforce area and the need to maintain consistency in serving only children below age 13.

- Two States (AZ and OH) and two Territories (AS and CNMI) reported that they do not allow child care for children with disabilities age 13 and older.

Section 3.3.6 – Does the Lead Agency allow 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-four States (AK, CT, DE, GA, HI, ID, IL, IN, KS, KY, LA, MI, MS, MO, MT, NE, NV, NH, NJ, NY, NC, ND, OK, PR, SC, SD, TN, TX, UT, VA, VT, WA, WV, WY) and two Territories (GU and VI) reported that they allow child care assistance for children above age 13 and younger than age 19 who are under court supervision.

- Three States (LA, NC, OR) make child care assistance available for children who are younger than age 17 if they are under court supervision.

- Twenty-two States (AK, DE, GA, HI, IL, IN, KS, MI, MS, MT, NE, NJ, ND, OK, PR, SD, TX, UT, VT, VA, WV, WY) and one Territory (VI) make child care assistance available for children who are younger than age 18 if they are under court supervision.

- Nine States (CT, ID, KY, MO, NV, NY, SC, TN, WA) and one Territory (GU) make child care assistance available for children who are younger than age 19 if they are under court supervision.

- One State (NH) makes child care assistance available to children who are age 21 or younger.

- Eighteen States (AL, AK, AZ, CA, CO, DC, FL, IA, ME, MD, MA, MN, NM, OH, OR, PA, RI, WI) and two Territories (AS and CNMI) reported that they do *not* allow child care assistance for children above age 13 and below age 19 who are under court supervision.

Section 3.3.7 – Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

- Nineteen States (AL, AK, AZ, DE, FL, LA, ME, MA, MS, MO, MT, NE, NH, NJ, SD, TX, VT, WA, WI) and one Territory (VI) reported that they choose to provide child care assistance to children in foster care, even if their foster parents are not employed or participating in an approved training or education program.

- Thirty-three States (AR, CA, CO, CT, DC, GA, HI, ID, IL, IN, IA, KS, KY, MD, MI, MN, NV, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, TN, UT, VA, WV, WY) and three Territories (AS, CNMI, GU) reported that they do *not* provide child care assistance to children in foster care if their foster parents are not employed or participating in an approved training or education program.

Section 3.3.8 – Does the State choose to provide respite child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

- Eighteen States (AL, AK, CA, DE, IN, LA, ME, MA, MT, NV, NH, PR, SC, SD, TX, WA, WV, WI) and three Territories (AS, GU, VI) reported that they choose to provide respite child care to children in protective services.

- Thirty-four States (AZ, AR, CO, CT, DC, FL, GA, HI, ID, IL, IA, KS, KY, MD, MI, MN, MS, MO, NE, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, TN, UT, VT, VA, WY) and one Territory (CNMI) reported that they do *not* choose to provide respite child care to children in protective services.

Section 3.4 – Priorities for Children

The following describes the priorities for serving CCDF-eligible children including how priority required by the statute is given to children of families with very low family income and children with special needs: (Terms must be defined in Appendix 2) (658E(c)(3)(B))

In addition to the Federal requirement that all States give priority to families with "very low incomes" (as defined by the State) and families of children with special needs, States have defined multiple service priorities that encompass other groups of children and families as well. These priorities matter most when the demand for child care assistance exceeds funding, and they can be a means for States to implement waiting lists of parents who have applied for the subsidy.

- Eighteen States (AL, AZ, CO, FL, IN, KS, LA, MD, MS, NV, NH, NM, OH, PA, RI, TN, VT, WI) reported that they give families participating in TANF and/or families transitioning off TANF first priority for child care assistance. In the FY 2002-2003 CCDF Plans, 24 States reported that families participating in TANF were given first priority.

- Ten States (DE, DC, GA, IA, KY, NY, OR, PR, SC, TX) provided multiple priorities—including families with children with special needs, very low income families, TANF families, and teen parents, among others—but did not identify a first priority for service delivery.

Families with children with special needs and families with very low incomes, as defined by the States, are specified as priority populations in the Federal statute.

- Fifteen States (AR, IL, ME, MI, MN, MO, NE, NC, ND, OK, SD, UT, WA, WV, WY) and three Territories (CNMI, GU, VI) make these families a *first* priority.

- Three States (CA, HI, NJ) give first priority to families of children receiving protective services.

- One Territory (AS) gives first priority to families with children receiving protective services and very low income families.

- Two States (AK and MA) reported that assuring continuity of care was the first priority in determining priorities for CCDF-eligible children.

  In **Alaska**, a wait list must prioritize eligible families for participation in the program with highest priority given to those families in which the parent is working or attending school, followed by families in which the parent is seeking work. Within each of the two priority categories, families must be prioritized by income and family size, so that a family whose income is determined to be lowest on the department's family income and contribution schedule will receive the highest priority.

  The following individuals will not be placed on a wait list, but will immediately receive benefits upon eligibility determination:

  - A new child of a participating family;
  - A child with special needs;
  - A child with parents who are less than 20 years of age and who are enrolled in a high school completion program; and
  - A child of a family who has left a temporary assistance program within the last 12 months because of employment.

  When there is insufficient funding to serve existing families, the highest priority for retention is given to the families with the lowest income adjusted by family size and prioritized by lowest income within each of the two categories described in the wait list procedure above.

  The Office of Child Care Services (OCCS) has established continuity of care as a priority of the subsidized child care system to best serve the needs of **Massachusetts** low-income families who meet CCDF income guidelines and are working, conducting a job search, or enrolled in a training or educational program. Children currently receiving subsidized child care are given priority within the system. Children whose care was terminated less

than three months prior and who remain otherwise eligible are also given priority within the system as well as families on an eight-week maternity leave. To enable OCCS to best manage these priorities and move children into care as quickly as possible, four times a year OCCS compiles an unduplicated list of families waiting for income eligible child care.

- One State (NC) allows counties to establish their own priorities; however, counties are required to set aside part of their allocation for children with special needs. Most counties also give priority to families who are working—in particular, those receiving TANF benefits who are working or participating in a training activity. Of the families who receive child care subsidies, approximately 85 percent have annual incomes below $25,000.

- Of the States that identified a *first* priority in Section 3.4, eight (IL, OK, SD, VT, WA, WV, WI, WY) reported that they do not have waiting lists and that the priorities described in this section would apply only in the event that a waiting list was implemented.

The following describes how CCDF funds will be used to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and 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))

- Twenty-three States (AL, AZ, CA, CO, DC, GA, ID, IL, IN, LA, ME, MA, MN, MS, MT, NV, NJ, NY, OH, PR, RI, TN, UT) appear to guarantee child care assistance to TANF families.

- Sixteen States (AK, AR, FL, MD, MO, NH, NC, ND, OK, OR, PA, SD, WA, WV, WI, WY) appear to not guarantee child care assistance to TANF families. While these families may be given priority in some States, they could be placed on a waiting list if sufficient funding is not available.

- Fifteen States (AL, AZ, CA, CO, GA, IL, IA, LA, ME, MA, MS, NY, OH, TN, UT) appear to guarantee child care assistance to families who are transitioning off TANF.

- Seventeen States (AK, AR, FL, MD, NE, NV, NH, NJ, NC, ND, OR, PA, SD, WA, WV, WI, WY) appear to not guarantee child care assistance to families who are transitioning off TANF. While these families may be given priority in some States, they could be placed on a waiting list if sufficient funding is not available.

- Twelve States (AR, CA, GA, KY, MI, MN, NE, NV, NJ, ND, OH, SC) reported that families transitioning off TANF may receive child care assistance subject to a time limit, usually ranging from three to 36 months.

- One State (UT) guarantees child care assistance to families at risk of becoming dependent on TANF.

- Sixteen States (AL, AK, AZ, AR, GA, MS, NE, NJ, ND, OH, OR, TN, WA, WV, WI, WY) reported that families at risk of becoming dependent on TANF are served when funds are available.

The following describes how the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies:

When faced with an insufficient level of funding for child care subsidies to meet demand, States commonly will implement a waiting list, which is kept at the Lead Agency office or its designate. However, nearly a fifth of the States reported that the decision to establish a waiting list is contingent on several factors.

- Twenty-nine States (AL, AZ, AR, CA, CO, CT, DE, DC, FL, GA, IN, IA, KY, LA, ME, MD, MA, MN, MS, MT, NV, NH, NJ, NC, PA, TN, TX, UT, VA) and three Territories (AS, CNMI, VI) reported that when funding is not sufficient to serve all families eligible under State policies, the Lead Agency has or will establish a waiting list implementing service priorities reported in Section 3.4.

- Nine States (AK, KS, NM, NY, ND, OH, WA, WV, WY) and one Territory (GU) reported that they do not automatically establish a waiting list to meet expected shortfalls in funding, but consider taking alternative policy actions such as freezing intake without implementing a waiting list, increasing parent copayments, reducing rates, and/or lowering income eligibility thresholds.

  West Virginia has already been faced with the situation in which funding was not sufficient to serve all families that are technically eligible under State policies. The agency opted not to implement a waiting list. A number of funding policies were initiated to reduce expenditures. The Lead Agency implemented the following changes in March 2002:

  - Eligibility was changed from 200 percent of FY 2000 FPL to 150 percent of FPL for entry and an exit level of 185 percent of FY 2000 FPL.
  - Parent copayments were increased by approximately 50 percent, although over 90 percent of families still pay less than 10 percent of their monthly gross income in fees.
  - Start-up grants to child care centers were eliminated.
  - A before- and after- school program named School Day Plus was eliminated.
  - An incentive rate offered to providers to care for children during nontraditional work hours was changed to require at least four hours of care.
  - A proposed incentive rate for providers who completed an infant and toddler class was not implemented.

  If funding is not sufficient to serve all families who are eligible under State policies, **Kansas** chooses to address the funding crisis by reducing the income eligibility ceiling. If funding is not sufficient, then families do not get served, no matter which route is taken. From February 1 to July 1, 2003, Kansas was forced to reduce the income eligibility

ceiling from 185 percent to 150 percent of the Federal Poverty Level. The Kansas Legislature approved reinstatement of the 185 percent eligibility ceiling.

Section 3.5 – Sliding Fee Scale for Child Care Services

A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family.

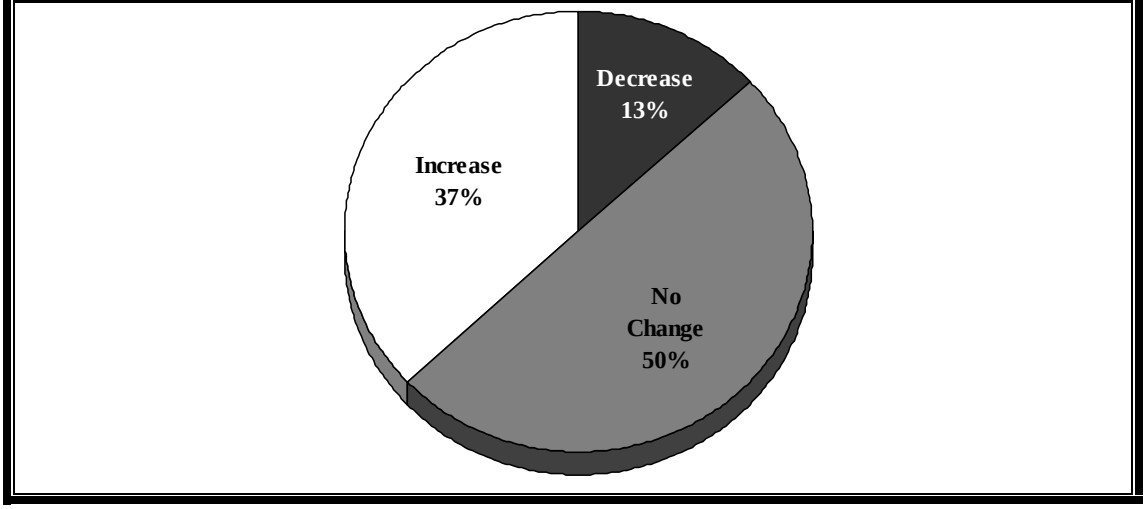
Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

Table 3.5 identifies the monthly income level at which the full family fee is required, whether the Lead Agency requires the fee for families at or below poverty level, and the minimum and maximum copayments required by the Lead Agency, as described in each State's CCDF Plan.

To determine the extent to which State policies changed from the FY 2002-2003 CCDF Plans to the FY 2004-2005 Plans, the fee required of a typical working family of three with income at 125 percent of the Federal Poverty Level (FPL) was compared using sliding fee scales submitted with CCDF Plans. Because copayment levels in some States may depend on factors in addition to income and family size, fees paid by a sample family in its first year of subsidy receipt—with only one child, age 4, who received care in a licensed child care center—were charted.

As shown in Chart 3.5-A, in 50 percent of the 46 States for which fees could be determined for both years, the copayment required of the sample family, when adjusted for change in the Federal Poverty Limit, did not change. In 37 percent of States examined, the sample family faced an increased fee, while in 13 percent of States their fee decreased.

CHART 3.5-A
CHANGE in COPAYMENT LEVELS for FAMILIES with INCOMES at 125% of FEDERAL POVERTY LEVEL, FY 2002–FY 2004

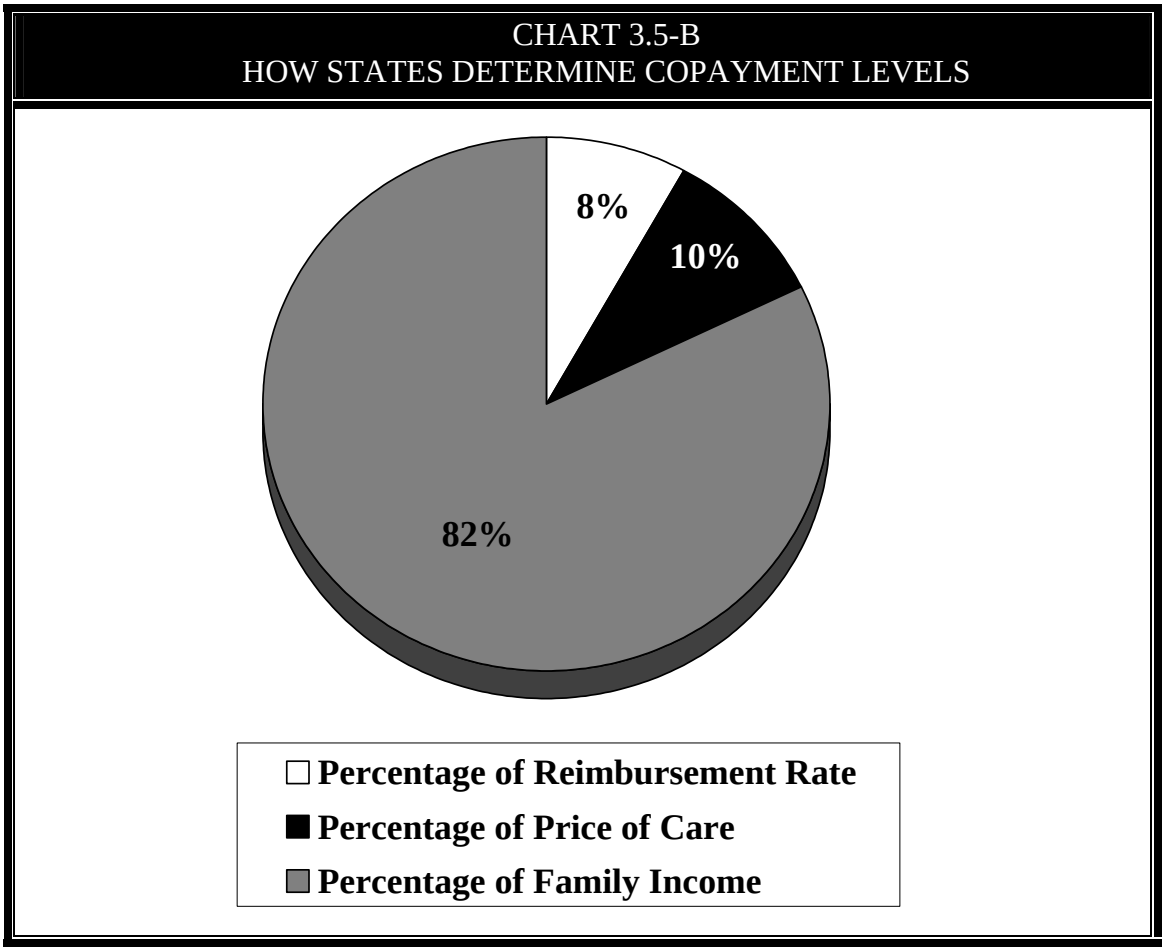


Source: Information compiled from State CCDF Plans, FY 2002-2003 and FY 2004-2005.

Note: Fees could be calculated for both years for 46 States only.

States determine copays differently and use a variety of factors such as family income, family size, and price of care when establishing sliding fee scales. Often sliding fee scales express the copayment amount as a percentage of family income, a percentage of the price of care, or a percentage of the State reimbursement rate ceiling. In the FY 2004-2005 Plans, approximately 83 percent of States opted to establish copays primarily based on a percentage of family income. Chart 3.5.1-B illustrates how States determine copayment levels.

CHART 3.5-B
HOW STATES DETERMINE COPAYMENT LEVELS



Source: Information compiled from State CCDF Plans, FY 2004-2005.

- Forty-three States (AL, AK, AZ, CA, CO, CT, DC, FL, GA, IL, IN, IA, KS, KY, ME, MD, MA, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY) established copayments primarily based on a percentage of family income.

- Five States (AR, DE, ID, LA, NV) established copayments based primarily on a percentage of the cost of care.

- Four States (HI, MI, ND, VT) established copayments based primarily on a percentage of the State's child care reimbursement rate ceiling.

States reported using additional factors to determine a family's contribution (copayment) to the cost of child care.

- Eighteen States (AZ, CO, DE, DC, IL, KS, ME, MD, MA, NE, NJ, NM, OK, TN, TX, UT, WV, WI) reported charging an additional copayment when more than one child from a family is receiving a subsidy payment.

  Colorado waives fees for families under 100 percent of poverty in several pilots under the Consolidated Child Care Pilots program. The pilot program provides comprehensive child care services to Head Start, Colorado Preschool Program, and Colorado Child Care Assistance Program families.

  Maryland establishes the fee for the youngest child in a family based on family size and income. Additional copayments for second and third children are based on a reduced percentage of the cost of care. The fourth and subsequent children in a family are not assigned a copayment.

- Thirteen States (CO, DE, DC, FL, IA, MO, NH, NJ, NY, NC, TX, WI, WY) reported assessing lower copayments for part-time care.

  The **District of Columbia** applies a fee to the first two children in a family. The fee for the second child is 75 percent of the fee for the first child. The total copayment is set so that it does not exceed 10 percent of the family's annual income. Part-time fees are 60 percent of the full-time fees.

  In **Texas,** 28 local Workforce Development Boards consider several factors in setting copayments: the number of children in care; whether care is full-day or part-day, full-week or part-week; and the length of time the children have been in care. Most Boards use some, or all, of these additional factors in setting their sliding fee scales.

  Wisconsin's child care copayment schedule incorporates several factors: family size and income, whether the care provided is State-licensed or county-certified, part-time, or full-time.

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))

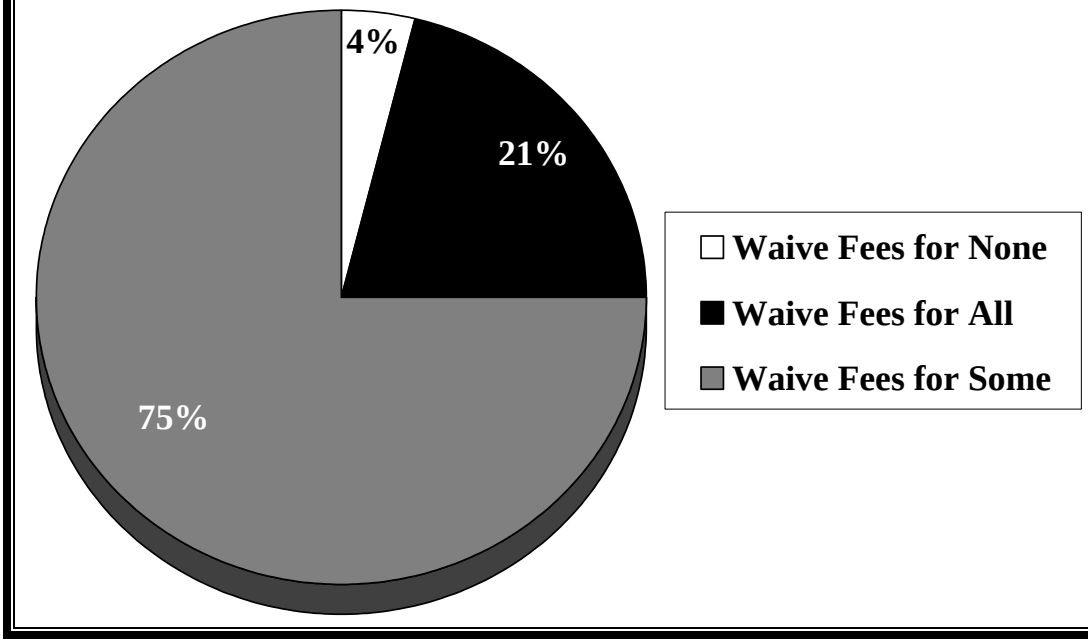
- Two States (IL and WY) reported that they require *all* families to pay a fee. In the FY 2002-2003 Plans, five States (AK, CT, IL, SC, WY) reported that they required all families with incomes at or below the poverty level to pay a fee.

- Eleven States (AR, CA, HI, IN, IA, MA, NE, PR, RI, SD, VT) waive fees for *all* families with incomes at or below the poverty level.

- Thirty-nine States (AL, AK, AZ, CO, CT, DE, DC, FL, GA, ID, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA, WV, WI) waive fees for *some* families with incomes at or below the poverty level.

- Five States (AL, AK, AZ, NV, NC) waive fees for families with zero countable income.
- Twenty-four States (AK, AZ, CO, CT, DE, DC, GA, ID, IA, KS, LA, MD, MI, MS, NH, NJ, NY, ND, OR, PA, SC, TN, TX, UT) waive fees for families with open TANF cases.
- Sixteen States (GA, IA, KS, KY, ME, MI, MO, MT, NV, NH, NJ, OK, SC, WA, WV, WI) waive fees or allow fees to be waived for families receiving protective services.
- Two States (CO and DC) waive fees for teen parents.
- One Territory (GU) waives copayments for teen parents.
- One Territory (AS) charges no copayments because all CCDF participants are below the poverty level.

CHART 3.5-C
STATE COPAYMENT WAIVER POLICIES for
FAMILIES AT/BELOW POVERTY LEVEL



Source: Information compiled from State CCDF Plans, FY 2004-2005.

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))

- Seventeen States (AR, CO, DE, DC, IL, IA, KS, MA, MO, NE, NJ, NM, OH, OK, RI, WA, WV) reported that they prohibit child care providers from charging fees in addition to the copayments established by the State. However, many of these States made it clear that providers could charge late fees or additional fees for registration, transportation, field trips, and so forth.

Arkansas requires child care providers participating in the subsidy program to sign the following agreement: "The Provider agrees to accept reimbursement received from DHS as payment in full for all services covered by this Agreement except the collection of fees expressly authorized by DHS."

Kansas providers sign an agreement indicating they may not charge parents the difference between the reimbursement rate and the private pay rate. Kansas has had a long-standing policy to allow providers to assess extra charges for transportation, overtime, late fees, holidays, and extra absent days (time) if the provider's policy is to charge the private sector the extra charges.

- Six States (DE, IL, MA, MO, NE, NJ) reported that they prohibit some—but not all—providers from charging fees in addition to the copayments established by the State.

  Missouri prohibits providers from charging an additional amount for care of children in Protective Services, Alternative Care, or Adoptive Placements throughout the Division of Family Services.

  Nebraska reported that if the child care provider charges the private pay families based on enrollment, rather than days attended, the provider can charge the subsidized family for unscheduled absences.

  New Jersey has a policy that child care centers under contract with the State cannot charge subsidy recipients rates higher than the maximum reimbursement rates allowed by DHS.

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)	Maximum Family Fee (full-time care)	Is the Same Sliding Fee Scale Used in All Parts of the State?[3]	Does the State Prohibit Providers from Charging Families Any Unsubsidized Portion of Providers' Normal Fees?
Alabama[4]	$2,543.00	Some	$5.00/week	$72.50/week	Yes	No
Alaska[5]	$3,854.00	Some	$13.00/month	$766.00/month	Yes	No
Arizona	$2,099.00	Some	$1.00/day $0.50/day 2nd child	$10.00/day $5.00/day 2nd child	Yes	No
Arkansas	$2,009.26	None	0% of fee	100% of fee	Yes	Yes
California	$2,925.00	None	$2.00/day	$10.50/day	Yes	No
Colorado	$4,000.00	Some	$6.00/month	$560.00/month plus $20.00 each additional child	Yes	Yes
Connecticut	$4,332.00	Some	2% of gross income	10% of gross income	Yes	No
Delaware	$2,544.00	Some	1% of cost of care	80% of cost of care	Yes	Yes[6]
District of Columbia	$2,892.00	Some	$0.00	$13.08/day, 1st child $22.89/day, 2nd child	Yes	Yes
Florida	Varies by locality	Some	$0.80/day	$11.20/day	No	No
Georgia	$2,201.00	Some	$0.00	$45.00/week	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)	Maximum Family Fee (full-time care)	Is the Same Sliding Fee Scale Used in All Parts of the State?[3]	Does the State Prohibit Providers from Charging Families Any Unsubsidized Portion of Providers' Normal Fees?
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	100% of cost of care	Yes	No
Illinois	$2,328.00	All	$4.33/month, 1 child $8.67/month, 2 children	$186.32/month, 1 child $320.64/month, 2 children	Yes	Yes[6]
Indiana	$1,590.00	None	$0.00	9% of gross income[7]	Yes	No
Iowa	$2,316.00	None	$0.00	$12.00/day for full-day	Yes	Yes
Kansas	$2,353.00	Some	$0.00	$243.00/month	Yes	Yes
Kentucky	$2,099.00	Some	$0.00	$10.50/day, 1 child $11.50/day, 2 or more children	Yes	No
Louisiana	$2,596.00	Some	30% of cost of care	70% of cost of care	Yes	No
Maine	$3,038.01	Some	2% of gross income	10% of gross 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)	Maximum Family Fee (full-time care)	Is the Same Sliding Fee Scale Used in All Parts of the State?[3]	Does the State Prohibit Providers from Charging Families Any Unsubsidized Portion of Providers' Normal Fees?
Maryland	$2,499.17	Some	$4.00/month, 1st child $4.00/month, 2nd & 3rd child	$146.00/month, 1st child $116.00/month, 2nd & 3rd child	No	No
Massachusetts	$4,104.00	None	$0.00	$120.00/week	Yes	Yes[6]
Michigan	$1,990.00	Some	5% of reimbursement rate ceiling	30% of reimbursement rate ceiling	Yes	No
Minnesota	$3,704.50	Some	$5.00/month	$741.00/month	Yes	No
Mississippi	$2,583.25	Some	$10.00/month, 1 child $20.00/month, 2 children	$180.00/month, 1 child $190.00/month, 2 children	Yes	No
Missouri	$1,482.00	Some	$1.00/year	$4.00/day/child	Yes	Yes[6]
Montana[9]	$1,878.00	Some	$10.00/month	$263.00/month	Yes	No
Nebraska	$2,255.00	None	$48.00/month, 1 child $96.00/month, 2 children	$214.00/month, 1 child $428.00/month, 2 children	Yes	Yes[6]
Nevada	$3,112.00	Some	0% of child care benefit	85% of child care benefit	Yes	No
New Hampshire	$2,914.00	Some	$0.00	$0.50/week	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)	Maximum Family Fee (full-time care)	Is the Same Sliding Fee Scale Used in All Parts of the State?[3]	Does the State Prohibit Providers from Charging Families Any Unsubsidized Portion of Providers' Normal Fees?
New Jersey	$3,179.17	Some	$0.00	$294.90/month, 1st child $221.20/month, 2nd child	Yes	Yes[6]
New Mexico	$2,550.00	Some	$0.00	$205/month, 1 child $307.50/month, 2 children (one-half the copay for the 1st child)	Yes	Yes
New York[11]	Varies by locality	Some	Varies by locality	Varies by locality	No	No
North Carolina	$2,852.00	Some	10% of gross income	10% of gross income	Yes	No
North Dakota	$2,463.00	Some	20% of reimbursement rate ceiling, to a maximum of $42/month	80% of reimbursement rate ceiling, to a maximum of $365/month	Yes	No
Ohio	$2,099.00[12]	Some	$1.00/month	$203.00/month	Yes	Yes
Oklahoma[13]	$2,918.00	Some	$0.00	$263.00/month	Yes	Yes
Oregon	$1,900.00	Some	$43.00/month	$399.00/month	Yes	No
Pennsylvania	$2,988.42	Some	$5.00	$70.00/week	Yes	No
Puerto Rico	$1,054.00	None	$0.00/week[14]	$43.00/week	Yes	No
Rhode Island	$2,861.25	None	$0.00	14% of gross income	Yes	Yes
South Carolina	$2,225.00	Some	$3.00/child/week	$11.00/child/week	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)	Maximum Family Fee (full-time care)	Is the Same Sliding Fee Scale Used in All Parts of the State?[3]	Does the State Prohibit Providers from Charging Families Any Unsubsidized Portion of Providers' Normal Fees?
South Dakota	$2,544.00	None	$10.00/month minimum	15% of family income	Yes	No
Tennessee	$2,355.00	Some	$1.00/week, 1 child $2.00/week, 2 children	$47.00/week, 1 child $83.00/week, 2 children	Yes	No
Texas	Varies by locality[15]	Some	11% of gross monthly income, 1 child 13% of gross monthly income, 2 or more children	11% of gross monthly income, 1 child 13% of gross monthly income, 2 or more children	No	No
Utah	Not Reported[15]	Some	$10.00/week, 1 child $15.00/week, 2 children $18.00/week, more than 2 children	$255.00/week, 1 child $281.00/week, 2 children $306.00/week, more than 2 children	Yes	No
Vermont	$2,586.00	None	0% of reimbursement rate ceiling	90% of reimbursement rate ceiling	Yes	No
Virginia	$2,353.00	Some	10% of gross monthly income[16]	10% of gross monthly income	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)	Maximum Family Fee (full-time care)	Is the Same Sliding Fee Scale Used in All Parts of the State?[3]	Does the State Prohibit Providers from Charging Families Any Unsubsidized Portion of Providers' Normal Fees?
Washington	$2,544.00	Some	$15.00/month	$50.00/month plus 44% of the difference between family income and 137.5% of FPL (calculated at $399.80/month at the highest income level)	Yes	Yes
West Virginia	$2,181.00[17]	Some	$0.00	$5.75 per child[18]	Yes	Yes
Wisconsin	$2,543.00	Some	$4.00/week, 1 child licensed care $2.00/week, 1 child certified care Higher fee for additional children	$55.00/week, 1 child licensed care $39.00/week, 1 child certified care Higher fee for additional children	Yes	No
Wyoming	$2,544.00	All	$0.40/day per child	$4.00/day per child	Yes	No

Sources: Information compiled from State CCDF Plans, FY 2004-2005, effective October 1, 2003.

Notes:

[1] Information reported is based on a family of three (including one or two children) with no infants or children with special needs. Some States provide different fee scales for families with infants and/or children with special needs.

[2] Where the Lead Agency provided information on an annual income, income was divided by 12 and reported as "monthly." Where the Lead Agency reported information on a weekly income, it was multiplied by four and reported as "monthly." All monthly income levels were rounded to the nearest dollar.

[3] Where the Lead Agency provided different sliding fee scales for different localities, the locality used is the one containing the largest urban area in the State.

Notes (continued):

[4] Families with more than one child in care pay one-half the applicable fee for each sibling in care.

[5] Sliding fees set as a percentage of adjusted gross income, varying by family income level expressed as a percentage of SMI. The minimum fee is based on the lowest level of the sliding fee scale, 1 percent of adjusted gross income.

[6] Delaware, Illinois, Massachusetts, Missouri, Nebraska, and New Jersey prohibit some providers from charging fees in addition to copayment fees established by the State.

[7] In Indiana, copay amounts vary by how long a family receives child care assistance; the maximum family fee applies in the third year of receipt.

[8] In Maryland, copay amounts vary by age of child, as well as by family income and size.

[9] Montana has a flat fee of $10.00/month at the lowest income eligibility levels, but bases fees at higher income levels on percentage of gross monthly income; at the highest income level, the copayment represents 14 percent of gross monthly income.

[10] The maximum fee listed for New Jersey applies only in cases where a family receiving services applies for redetermination of eligibility to continue to receive services; for families making initial application to receive child care assistance, at a maximum income level of $2,543.33, the maximum fee is $180.55/month for the first child and $209.15/month for the second child.

[11] Each Social Service District in New York State selects its own fee percentage, within a range permitted by the State (between 10 and 35 percent, to calculate the family contribution toward child care); The family share is determined by applying the percentage to the excess of the family's gross annual income over the State income standard for the size of family in question, divided by 52. The selections of the local departments of social services are subject to the approval of the State. The Lead Agency did not report data for any Social Service District.

[12] Income eligibility is capped at 165 percent of Federal Poverty Level (FPL). Ohio families participating in Head Start–child care collaborations may remain eligible at higher incomes and are assessed higher copayment amounts.

[13] In Oklahoma, a family's contribution also is determined based on number of children in care. For example, at monthly income levels above $1,936, the family pays the full cost of care for the first child, plus a copay for a second child that varies with income; at monthly income levels above $2,377, the family pays the full cost of care for the second child also, plus a copay amount for a third child that varies with income. For families of five or fewer members, at monthly income levels of $2,919, copays phase out and families pay the full cost of care for all children in care.

[14] Although the Puerto Rico copayment table includes a lower sliding fee amount of $36.00/month, families below 50 percent of SMI (1994) are not required to pay the family fee.

[15] CCDF Plan did not specify maximum monthly income at which the maximum required fee applies.

[16] In Virginia, there is a minimum fee of $25 per month for fee-system families with income of at least $250.00 per month.

[17] West Virginia reported that it capped intake at 150 percent of FPL.

[18] The West Virginia sliding fee scale included in its CCDF Plan did not include information on the frequency with which the copay is paid (daily, weekly, or monthly).

Section 3.6 – Certificate Payment System

A child care certificate means a certificate, check, or other disbursement that is issued by the Lead Agency directly to a parent who may use it only to pay for child care services from a variety of providers including community and faith-based providers (center-based, group home, family and in-home child care), or, if required, as a deposit for services. (658E(c)(2)(A)), 658P(2), §§98.2, 98.16(k), 98.30(c)(3) & (e)(1))

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

3.6.1 A description of the form of the certificate: (§98.16(k))

3.6.2 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))

3.6.3 If the Lead Agency is also providing child care services through grants and contracts, explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b))

A child care certificate may be a computer-generated or handwritten voucher, a letter, a check, or other form of disbursement, so long as it is regarded as assistance to the child rather than the provider. The certificate must be flexible enough to follow the child to whatever child care program or provider is selected by the parents, as long is the provider is eligible to receive subsidy payments under State and Federal policies.

Most Lead Agencies describe their certificate as a "service authorization" or "notice of eligibility" for child care assistance. The certificate is typically used as a paper trail to officially inform both the parent and the child care provider that the child is eligible for subsidy. In most cases the certificate often contains information on the approved reimbursement rate and the total number of hours of child care authorized. A fairly typical description of a States certificate follows.

> The **Iowa** Child Care Assistance Certificate form is the agreement between the eligible parent, the child care provider and the Department. The form lists family information, including the children needing care, the units of service needed, the type of care and the projected number of hours to be provided, any applicable parent fee, the allowable payment, provider information, and effective dates. Signatures on the form indicate agreement by all parties to the terms.

A few States describe their child care certificate as something other than a payment authorization. A few examples follow:

> In the **District of Columbia**, an admission form (certificate) is issued to a parent at intake. The admission form includes: the child's name, date of birth, and social security number; the parent's name and social security number; signature of the social service representative; and the date signed. The parent signs the form and takes it to the provider, who indicates the date

the child was admitted to the program, and signs the form. The form is then returned to the administrative agency (Office of Early Childhood Development).

In **Minnesota**, the letter indicating approval of the child care application serves as the child care certificate. Upon approval, the client may choose any licensed or authorized nonlicensed child care provider to care for their children.

South Dakota has a coupon system for families with immediate short-term child care needs, such as TANF-related job search, job club, and job readiness activities. Coupons are supplied to TANF Employment Specialists and Caseworkers Statewide and are used as needed for their TANF applicants and recipients.

Most States have established 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. Most Lead Agencies contract or coordinate with child care resources and referral agencies to help parents select appropriate child care. Procedures vary from State to State. A few examples follow:

The certificate in **Vermont** is a notice of eligibility and serves as a notice to the provider. Parents are allowed to select care from the full range of regulated or certified providers in the State. If a parent does not have a provider at the time of application for the subsidy program, the subsidy specialist will explain the options for types of care available to the parent and assist the family to connect with referral services to locate a provider of the parents' choice. With eligibility determination housed in the community, the subsidy program and resource and referral are co-located in most districts, making this an easier process for families.

In **Michigan**, a certificate is issued after payment for care is authorized. The child care provider must meet eligibility criteria for payment. Parents are not limited to an agency list of providers. Parents may select relative care providers or day care aide (in-home) providers and request that they be enrolled. This allows the parent to choose from all eligible provider types and care settings. Customers who request assistance in finding a licensed or registered provider are referred to the child care resource and referral agency serving their county.

Illinois operates its subsidy program through CCR&R agencies. Parents who have selected a child care home or center submit the application to their local CCR&R for processing. If a parent needs assistance in locating a provider, the parent is referred to the appropriate CCR&R staff. Once the application is processed, local CCR&R staff contact the provider to explain the payment and billing procedure and answer any other questions regarding the certificate program.

Most Lead Agencies reported that the bulk of their CCDF service dollars were administered via certificates and that grants and contracts were used only in special circumstances, such as in targeted programs for migrant populations, children with special needs, school-age children, teen parents, or homeless families (See Section 3.1.1). However, a few States maintain large contract systems. These States typically require intake staff to inform parents about both contracts and certificates. Some examples follow:

In most counties in **California,** parents can place their name on multiple waiting lists, including those for direct service programs and certificate programs. If a family has placed its name on multiple lists and its name comes up on a direct service program waiting list first, the family can elect to enroll their child in the direct service program and remain on the certificate program waiting lists; or, the family can decline to enroll their child in the direct service program and wait for their name to come up on the certificate program's waiting list.

Connecticut child care centers that have a contract with the Lead Agency are required, as a condition of funding, to advise all parents with whom the program has contact about the availability of the child care certificates.

Massachusetts offers child care services through a large number of contracted sites and supplies an equal number of certificates (vouchers) for child care slots. The State has found that a system based on both contracts and vouchers provides stability for providers while maintaining flexibility for parents.

New Jersey has established specific admissions criteria for contracted child care agencies to ensure that subsidized child care services are provided to eligible children in greatest need of service. Eligible families who are placed on a waiting list in contracted centers are advised of the certificate program and where to get additional information.

PART IV – PROCESSES WITH PARENTS

Section 4.1 – Application and Receipt of 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, 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; and*
- *Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or prekindergarten programs.*
- *Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies.*

Promoting Awareness of Child Care Subsidies

Child care resource and referral agencies (CCR&Rs) continue to be primary partners in State efforts to inform parents of the availability of child care assistance. In many States, child care providers also help inform parents about child care subsidies. States commonly develop and disseminate promotional materials about child care assistance.

- Forty-one Lead Agencies (AL, AK, AZ, CA, CO, CT, DC, FL, GA, HI, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NM, NY, NC, ND, OH, OK, OR, PR, RI, SC, UT, WA, WI, WV, WY) reported that they use CCR&Rs to provide information to families about the availability of child care subsidies and the types of child care programs available.

- Twenty States (AK, AZ, AR, CO, DC, FL, ID, IA, LA, MA, MD, MT, NE, NC, OK, RI, SC, UT, WA, WV) reported that child care centers and family child care homes were part of their outreach efforts.

- Twenty-eight States (AK, AZ, CA, CO, CT, DC, FL, HI, ID, IL, IA, KY, LA, MN, MT, NJ, ND, OH, OK, PA, PR, RI, SD, UT, WA, WV, WI, WY) indicated that they had developed brochures, flyers, and other outreach tools to inform families about child care subsidies. These materials are typically available at State 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 CCR&Rs.

- Eleven States (AR, FL, KY, LA, MA, MN, NE, NV, PA, PR, WV) indicated that they use print media, radio, and/or television to distribute information about child care subsidies.

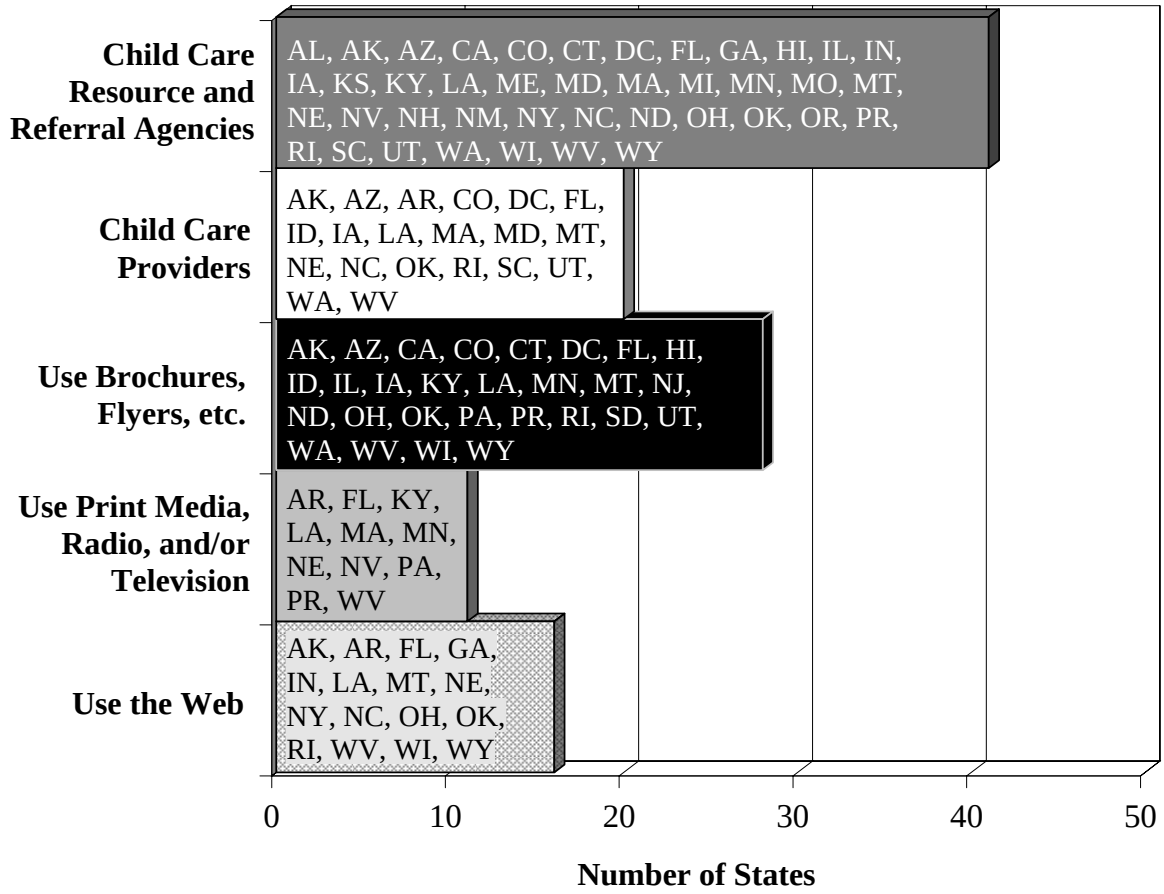
- Sixteen States (AK, AR, FL, GA, IN, LA, MT, NE, NY, NC, OH, OK, RI, WV, WI, WY) noted that information about child care subsidies is available on their Web sites, including application forms in some cases.

- States are using a variety of partners to assist in providing families with information about the availability of child care assistance. In addition to the CCR&Rs, Head Start grantees (seven States: HI, MI, NC, ND, SC, UT, VT), public schools (four States: IN, NC, ND, UT), and community-based organizations (four States: MO, RI, VT, WA) team with Lead Agencies to promote awareness of subsidies for child care.

  Examples of how States promote awareness of child care subsidies follow:

  Michigan indicated that it partners with agricultural extension offices to help inform parents about the availability of child care services.

CHART 4.1-A
PROMOTING AWARENESS of CHILD CARE SUBSIDIES



Source: Information compiled from State CCDF Plans, FY 2004-2005.

In **Maine**, information regarding potential child care subsidies is available through the child care resource and referral agencies, the Lead Agency's regional offices, Head Start agencies, and other community-based service organizations.

To make the process of applying for child care as clear as possible, the **Massachusetts** Office of Child Care Services (OCCS) worked with the Department of Transitional Assistance (DTA) to produce a brochure specifically geared toward TANF families needing child care. DTA workers and area office staff distribute the brochure, titled *Important Information Concerning Child Care*, to TANF families throughout the State. The brochure informs TANF families step-by-step of the process required to obtain subsidized child care services and of the available child care options, and also describes a family's eligibility for subsidized child care services after it is no longer receiving TANF. DTA now routinely sends information to TANF recipients on child care eligibility. DTA and the Department of Public Health have established a hotline for DTA recipients who are leaving public assistance that addresses issues of child care eligibility. Every TANF family also has child care as part of an ongoing plan for transitioning from public assistance.

Missouri parents are informed of the availability of child care services and of available child care options when they make contact with various State resources:

- Child care resource and referral agencies;
- Division of Family Services county offices;
- Department of Health, Bureau of Child Care;
- Local community action agencies;
- Statewide consumer education campaign; and
- Other human resource agencies throughout the State.

A consumer information packet is provided for families who call the Missouri Statewide Child Care Resource and Referral Network toll-free for information. This packet contains information that assists families in choosing a high-quality child care facility including: a minimum of three referrals per family in order to maximize parental choice; information regarding child care licensure standards and accreditation; information regarding local health, social services, and educational services available to assist families and children; information on indicators of quality child care; local child care costs; child care options available based on facility type and accreditation status; information on child care assistance programs; and information regarding inclusion of children with special needs. The packet is mailed to the caller within two working days of the contact.

Nevada parents are informed of the availability of child care services in a variety of ways. The print media is used as well as television and radio. As an example, the Economic Opportunity Board in southern Nevada owns its own radio station and has regular programs concerning child care. Representatives of the Children's Cabinet in northern Nevada are regularly interviewed on television. Both organizations maintain resource and referral capabilities to provide parents with a full range of child care options.

Parents are informed of the availability of child care services by a variety of means in **North Carolina**: county departments of social services, local child care resource and referral

agencies, family resource centers, local Smart Start Partnerships, public schools, child care providers, and Head Start programs all offer information to parents about the availability of subsidized child care services. In addition, the Lead Agency's Web site offers information about these services.

In **Rhode Island**, families are informed of the availability of child care assistance through a variety of sources:

- Contact with Department of Human Services (DHS) field staff: For cash recipients in the Family Independence Program (FIP), child care as a supportive service for activities specified in an approved FIP Plan is discussed with parent(s) as part of an intake interview immediately following application. FIP families are required to attend an interview to establish and sign an approved plan—child care needed as a supportive service for approved plan activities is arranged at that time, if not requested earlier. Staff inform families about the types of providers available to them through the Child Care Assistance Program (CCAP);
- Information in DHS offices: Posters and flyers displayed and distributed through DHS offices inform parents about the CCAP and give examples of eligibility limits and requirements. In fall 2003, a new informative video will be available for families to view in both English and Spanish. The video *The DHS Starting Right Child Care Assistance Program* will be played in DHS offices and distributed to community-based organizations that work with low-income families, and it will be accompanied by a informative booklet;
- The DHS Web site;
- Community-based organizations;
- Employment programs;
- DHS CCAP Approved Providers; or
- Options for Working Parents, Rhode Island's child care resource and referral program.

When funding is available, **South Carolina** utilizes a variety of options to make child care applications available, including Level 2 and Level 3 providers, child care resource and referral agencies, Head Start, Early Head Start, Department of Health and Environmental Control, and Tribal Head Start grantees. Applications can be mailed to the Lead Agency for eligibility determination.

Information regarding potential financial assistance for child care and child care options is made available in **Vermont** through community child care support agencies, the Child Care Services Division, early childhood agencies including Head Start, parent child centers, early education programs, Success by Six, and community health services. Reach Up specialists (caseworkers in the Department of Prevention, Assistance, Transition, and Health Access) also inform families transitioning from TANF about options for financial assistance for child care.

In **Washington**, posters and brochures that publicize the availability of child care services are available in six languages.

West Virginia CCR&R agencies have placed posters in Department of Health and Human Resources offices in waiting areas to notify parents of eligibility for services and have used various advertising campaigns, including billboards, radio, and newspaper articles, to spread the word. CCR&Rs also have set up application sites at college campuses and local businesses and have attended community fairs and Parent Teacher Organization meetings to provide information on child care services. Each CCR&R has a Web site that is connected to the State child care Web site, which includes information on how to apply for child care and the options as far as types of child care providers. The CCR&R agencies also use their Traveling Resource and Information Library System (TRAILS) vans to advertise the program. The vans set up at fairs, festivals, and conferences across the State and offer information about available services.

Where and How Families Apply

States 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 or local agency responsible for administering the TANF program. However, some States do not require families to schedule an in-person interview for initial eligibility determination or review, and more are using the Internet to deliver applications to families, to help them estimate whether they might be eligible for assistance, or to complete and submit the application itself.

- Twenty-eight States (AZ, AR, CA, CT, DE, ID, IL, IN, KS, ME, MD, MS, MO, MT, NV, NH, OH, OK, OR, PA, RI, SC, SD, TN, VT, WA, WV, WY) permit families to request an application for child care assistance via mail or telephone.

  In response to client request for phone access to workers and an ability to complete transactions or receive information without going into an office, the Community Services Division (CSD) of the **Washington** Lead Agency created Customer Service Centers in all six regions of the State. Three models currently exist: 1) virtual—staff are in the local Community Service Offices (CSO) and connected by phone; 2) centralized—staff are in one regional site; and 3) CSO-based staff are in the CSO. Customer Service Centers are designed to simplify the process of accessing services. Customers can call one local number to learn about all available CSD services, get child care services and/or medical assistance, and report changes for all programs. Customer satisfaction surveys will be used to assess service delivery. By November 2003, customers will be able to access all these services by simply calling The Answer Phone. The caller will be directed to the appropriate call center.

- Eight States (CT, DE, IL, MD, MS, ND, OK, RI) reported that families can complete applications for assistance by mail or telephone without a face-to-face interview for initial eligibility determination.

  In **Oklahoma**, a request for child care assistance is usually made at the local county office. The parent may also pick up an application form at an outreach location or from the child care provider and bring it or mail it to the county office. A verbal request for child care services can be made over the telephone to a county worker, who can then explain processing procedures and either set up an interview with the applicant or complete an interview over the telephone, and then send the completed application form to the client to sign and return with needed verification. It is also possible for county offices to train volunteers to take child

care applications and send them to the county office. An authorized representative, designated by the applicant, may complete and submit the interview for the parent.

- Ten States (AZ, AR, FL, ID, KS, LA, MI, OH, OK, SD) reported that child care subsidy applications are available on the Web.

  Kansas is in the final implementation stage of providing an online application for parents to request cash, Food Stamps, health benefits, and child care. Access sites across the State are being identified where parents will have use of computers and assistance in completing this application.

  The **Michigan** Child Development and Care Application is available on the Web in Spanish and English and may be obtained at local/district Family Independence Agency (FIA) offices. It is also available at Michigan Works! Agency offices, which operate the Work First (TANF) employment and training programs, and at other locations.

  In **South Dakota**, an application also can be requested or downloaded on the Child Care Services Web site. Applicants are able to complete and submit applications online through the Child Care Services Web site.

- One State (IL) also permits families to complete applications via e-mail.

- Two States (IL and MA) reported that they provide an online tool for estimating eligibility for child care assistance.

  Because more and more families have access to the Internet through a computer at home, work, school, or the local library, **Massachusetts'** Office of Child Care Services (OCCS) is using state-of-the-art technology to make accessing affordable child care easier and more helpful for families. OCCS has developed a Web site (*www.qualitychildcare.org*) that helps families easily access information about their child care options. Families can search for a list of all the licensed child care providers in their area by the type of care provided (e.g., family child care homes, center-based school-age, and group child care centers, etc.). The OCCS Web site also gives families helpful information about the different types of child care, questions to ask any prospective child care providers, and other helpful information so families can choose the child care providers that best meet their needs. The Web site contains an "eligibility wizard" that permits families to estimate whether they are eligible to access a child care subsidy. The Web site also contains OCCS' child care regulations, policies, procedures, and helpful forms, as well as information about special programs and some technical assistance.

Length of Eligibility Period

In most States, once initial eligibility has been determined, families continue to receive child care assistance as long as they continue to meet the State's eligibility criteria. However, subsidy *payments* typically are *authorized* for six or 12 months, after which time the Lead Agency or its designee reviews the family's circumstances to ensure that they continue to meet all eligibility criteria. The process in **Minnesota** is fairly typical:

The application process for TANF recipients and non-TANF recipients for child care assistance is the same. Families apply for child care assistance in their county of residence. Each county must have at least two methods for applying for child care assistance. If the applicant is a TANF recipient, or a non-TANF recipient and funds are available at the time of inquiry, then an application is completed, the county determines if the applicant is eligible and, if eligible, services begin. If the applicant is a non-TANF recipient and funds are not currently available, the family's name is put on a waiting list for assistance. As additional funds become available, families on waiting lists are notified and requested to complete applications. Eligibility determinations are made by the local social services agency within 30 days. Families continue to receive child care assistance until no longer eligible. Eligibility is redetermined when the family reports a change in income, residence, family size, family status, employment, education, or training status, or at least every six months.

- Twenty-six States (AL, AK, AR, CO, CT, DE, DC, ID, IL, IN, IA, ME, MA, MN, MT, NE, NV, NH, NM, PA, SD, UT, WA, WV, WI, WY) and two Territories (AS and GU) generally authorize payments for six months.

  Families are required to recertify eligibility every six months in **Indiana**. Families must report any address, income, or service need changes within 10 days. If a family's circumstances are uncertain or unstable, less than six months of eligibility may be certified.

  In **Montana**, child care resource and referral agencies prospect a family's eligibility and issue a child care certification plan for up to six months. Certification plans may be shorter if prospective eligibility determination predicts a change in the family's circumstances that affects their basic eligibility. Families are eligible for non-TANF child care services for the entire six-month period, until one of the following occurs:

  - A family enters the TANF program.
  - Household composition changes, eliminating the need for child care.
  - Earnings exceed the limits of the sliding fee scale, when the family recertifies.
  - Work hours decrease and cause a family to fall below the minimum work requirement (120 hours/month for two-parent family, 60 hours/month for single-parent family, or 40 hours/month for a single parent attending school full time).
  - A teen student/parent leaves high school.
  - Unemployment continues past the grace period.

- Twenty-one States (AZ, CA[22], FL, GA, HI, KS, KY, LA, MD, MI, MS, MO, NJ, NY, NC, OH, OK, RI[23], SC, TN, VA) and two Territories (CNMI and VI) generally authorize payments for 12 months.

[22] Eligibility is redetermined at least every 6 months for families receiving services because they are at risk of or have experienced actual abuse, neglect, or exploitation; for all other families, at least once each contract period and at intervals not to exceed 12 months.

[23] Family Independence Program staff determine eligibility based on established criteria and may authorize certification periods from 3–12 months; generally 6–12 months are approved for working families receiving cash assistance and shorter time frames coordinated with the length of training or education activities are authorized for nonworking families.

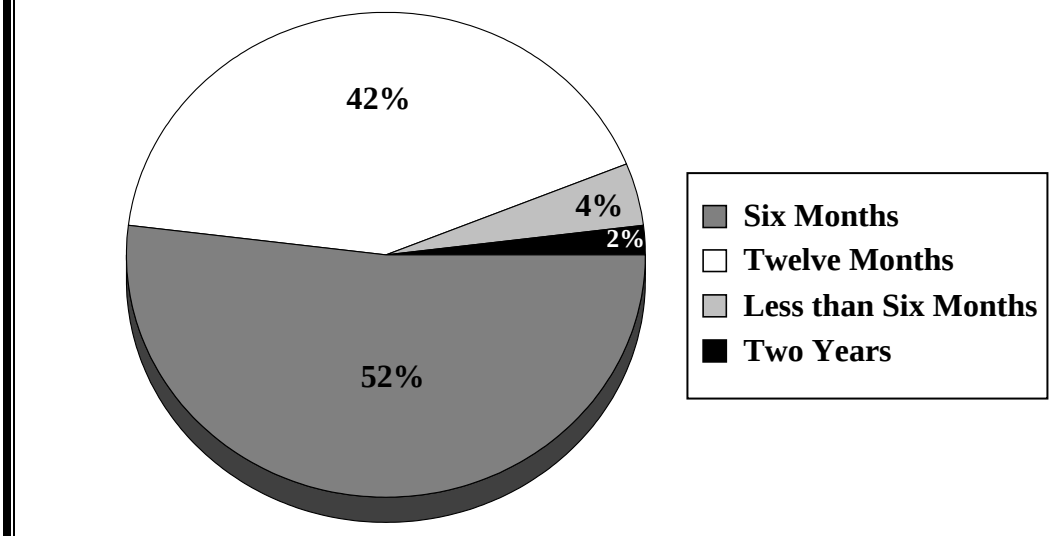
Florida school readiness legislation states: "a child who meets the eligibility requirements upon initial registration for the program shall be considered eligible until the child reaches kindergarten," subject to additional required family contributions in accordance with the sliding fee scale. Eligibility predetermination must, at a minimum, be conducted at least annually for every family that receives financially-assisted school readiness services. Predetermination for an additional 50 percent of a local coalition's enrollment must be conducted during the same fiscal year, through a statistically random sample.

Applicants in the **Virgin Islands** are certified for one year; however, at six months all information is reviewed and verified.

In **Virginia**, eligibility is determined every 12 months, unless the recipient reports a change in circumstances that may affect eligibility (i.e., a change in income, a change in employment status, a change in household composition, etc.).

- Eligibility is determined monthly in **North Dakota**.[24]
- Eligibility is determined every three to six months in **Oregon**.
- The length of eligibility is two years in **Puerto Rico**.
- Two States (CO and TX) reported that the length of eligibility varies by county or other local jurisdiction.

CHART 4.1-B
LENGTH of ELIGIBILITY PERIOD



Source: Information compiled from State CCDF Plans, FY 2004-2005.

[24] Eligibility is extended to 12 months, based on the client's circumstances, in three pilot counties.

- Ten States (CO, DC, IL, KS, MD, NV, OR, PR, SD, VA) and one Territory (GU) reported extending the eligibility period for families whose children also are enrolled in a collaborative Head Start–child care program.

  Colorado counties with Head Start programs may accept the Head Start application in lieu of the low-income child care application for those children enrolled in the Head Start program. In addition, Head Start eligibility and redetermination criteria may be applied to dually eligible Head Start/low-income child care families. There is no limit to the length of eligibility; however, eligibility is redetermined every six months. In some communities eligibility may be redetermined every 12 months where children are enrolled in Head Start and the county has informed the State as part of their county plan.

  In most cases in **Illinois**, eligibility is determined for six months when a client applies, and thereafter at the end of each six-month period, eligibility is redetermined. For families enrolled in the Head Start/pre-K/child care collaborations, eligibility is determined once a year at the beginning of the program year.

  The maximum eligibility period is 12 months in **Maryland**. However, the case manager may set the eligibility period for less than 12 months if the parent will be in a training- or work-related activity of shorter duration. The eligibility period can be extended beyond 12 months if the Head Start program's school year extends beyond the family's eligibility period.

  The Early Head Start programs determine a family's eligibility when the child enters the program in **Nevada**. The child care program providing wrap-around funding accepts that determination. A family's eligibility is not redetermined until that child enters Head Start. Once the child leaves Head Start and enters regular child care through the subsidy program, the family's eligibility is redetermined every six months minimum.

  In **Oregon**, the length of client eligibility varies depending on the benefit program and stability of family income. Redetermination of client eligibility is required periodically, generally every three to six months. If the child is enrolled in a contracted Head Start Collaboration Program, eligibility may extend to the end of the Head Start program year.

  In **Puerto Rico**, eligibility for Head Start families that also receive child care services through CCDF is for the duration of the child care services in Head Start through collaboration agreements with Head Start.

  Lead Agency caseworkers in **South Dakota** establish a case record and assign a six-month certification period for non-TANF applicants. The eligibility level is locked in for a period of six months as long as all program requirements are maintained. Eligibility is locked in for a period of one year for applicants utilizing programs offering full-day/full-year Head Start as part of a collaboration effort between the child care provider, Head Start, and child care services. Families in transition off TANF who meet program work requirements benefit from certificates that are locked in for one year of continuous eligibility.

Reducing Barriers to Initial or Continuing Eligibility

States reported on measures they have planned or implemented in an effort to reduce barriers to families applying for and continuing to remain eligible for child care assistance. These efforts include coordinating eligibility policies across programs, simplifying application procedures, extending office hours and establishing more convenient office locations, advancing payments to providers while eligibility is being finalized, and using automation to address barriers. States make special effort to ensure that eligible families who leave TANF cash assistance continue to receive child care assistance. Several States described wide-ranging efforts to address barriers to initial and continuing eligibility:

After reviewing a multi-State study on the topic, the Lead Agency in **Alaska** encourages local administrators to increase access to subsidy services by:

- Maximizing access and entry through supporting telephone, mail-in, fax, and other methods of intake and eligibility processing;
- Making program applications available at multiple sites throughout the service area;
- Providing extended office hours;
- Generally not requiring in-person office visits; and by
- Promoting respectful, helpful, and responsive interactions with parents.

Michigan took the following steps to reduce barriers to initial and continuing eligibility for child care subsidies:

- A toll-free number is available for resource and referral.
- On-site Child Care Coordinators in the local Family Independence Agency offices provide resource and referral services.
- Minimum verifications are required before authorizing initial payments.
- Redeterminations are required once in a 12-month period.
- Up-to-date publications are available in English and Spanish.

Montana uses the following policies to reduce barriers and maintain eligibility for families:

- Presumptive Eligibility – If funding is available and a family's initial application indicates the family is eligible, the family may receive child care for up to 30 days, while eligibility is verified. This ensures payment to the provider while the family's eligibility is being confirmed.
- Certified Enrollment – A child with a full-time certification plan has 150 hours to use when the provider requires payment during the child's absence.
- Extending Child Care Hours – Child care resource and referral agencies have the ability to issue additional benefits to cover the parent's unanticipated work or school hours, when the need is verified.
- Fill-the-Gap – Child care resource and referral agencies have the ability to issue child care benefits while a family is in transition from one assistance program to another.
- Grace Period – A family who loses employment may continue to receive benefits for 30 days, if they agree to use the time to gain employment. This grace period allows families to maintain eligibility while providing children with continuity of care.

- Hold-the Slot – A family may pre-arrange to temporarily maintain a child's enrollment for an absence of not more than 30 days.
- Holidays – Some child care providers charge families for holidays, when children are not in attendance. Montana helps parents meet this obligation by allowing providers to claim holidays when billing for services.
- Medical Appointments – A parent who meets activity/work requirements may use child care benefits to attend medical appointments.
- Medical Emergency – When work is interrupted by a medical emergency involving the parent or a child, the parent may be able to maintain needed child care during the emergency.
- Suspending a Case – A family who temporarily loses eligibility may remain in the program for 30 days.

The **Pennsylvania** Department of Public Welfare has or is taking the following steps to reduce the barriers for parents to access subsidized child care:

- Revising the subsidized child care application by using less technical terms to make the application easier to understand;
- Requiring that the Child Care Information Services (CCIS) agencies distribute the application within their communities so that parents have more opportunities to apply for subsidized child care;
- Working with the CCIS agencies to expand their hours to evenings and weekend hours to assist working parents; and
- Assisting the CCIS agencies to have the resources to meet families at locations in the community to accommodate working parents.

A child care eligibility study is in process in **Utah**, with the purpose of simplifying the child care eligibility process while maintaining program integrity. Work groups have been organized to study three main segments of the child care eligibility process: determining the need for child care, reporting changes, and kith/kin care. The National Child Care Information Center (NCCIC) has provided technical assistance to the study team. The project recommendations are being organized into short-, mid-, and long-term recommendations. It is anticipated that the short-term recommendations will be implemented in January 2004; long-term recommendations are contingent on the further development and implementation of an inter-agency case management computer system.

- Ten States (CO, MI, MN, NV, NY, PA, RI, SC, SD, TN) reported efforts to coordinate eligibility policies across programs were taken to address barriers to subsidy eligibility.

Colorado has taken steps to reduce barriers to initial and continuing eligibility for child care subsidies through giving its counties the ability to continue assistance for six months for families who exceed the county's eligibility limits; by not requiring a low income application in the transition from Colorado Works (TANF); and by accepting the Head Start application in substitution for the Colorado Child Care Assistance Program application.

In the case where a certain number of slots are purchased through a contract, as in before-and-after-school programs, a **Nevada** family's eligibility is determined upon entering the program and annually thereafter.

New York has taken steps to reduce barriers to initial and continuing eligibility for child care subsidies. Recognizing the need for a continuity of support to enable parents to work, New York passed legislation to require local departments of social services to determine a family's eligibility for transitional child care benefits concurrently with closing the Public Assistance case. The recipient is not required to complete a new application for child care benefits.

Rhode Island has procedures in place that support seamless transitions for families in the Child Care Assistance Program when they move off of or back into the cash assistance program.

- Simplifying eligibility policies and procedures is a step that 14 States (AK, AZ, DE, KY, MD, MI, MS, NH, NY, OH, PA, RI, SD, VA) reported taking to address barriers to initial or continuing eligibility. Six States (AK, AZ, MD, MS, OH, RI) specified that they do not require, or minimize the number of, in-person visits necessary to determine eligibility.

  In order to facilitate access to child care services and reduce barriers, **Arizona** families are not required to appear at a child care office for redeterminations of eligibility. Eligibility redeterminations and other changes (e.g., provider changes) are handled through the mail and families can submit any necessary paperwork without having to disrupt their activity (e.g., employment or training) schedule. Additionally, many initial applications for child care services do not require an office visit. This would typically be the case when a family was referred for services by a JOBS or Child Protective Services Specialist. In these situations it may only be necessary for the eligible family to make a telephone contact with a child care specialist in order to provide information on the provider the family has selected.

  In an effort to reduce barriers to initial and continuing eligibility for child care subsidies, the **Kentucky** Cabinet for Families and Children does not require families to reverify information that has already been verified by a referring agency. In addition, reauthorization may be done via mail, telephone, or fax.

  Maryland assembled workgroups to study access and outreach in local departments of social services (LDSS). Some steps that have been implemented as a result of the workgroups include: encouraging LDSS to accept mailed or faxed applications to limit the need for a face-to-face visit to the local office, and encouraging LDSS to obtain verifications for customers active in other programs from the case manager rather than requesting the same documentation twice from the customer. Some LDSS offer evening hours and have local transportation available to customers.

  The Lead Agency in **Mississippi** has implemented a simplified initial and continuing eligibility process by allowing applications to be received and/or completed and mailed back to the appropriate entity as opposed to requiring a face-to-face application process. Additionally, parents may obtain toll-free telephone numbers of designated agents in the respective county to request child care applications from the child care provider.

For families using noncontract licensed providers, or providers, a visit to the **New Hampshire** Department of Health and Human Services District Office is still required to determine eligibility. However, a pilot program has been launched to assist child care providers through the enrollment process and the "link" procedure. Within the computer system that drives the State of New Hampshire's billing and payment system, a "link" must be made between care provider and child in order for the payment system to recognize and pay invoices submitted for care of that child. Without this link, no payment will be made. Previously, the link paperwork had to be returned to the District Office and the Family Service Specialist working with the family had to go into the computer system and make the link in order to ensure payment to the provider. In the Child Care Link Pilot Project, the Child Development Bureau is able to link providers in three district offices with appropriate documentation to a family's case. This can remove 10–14 days in wait time for child care providers to receive verification that they can bill for child care services, making the overall turnaround for payment for services shortened as well. This is intended to assist providers in maintaining better financial viability and therefore reducing turnover of care providers in a child's life.

The Office of Children and Family Services (OCFS) has approved the use of a child care only application developed by a local department of social services in **New York**. This application is designed for families that are applying only for child care benefits. Local departments of social services must obtain OCFS approval to use this application.

Some local departments of social services are supporting demonstration efforts around facilitated enrollment. This is being done in three sites: the Bronx, Yonkers, and the Liberty Zone in New York City. Contracted agencies assist applicants by providing applications, information, and assistance. They review completed applications and gather supportive documentation prior to passing the information on to the local department of social services for expeditious determination of eligibility.

Rhode Island allows families to apply for the Child Care Assistance Program and to apply for continuing certification by mail so that parents do not need to miss work to arrange for child care assistance.

Child care outreach workers are actually located on three of the larger reservation areas in **South Dakota** to assist families and providers in completing required paperwork for greater access to the program. Outreach workers assist families with completing applications, securing proper verifications, and assisting the child care provider in submitting appropriate information for payment and eligibility determination. The reservation areas staffed with outreach workers are Oglala, Cheyenne River, and Rosebud.

The Lead Agency in **Virginia** uses a simple, one-page application and a 12-month eligibility period.

- Five States (AK, AR, PA, VA, WA) reported extending office hours to ease families' access to child care subsidies.

Some local departments of social services have extended hours of operation to accommodate working parents in **Virginia**.

- Three States (AK, NH, WA) reported establishing multiple locations as a strategy to reduce barriers to subsidy eligibility.

- In one State (IN), the Lead Agency selects local intake agents, it evaluates the degree of customer service proposed, such as evening and weekend hours, convenience of intake locations, and accommodations for working parents.

- Two States (PA and MT) indicated that they have established policies or procedures that advance initial payment to providers prior to final verification of applicant information and eligibility determination.

  In **Montana**, if funding is available and a family's initial application indicates the family is eligible, the family may receive child care for up to 30 days, while eligibility is verified. This ensures payment to the provider while the family's eligibility is being confirmed.

  When required by the provider, child care benefits in **Pennsylvania** may be issued in advance to ensure initial access. Thereafter, benefits may be issued monthly as a reimbursement of expenses incurred to the provider, through the Child Care Vendor Payment System, or to the client as a direct payment. All providers must meet State requirements for regulation. Regulation-exempt providers must sign a department form attesting to compliance with minimal health and safety standards.

- Three States (GA, MA, WA) reported using automation to reduce barriers to eligibility for parents.

  A re-engineering priority in **Georgia** is reducing barriers for families who need subsidized child care. The Statewide system has a customer service focus, such as offering an online application process, replacing annual face-to-face interviews with periodic reviews of eligibility, expediting the case transfer process, and generating multi-lingual correspondence.

  The **Massachusetts'** Office of Child Care Services (OCCS) administers a new technology system called the "Electronic Child Care Information Management System" (eCCIMS). The Web-based eCCIMS streamlines the intake process for child care subsidies by creating a single process for the entire subsidized child care system. Using eCCIMS, professional counselors and providers can quickly and easily determine whether a family qualifies for a subsidy. The system allows for billing and payment to be electronically downloaded into the State's bill processing system for more accurate and faster payment to providers. Also, on a daily basis, the system will download the information on child care placements and vacancies that were entered into eCCIMS by child care resource and referral agencies, which will allow the Lead Agency to fine tune its use of resources and to more efficiently move children off of waiting lists for subsidized child care. This system was made available for all the contracted providers during FY 2003 with enhancements being added in FY 2003-2004. To be sure that all contracted providers are able to use eCCIMS, OCCS added funding to the contracts so providers could buy suitable computers and software in FY 2001.

Section 4.2 – State Records of Substantiated Complaints by Parents

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 established a procedure for maintaining records of substantiated parental complaints. In most States, records of substantiated complaints are maintained by the Lead Agency's licensing unit and are available to the public upon request at the agency's main office or county/local offices of the agency or its designee, usually in accordance with the State's open records law. Some States have developed automated systems to maintain these records and a few have made select information concerning substantiated complaints or licensure status available via the Internet. Many States have established toll-free numbers through which information can be requested or complaints filed.

- Thirteen States (AZ, DC, GA, IL, MS, NE, NC, SC, SD, VT, VA, WA, WI) reported that parents or others can request substantiated complaint information by toll-free telephone.

- Five States (FL, GA, IN, MI, NC) reported allowing parents to request or receive complaint information via the Internet.

  The **Georgia** Office of Regulatory Services began posting reports of the most recent monitoring visits to child care programs in August 2002 on the Web at *http://www2.state.ga.us/Departments/DHR/ORS/*. Families can access the site, enter the name of the child care program and other identifying information, and view the most recent inspection. Information about rules violations and adverse actions are also posted on this Web site.

  The **Indiana** Lead Agency maintains substantiated parental complaints on providers at local Offices of Family and Children, and at the Central Office in Indianapolis at the Licensing Section, Bureau of Child Development. The information is available upon request or through the Indiana Family and Social Services Web site at *http://www.childcarefinder.IN.gov*. The public can access information on the site concerning the status of a child care provider's license and read about the latest inspections and any problems uncovered. Complaints filed by parents also are listed, along with whether the complaint was substantiated, and what action was taken.

  Certain documents regarding the investigation and the conclusion information are considered public information and are available to the public in the Division's office. Also, copies of this information are sent to the local agency and may be shared with parents.

  In addition to information on complaints that are investigated, **North Carolina** parents can gain access to information on any child care provider's compliance with licensing requirements. Files are maintained in the Division's office on each regulated center and home. Parents may view the records by visiting the office or may request a copy via e-mail or toll-free phone. Parents also can access some information from the records online through the Division of Child Development's Web site at *http://www.ncchildcare.net*. This Web site also is available in Spanish.

- Three States (KS, MD, TX) specified that requests for information about substantiated complaints must be made in writing.

- Seven States (CO, NE, NY, TX, WA, WV, WY) reported using an automated system to track complaint information.

  Complaints on **Colorado's** licensed providers are retained in the Division of Child Care imaging system, which contains the files of all licensed child care facilities. The public has access to this information in the electronic licensing histories maintained for all facilities, which can be distributed to local child care resource and referral agencies. These histories contain information on all licensing functions. Complaints concerning legally exempt providers (those not required to be licensed) are completed by county Departments of Human Services in coordination with the Division of Child Care where complaints are made available to the public and counties upon request.

  An automated tracking and information system provides **Texas** consumers with ready access to providers' compliance histories. The Department of Protective and Regulatory Services (PRS) requires all licensed child care facilities to post the compliance evaluation of the most recent licensing inspection. PRS also monitors compliance of this posting requirement.

- In one State (CA), if a parent has a complaint regarding program operations not covered by licensing requirements in programs operated by school districts, the parent must utilize the Uniform Complaint Procedure established by the school.

Section 4.3 – Affording Parents Unlimited Access to Their Children in Care

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 has taken steps to ensure that parents have 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). In most States, parents' unlimited access also is a condition for obtaining a child care license. Many Lead Agencies specify as part of their agreements with providers to participate in the subsidy program that they include parents' unlimited access as part of the consumer education information they distribute. Often parents are informed of this right through consumer education materials or when applying for assistance.

- Fifteen States (AL, AR, DC, IL, IN, MD, MN, MT, NH, NJ, ND, PA, SC, TX, VA) reported that parents are informed when applying for child care assistance that they have the right to unlimited access to their children while in care subsidized through CCDF.

  Information about parental right of access is contained in a consumer education booklet issued by the **Maryland** Department of Human Resources. Under licensing regulations, providers are required to distribute the booklet to parents of children in care.

- Forty-one States (AL, AK, CA, CT, DE, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MN, MS, MO, MT, NE, NV, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT,

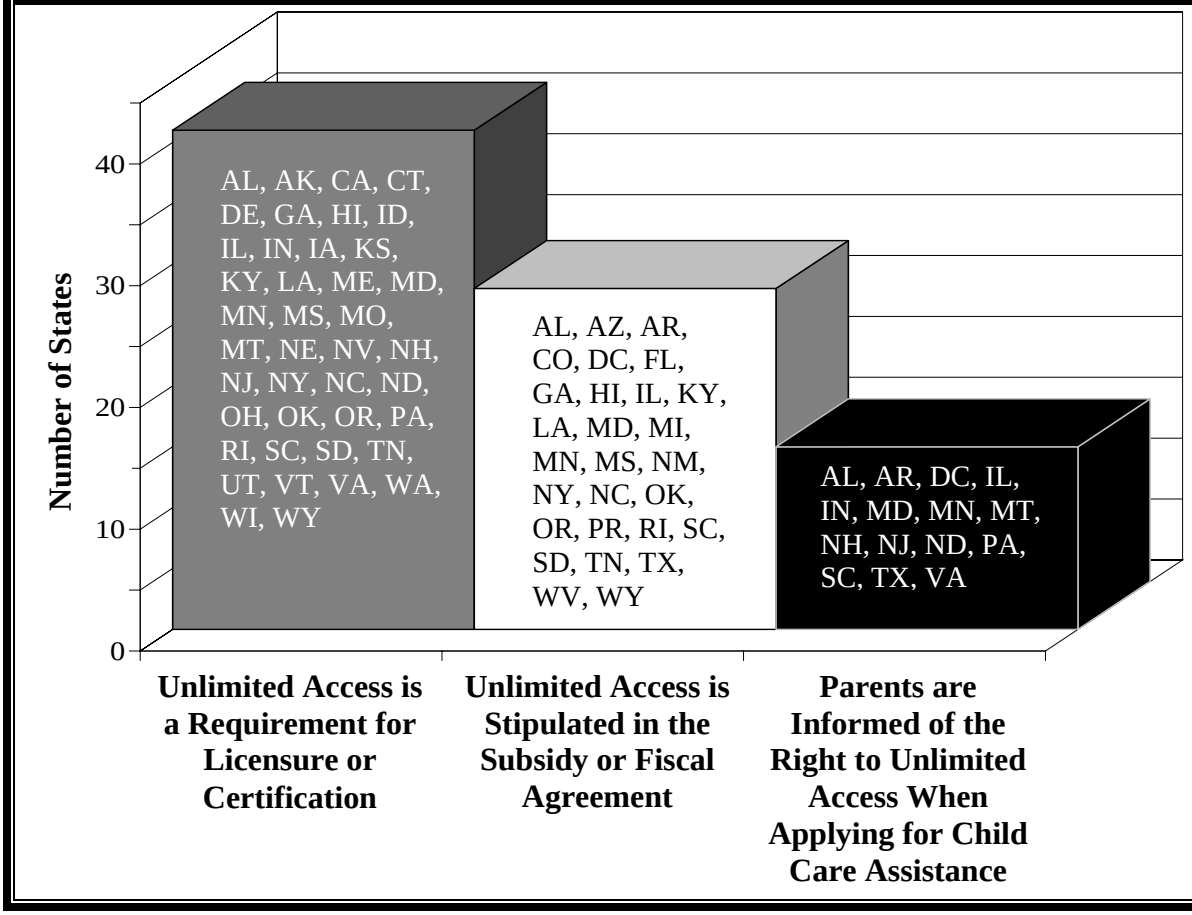
VT, VA, WA, WI, WY) reported that providing parents with unlimited access to children in care is a requirement for licensure or certification.

For licensed care in **Alabama**, the appropriate Minimum Standards require such access for parents for *all*, not just CCDF-funded care. Verification of this is a part of the regulatory visits made by licensing consultants of the Lead Agency.

The Provider Registration Form contains this requirement for CCDF-funded care. Additional written materials are made available to these providers by the Child Care Management Agency (CMA) whenever they are to be used for the first time by a subsidized family, and at other appropriate times. In addition, CCDF-funded families are informed of their rights in this respect during consumer education at the CMA and whenever they change providers. Families are encouraged to visit at various times while their child is in care.

Connecticut law guarantees unlimited access for parents at all licensed child care settings, including those parents eligible for CCDF financial assistance. Child care providers that are exempt from licensing requirements are also informed that they must allow parents unlimited access to their children.

CHART 4.3
STATE POLICIES REGARDING UNLIMITED PARENTAL ACCESS to CHILDREN in CHILD CARE



Source: Information compiled from State CCDF Plans, FY 2004-2005.

Licensed providers must allow parental access as a part of **Delaware's** licensing standards. Complaints against licensed providers who fail to provide parental access are addressed to the Office of Child Care Licensing. Exempt providers must agree to allow parental access as a part of the certificate process. Those providers who do not certify to allow access can be denied authorization to provide service.

Georgia licensing and registration rules require unlimited access by parents to their children while in care. Rules require that a sign be posted in a public place stating that parents have access to all child care areas. Informal providers who are not required to be licensed or registered also are required to allow parents unlimited access to their children. The Lead Agency notifies informal providers of this requirement during enrollment.

The **Nebraska** Family Child Care Home Rules and Regulations and Child Care Center Rules and Regulations provide for parental access to their children at all times that children are in care. Denial of immediate and unrestricted access to the licensed premises to parents will be basis for suspension or revocation of the license. License-exempt regulations provide for parental access to their children at all times that children are in care.

- In 28 States (AL, AZ, AR, CO, DC, FL, GA, HI, IL, KY, LA, MD, MI, MN, MS, NM, NY, NC, OK, OR, PR, RI, SC, SD, TN, TX, WV, WY), parents' unlimited access to children while in care is stipulated in the subsidy or fiscal agreement between the Lead Agency and the provider. Often States use this strategy to ensure that the unlimited access requirement applies to license-exempt providers as well as those subject to licensing regulations.

  The **District of Columbia** Department of Human Services (DHS), Office of Early Childhood Development (OECD), has a stated policy of "unlimited parental access." OECD also has taken the following steps to make "unlimited access" a mandated requirement for all early care and education providers receiving DHS funds:

  - Dissemination of Program Issuances to all licensed child care providers stating that all parents are entitled to and shall be granted unlimited access to their children while in the child care setting;
  - Inclusion of a statement in all DHS Provider Agreements (contracts) regarding unlimited access;
  - Inclusion of a statement on unlimited access in the parental agreement form, which must be signed during the intake process, and in all parent information brochures and materials;
  - Distribution of the *Parental Rights and Responsibilities* brochure at all intake sites; and
  - Inclusion of an item related to unlimited access in the parent evaluation form, which is completed by parents on an annual basis to assess the child care service provided.

  Local school readiness coalitions in **Florida** must ensure, as noted in their local coalition plans, that providers who receive funding through CCDF are required by funding agreement to allow custodial parent or guardian unlimited access to the facility.

  Parents have unlimited access to their children enrolled in all types of care in **Tennessee**. For regulated providers, this access is documented in Tennessee State Law. The *Certificate Program Unregulated Provider Policy Guidebook* states that unregulated providers are required to "allow the parent or caretaker to see their children any time while they are in your care" and an agreement must be signed by the providers who wish to receive subsidy payments.

Section 4.4 – TANF Terminology

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:

- *"appropriate child care"*
- *"reasonable distance"*
- *"unsuitability of informal child care"*
- *"affordable child care arrangements"*

The TANF terminology submitted as part of each CCDF Plan is available from the NCCIC at 800-616-2242 and on the Web at *http://nccic.org/pubs/stateplan/stateplan-intro.html*.

PART V – ACTIVITIES AND SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

Section 5.1 – Quality Earmarks and Set-Asides

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.

The Lead Agencies were asked to summarize how the Child Care and Development Fund (CCDF) set-aside funds were used for infant and toddler care, school-age care, and resource and referral services. The following provides an overview of the activities funded under each earmark.

Infants and Toddlers

Training/Education

Over 90 percent of States reported that they used infant/toddler set-aside funds for specialized training.

- Forty-seven States (AK, AL, AR, AZ, CA, CO, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, TN, TX, UT, VT, VA, WA, WV, WI, WY) and two Territories (AS and VI) reported that they offered specialized training for infants and toddlers.

  Idaho created an infant/toddler track in its career path system, which allows practitioners to move between levels based on training/education, longevity/experience, and involvement in the professional development system.

  Iowa is working closely with its child care resource and referral (CCR&R) agencies to develop a Statewide network of infant/toddler trainers, caregivers, and specialists. Referred to as the Iowa Program for Infant and Toddler Caregivers, the initiative is based on materials developed by WestEd and the California Department of Education.

  North Dakota is also working with CCR&R agencies to develop a network of consultants and trainers to support caregivers who work with infants and toddlers. This approach—which is funded by a combination of CCDF, Maternal Child Health Bureau Healthy Child Care America grants, and private funds—includes the WestEd *Program for Infant/Toddler Caregivers* (*PITC*) curriculum as well as a lending library of books, resources, and equipment. Long-term planning and evaluation (using the *Infant/Toddler Environment Rating Scale* [*ITERS*]) are also part of the effort.

- Thirteen States (CA, HI, IL, IA, MT, NE, NJ, NY, OR, SD, TN, WV, WY) reported that they offered train-the-trainer sessions on working with infants and toddlers.

  California uses the *PITC*—a comprehensive multi-media training program for trainers—as a focal point. In addition to expanding training and building a *PITC* Regional Support Network and linked practitioner stipends, California is also working with its community colleges to integrate the *PITC* philosophy and practices into their existing courses.

- Nine States (AR, DC, GA, MT, NY, PA, RI, UT, WI) indicated that they had established or were continuing to support providers who pursued an infant/toddler credential.

- Six States (AR, CA, CO, ME, MA, MO) reported that they had developed a training curriculum for infant and toddler caregivers.

- Six States (AL, AR, MA, MI, NE,VA) reported that they administer infant/toddler training using distance-learning strategies.

- Six States (AR, GA, MI, MT, NY, WI) reported that they used funds from the set-aside to help programs that serve infants and toddlers to become accredited.

- Two States (AR and OR) support mentoring projects aimed at infant and toddler caregivers.

- Ten States (AK, AR, FL, KS, KY, NV, SD, TX, VA, WI) and one Territory (GU) reported that they used infant/toddler set-aside funds to support parent and consumer education initiatives.

  Arkansas established a 60-hour course of study specific to caregivers in infant/toddler settings (called an Infant/Toddler Endorsement) as part of its Child Care Specialist Certificate. A specialty for Infant and Toddler care was also made available as part of the Child Development Associate (CDA) credential. A three-session training program (*Making First Experiences Count*) and an *Infant/Toddler Framework* (based on the State's early learning guidelines) were developed to help parents, providers, and others learn more about the links between early brain development and early childhood education. Additionally, the CCDF Lead Agency worked with Arkansas Education Television to reach parents, providers, and trainers. Programs that care for infants and toddlers were also encouraged to pursue accreditation through incentive grants.

- Two States (CA and HI) and two Territories (AS and GU) focus some infant/toddler training on encouraging and supporting early care and education practitioners who serve children with special needs.[25]

[25] Three of the five States that reported using infant/toddler set-aside funds for "inclusion" are not cited: the Rhode Island inclusion work is part of its comprehensive services initiative; Vermont has forged a fiscal agreement with the Part C agency; and Virginia has established an interagency agreement with the State mental health agency to serve infants and toddlers with special needs.

Technical Assistance

More than half of the States indicated that they offer some form of technical assistance or consultation to infant/toddler programs and practitioners.

- Twenty-three States (AR, CA, CO, DE, FL, GA, IN, IA, KS, KY, ME, MD, MA, MO, NJ, NM, NY, ND, PA, RI, TN, VA, WA) reported that they funded technical assistance initiatives.

  New York has established seven regional Infant/Toddler Technical Assistance Centers at CCR&R agencies throughout the State.

  The CCDF Lead Agency in **Rhode Island** collaborated with the State Health Department to establish the Child Care Support Network (CCSN), which provides on-site technical assistance to center-based programs and family child care (FCC) homes. While CCSN providers serve children birth to age 8, the State anticipates developing a better understanding of what constitutes quality for the youngest children in care leading to improved practice in programs serving infants and toddlers. Program staff assess each classroom or FCC home with the appropriate *Early Childhood Rating Scale* as they enter and exit CCSN's program.

- Sixteen States (CA, DE, FL, IL, KS, KY, MA, MI, MO, NJ, NC, ND, OK, PA, TN, WA) and two Territories (AS and VI) mentioned the use of infant/toddler specialists or health consultants when asked to report on the use of infant/toddler set-aside funds.[26]

  New Jersey has established a Statewide "warm line" and referral service for staff in child care centers and family child care homes. The toll-free number is designed to promote the healthy development of infants and young children in child care settings.

  Eighteen Infant/Toddler Specialists, employed by the CCR&R agencies, are in place to increase the quality and accessibility of infant/toddler care and education in **Kentucky**. Technical assistance is provided to certified family child care homes and licensed providers participating in STARS for KIDS NOW, a voluntary quality rating system, in the area of infant/toddler care. Infant/toddler staff activities also have a focus on the provision of services to children in registered child care homes. The primary goal of the activities is to help move registered providers into regulated care systems. Professional Development

[26] When asked to report on the use of infant/toddler set-aside funds, 16 States (CA, DE, FL, IL, KS, KY, MA, MI, MO, NJ, NC, ND, OK, PA, TN, WA) mentioned the use of "infant/toddler specialists or health consultants." When asked to report on inclusion activities, six States (CO, FL, MA, MO, MT, WV) reported that they have "inclusion specialists" and six others (KY, MA, ND, SD, UT, VT) reported that have health, mental health, or nurse consultants who work with programs to promote inclusion. When asked to report on Healthy Child Care America activities, 20 States (AL, CO, DC, GA, ID, IA, KY, LA, MD, MA, MI, NY, NC, ND, PA, SD, TN, VT, WV, WY) reported that they had developed a network of nurse or health consultants to work with child care practitioners. In some cases, States may be referring to the same initiative in multiple places within the Plan. An unduplicated count indicates that 32 States have established some form of nurse/health/mental health/inclusion/infant/toddler specialist.

Counselors assist early child care providers with identifying and locating various resources to improve quality for infants and toddlers.

Pennsylvania's Keystone Stars program—a tiered quality strategy—will provide training, financial supports, case management services, and specialized on-site mentoring and technical assistance to child care providers to meet performance standards associated with one of the four star levels under Keystone Stars. Under Pennsylvania Pathways, the State's early childhood development training system, directors of programs participating in Keystone Stars and serving infants and toddlers receive training on how to assess the quality of their infant/toddler classrooms using the *ITERS*. Pennsylvania Pathways also collects and analyzes individual and facility training plans to develop needs-based training for infant/toddler caregivers in Keystone Stars programs. In addition, the State's Healthy Child Care America initiative, in partnership with the American Academy of Pediatrics, operates a network of approved early childhood heath consultants, which gives priority for on-site health consultation services to infant/toddler providers and providers serving children with special needs.

Expanding Supply

States continue to use set-aside funds to expand the supply of child care programs that serve infants and toddlers.

- Twelve States (AR, CO, DC, IL, MI, MN, MT, NY, RI, TN, UT, VT) offered start-up or expansion grants for programs that established new child care slots for infant/toddlers.

- Four States (AZ, CA, OH, OR) reported that they used infant/toddler set-aside funds to support efforts to recruit new providers to serve infants and toddlers.

Quality Improvement

Many States expressed concern about the quality of care provided to infants and toddlers and noted that they used set-aside funds to address this need.

- Seventeen States (AR, CA, CO, DE, DC, FL, IL, ME, MA, MI, MT, NV, NH, SC, SD, UT, VT) and one Territory (VI) reported that they make quality improvement grants available to help programs that serve infants and toddlers.

California offers grants to cover the cost of infant/toddler equipment, appropriate educational materials, minor renovation and repairs to meet health and safety requirements, and environmental changes (such as smaller groups, ensuring continuity of care, primary caregiving, or following children's individual schedules.)

Colorado has used earmark funds to encourage innovative, systemic approaches to improving the quality of care for infants and toddlers. These funds are made available to communities that participate in the State's Consolidated Child Care Pilot initiative.

Maine, **New Hampshire,** and **Nevada** report that they link quality improvement grants to participation in infant/toddler training seminars.

Rates and Compensation

Quite a few States chose to use resources to raise the reimbursement rate ceiling for programs that serve infants and toddlers, and linked this action to their efforts to increase program quality.

- Nine States (AZ, IL, LA, MA, MO, NE, NM, VT, WA) reported that they used funding from the infant/toddler set-aside to support higher rates to providers who served infants and toddlers.[27]

  Illinois established an Infant and Toddler Incentive Program that pays up to 10 percent more to center-based child care programs that serve a high number of subsidized children who are two years of age or younger.

  Washington implemented a one-time $250 "infant bonus" to a provider who cares for a child less than 12 months of age for five days or more.

- Three States (MA, VT, WI) reported that they contract directly with programs to provide infant/toddler care, and typically pay a higher rate to these contracted centers.

States also reported using funds to raise wages for practitioners who serve infants and toddlers.

- Nine States (AK, GA, ID, IA, MI, MT, SC, WV, WI) reported that they used infant/toddler set-aside funds to help fund a practitioner wage initiative.

Planning and Evaluation

In their FY 2004-2005 CCDF Plans, more States specifically reported on their use of CCDF infant/toddler funds to support environmental assessments than in any other biennial Plans.

- Fifteen States (DE, DC, FL, GA, ID, KY, MT, NE, NJ, ND, OK, PA, RI, TN, UT) indicated that they use the *ITERS* as part of their infant/toddler initiatives. Some States use the *ITERS* as part of their quality rating system; others link it to a quality grant or infant/toddler training and technical assistance initiative; and a few use it as a tool to help evaluate the success of a particular intervention or initiative.

- Sixteen States (AR, CA, CO, DE, FL, ID, IN, MA, MN, MT, NE, NH, NJ, OK, OR, RI) also reported that they were engaged in planning efforts focused on infant/toddler care. In many cases this work was part of the Zero to Three Infant/Toddler Child Care Initiative.

[27] These rate increases in many cases coincided with similar increases in reimbursement rate ceilings for care provided to children of other ages; however, States used infant/toddler set-aside dollars to help fund the increase in infant/toddler rates.

Other States involve a Statewide or regional infant/toddler planning group. Additional States reported on planning that included infants and toddlers as part of a broader early care and education planning effort. Such efforts included care for children of all ages, in a wide range of settings (homes, schools, and community and faith-based organizations), and were funded or administered by multiple State and local entities.

- Four States (KS, MI, NE, NV) reported that they had established infant/toddler initiatives in collaboration with Head Start or Early Head Start.

Putting the Pieces Together

A growing number of States report taking steps to integrate all of their infant/toddler initiatives into a single system. These efforts typically link planning and evaluation, program supports, and direct services, and focus on building a foundation for systemic change. Some examples follow:

Georgia has created an Infant and Toddler Quality Initiative (ITQI) Network that focuses on counties with high concentrations of infant and toddler programs and/or a high need for care but limited availability. The Network includes: on-site technical assistance based on an evaluation of program needs (using the *ITERS*); a quality improvement plan; targeted quality improvement grants; recruitment of mentor teachers; infant/toddler caregiver training as well as scholarships for staff who seek a formal certificate or degree; and financial support for program accreditation. Using the Georgia Outcome and Indicator Framework for Birth through Three, baseline data are being collected on participating programs and will be used for future evaluation. The ITQI initiative is also linked to Smart Start Georgia, a public/private partnership that provides education-based salary supplements and tiered reimbursement/targeted technical assistance for programs that provide higher levels of quality.

Montana has created an Infant/Toddler Caregiver Certification that is linked to the attainment of a CDA credential, Associate's degree, or Bachelor's degree in early childhood. The *PITC* from WestEd is the basic curriculum, and is used to certify trainers, frame a training plan, and guide targeted technical assistance. The State has also established an Infant/Toddler Demonstration Project through three-year contracts with local child care facilities. The sites must create models of exceptional quality and become accredited within two years. Caregivers employed in demonstration sites receive a wage stipend (based on completion of the Infant/Toddler Certification and the number of infants in care) as well as additional funds to support program accreditation, improve environmental design of the facility, purchase equipment, or expand the operation. Montana has trained approximately 40 individuals in administering *ITERS* evaluations to use a pre- and post-test for the initiative. Long-term planning on improving infant/toddler care continues as part of a joint effort with Zero to Three.

Several other States, including **Oklahoma**, **Pennsylvania**, **South Carolina**, **West Virginia**, and **Wisconsin**, reported using infant/toddler set-aside funds to support broad early care and education efforts that linked program assessment, targeted technical assistance, practitioner training and education, education scholarships and stipends, wage supplements, tiered

reimbursement, and long-term planning. While these efforts typically focused on children ages 0–5, they often included special emphasis on infant/toddler or school-age child care.

Resource and Referral Services

Consumer Education/Referral

- Forty-five States (AL, AK, AZ, CA, CO, CT, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NH, NJ, NM, NV, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WV, WY) reported that they contract with community-based organizations to provide CCR&R services.

  Illinois CCR&R agencies are leading a Statewide public education and technical assistance campaign that seeks to educate parents, child care providers, communities, and employers of the importance of quality child care. This program includes brochures, posters, television and radio public service announcements, and a toll-free phone line. Additionally, each CCR&R has a Quality Counts van along with funding to staff and equip the van for outreach to providers and consumers. The CCR&R agencies also administer Quality Counts Mini-Grants to licensed and exempt center and home care providers to support purchases that enhance quality and/or expand capacity in their child care programs.

- Three States (MS, NE, PR) reported that a State entity (typically the Lead Agency) provides CCR&R services.

- Two States (AR and DC) and two Territories (AS and GU) reported that they do both—the State contracts with community-based organizations for some services and provides others directly.

  Arkansas contracts with community-based organizations to provide referrals and information on a wide range of child care issues via a toll-free number, distribute brochures on choosing child care, assist the Lead Agency in conducting the bi-annual Market Rate Survey, increase business participation in child care, and assist with early care and education planning and data collection. The Lead Agency maintains a Web site that includes information on all licensed/registered child care settings as well as provider information such as funding updates and grant requirements. The Children's Data Center of the University of Arkansas maintains statistical data in 50 different areas related to children, employment, education, and economic indicators.

- Five States (CO, GA, IN, MI, MO) reported that they contract with CCR&R agencies to provide expanded referrals and supports for children with special needs.

  Each **Missouri** CCR&R agency has a Child Care Inclusion Coordinator to expand the supply of, and help families find, child care for children with special needs. The coordinator provides training for child care staff on ways to effectively address the needs of this population. Additionally, several Missouri agencies have staff stationed on site at Division of

Family Services offices to provide targeted services to families receiving Temporary Assistance for Needy Families (TANF).

Planning and Evaluation

- Nine States (AR, IL, IA, NH, NY, OK, RI, TN, WV) report that they used CCDF set-aside funds for establishing or upgrading the automation/data collection systems used by CCR&R agencies.

  New York is implementing a new Child Care Facility System (CCFS) that links the State's child care licensing offices with all CCR&R agencies, local departments of social services, and others involved in child care regulation. CCFS is a Statewide database that includes a range of information on licensed and registered child care programs.

  Rhode Island has developed an automated, Web-based enrollment system for child care providers. Through Options for Working Parents—a multi-year public-private partnership administered by the Greater Providence Chamber of Commerce to provide a centralized resource and referral program for working families—the State also supports access to this Web-based system for providers who do not have Internet capability.

- In two States (AZ and CA), CCR&R agencies administer a child abuse screening process for exempt child care providers.

Training and Education

Nearly all States reported that their CCR&R agencies were in some way involved in child care provider training.

The CCR&R agencies in **Kentucky** play a key role in the State's professional development and quality rating systems. Training offered by the CCR&R agencies must incorporate all "core competencies" in the State's early childhood career lattice. And technical assistance is linked to participation in ST☆RS for KIDS NOW, the State's quality rating system.

Minnesota CCR&R agencies administer the State's T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Project.

Wisconsin CCR&R agencies administer the State's Mentor Teacher Program.

Putting the Pieces Together

Several States stressed the key role that CCR&R agencies play in strengthening the overall early care and education system.

North Carolina views CCR&R agencies as partners in the effort to improve quality child care. The agencies are encouraged to work collaboratively and to link technical assistance and consumer information to the State's tiered licensing system. To help achieve this goal,

the Lead Agency has made increasing the number of child care facilities with ratings of 3–5 stars an outcome measure for its CCR&R agencies.

With the exception of regulation, **West Virginia's** CCR&R agencies serve as the infrastructure for all child care services. The agencies provide a variety of services, including management of the certificate system, resource development and referrals, provider training, data management, and consumer education.

School-Age Child Care (SACC)

Training/Education

- Thirty-four States (AK, AR, CA, CO, DE, DC, FL, GA, ID, IL, IN, IA, KY, ME, MA, MI, MN, NE, NH, NJ, NY, NC, ND, OR, PA, PR, RI, SC, SD, TN, UT, VT, WA, WI) and two Territories (AS and VI) use SACC set-aside funds for practitioner training.
  - Three of these States (FL, IN, NY) reported that they have recently developed a SACC credential;
  - Three States (DC, ID, NY) reported that they offer financial supports to practitioners who are pursuing a SACC credential.
  - Five States (AR, CA, CO, NC, NY) reported that they invest in train-the-trainer initiatives focused on school-age child care.

Idaho created a school-age child care "track" in its child care professional development system.

Utah recently implemented a new School-Age Child Care Career Ladder that mirrors the early childhood career ladder, with a focus on practitioners in out-of-school-time settings.

Oregon and **Washington** have formed a partnership to develop and implement a 20-hour training for new after-school administrators.

Technical Assistance

- Thirty-four States (AK, AR, CA, CO, DE, DC, FL, GA, IL, IN, IA, KY, ME, MI, MN, MO, NE, NH, NJ, NY, NC, ND, OH, OR, PA, RI, SC, SD, TN, UT, VA, VT, WA, WI) and one Territory (VI) fund technical assistance activities and/or grants for school-age child care programs.
  - Two States (AR and OR) fund school-age child care mentoring projects.
  - Seven States (FL, ME, NJ, OH, RI, SD, VT) have a school-age child care specialist at the State level to reach out to the State Education Department, schools, child care programs, schools of the 21st Century Community Learning Center grantees, and others.
  - Thirteen States (AK, AR, DE, GA, IL, IA, KY, MO, NE, NH, NJ, NY, RI) provide grants or targeted assistance aimed at helping SACC programs attain accreditation.

- Nine States (AR, DC, FL, GA, IL, IA, NH, SC, VT) contract with the school-age child care provider association to assist with training, technical assistance, and/or start-up.
- Sixteen States (CA, CO, GA, IL, IN, IA, KY, MI, MN, NE, NH, NJ, NC, SD, UT, VA) offer grants to help improve the quality of SACC programs.

Consultants and technical assistance is provided to **Arkansas** school-age programs in working toward Early Childhood Quality Approval/Accreditation.

New Jersey maintains a Web site for SACC information sharing and administers mini-grants to help SACC programs attain accreditation.

Oregon includes school-age specialists in its Statewide mentor program.

Minnesota makes regional grants available to expand and improve school-age child care. The program is administered by CCR&R agencies and requires that programs work with a university-based mentor program and implement a professional development plan. Additionally, the Lead Agency has formed a Statewide Initiatives Network that includes the Minnesota School-Age Child Care Alliance, the CCR&R network, Concordia University, and others. The goal of the network is to integrate programming, training, and technical assistance.

Start-up and Operating Assistance

- Twenty-one States (AL, CA, CO, GA, IL, IN, IA, KY, MA, MI, MN, NH, NC, PR, RI, SD, UT, VT, VA, WA, WY) and one Territory (VI) offer grants to help start or expand school-age child care programs.
- Six States (AL, HI, IN, MO, SC, TX) reported that they use SACC set-aside funds to assist school districts in providing school-age child care services.
- Six States (MD, MA, MS, NV, PR, VA) reported that they use the set-aside to contract with community-based organizations to administer school-age child care services.

Additional strategies pursued by States include:

The **Georgia** Child Care Council (*http://www.gachildcare.org*) uses quality set-aside funds to provide technical assistance and training for school-age programs in selected locations. The technical assistance emphasizes best practices and is provided to programs that serve elementary children, middle school youth, and children with disabilities. Mini-grants are available to programs seeking to improve the quality of their environment and staff. Programs seeking accreditation from the National School Age Care Association may also receive mini-grants to purchase equipment, learning materials, and supplies. In the past, the Georgia School Age Care Association and as many as 50 local school-age programs in schools, YMCAs, private centers, faith-based organizations, and other organizations have partnered with the Georgia Child Care Council to provide similar services.

Massachusetts has established a flexible funding pool that can be used to support the cost of transporting school-age children from school to their after-school program and/or to any special services that are needed to make their child care experience a success. Flexible funds can be used for hiring an additional staff person, training, consultation, special equipment, or mental health services for school-age children.

The **Missouri** Lead Agency has a memorandum of agreement with the State Department of Education to provide SACC grants to school districts. The grants encourage programs to be accredited and promote quality activities around developmental benchmarks for children.

South Carolina works collaboratively with the State Education Department to provide school-age child care, including a shared approach to training, monitoring, and technical assistance.

Rates and Compensation

- Three States (LA, MA, NM) reported that they used SACC set-aside funds to help support a school-age child care rate increase.[28]

- One State (WI) reported that it used SACC set-aside funds to help support a child care practitioner wage initiative.

Planning and Evaluation

- Fourteen States (AZ, DC, ID, IN, KS, MA, MN, MT, NH, NC, OH, OK, RI, WA) and one Territory (GU) described school-age child care planning efforts in their State CCDF Plans.

The **Arizona** Governor's Office for Children, Youth and Families (GOCYF) plans to convene and coordinate the activities of organizations that provide out-of-school-time programs and extra learning opportunities, including youth service providers.

The **Massachusetts** Lead Agency is involved in several school-age child care planning efforts. It is partnering with the Out-of-School Time community to identify ways that after-school and academic programs can collaborate to better meet the needs of school-age children and help them successfully pass the *Massachusetts Comprehensive Assessment System* (*MCAS*) K−12 requirements. They are also incorporating *MSAC* core competencies into professional development training for school-age staff. And they are working with the State Department of Education and 21st Century Community Learning Centers grantees to ensure that child care licensing and subsidy policy support academic success for children and families.

[28] These rate increases in many cases coincided with similar increases in reimbursement rate ceilings for care provided to children of other ages; however, States used SACC set-aside dollars to help fund the increase in SACC rates.

Putting the Pieces Together

Quite a few States described collaborative, cross-system initiatives that focused on developing a comprehensive system of services and supports for school-age children during out-of-school time. Several illustrations of these follow:

North Carolina has established a Center for Afterschool Programs (NC CAP) in partnership with the Public School Forum of North Carolina; the State Departments of Public Instruction, Juvenile Justice, and 4-H Youth Development; and the Mott and Z Smith Foundations. The goal of NC CAP is to create a Statewide network committed to expanding and sustaining high-quality, after-school programs by developing common standards for after-school programs, creating common systems of assessment and evaluation, coordinating training and technical assistance efforts, and building local and State support for high-quality, school-based, and school-linked opportunities.

Rhode Island supports a public-private Community Schools Initiative administered by United Way that provides grants and technical assistance to five urban communities; offers training and technical assistance on high-quality programming and sustainability; establishes a Statewide learning network for after-school programs that serve middle school students; convenes the RI Out of School Time Alliance; and collects and tracks data on quality out-of-school time programming, including gathering input from families and middle school students. Additional initiatives include: a School-Age Action Team that works to expand professional development opportunities for practitioners who work with school-age children, a School-Age Accreditation Pilot Project, and additional support to allow the child care licensing unit to provide technical assistance to programs that pursue a school-age license.

The Lead Agency in **Washington** contracts with School's Out Washington, which leverages public dollars with grants from private foundations for planning, training, technical assistance, education, community engagement, and program enhancement to meet or maintain licensing requirements.

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):

Table 5.1.2 provides a State-by-State description of the magnitude of the CCDF quality set-aside. For the 2004-2005 Plan Period, States were required to provide both an estimated dollar amount and an estimated

States Use Multiple Funding Sources to Support Health Consultants

Whether funded through quality set-aside funds, the Infant/Toddler Earmark, or in other ways, most States support health consultants and/or specialists in child care. An unduplicated count from FY 2004-2005 CCDF Plans indicates that 32 States have established some form of nurse-, health-, mental health-, inclusion-, or infant/toddler-specialist to assist child care programs.

percentage of their CCDF allocation that the Lead Agency planned to use for quality activities.

TABLE 5.1.2 ESTIMATED CCDF SET-ASIDE for QUALITY ACTIVITIES		
State	**Estimated Dollar Amount**	**Estimated Percentage**
Alabama	$2,391,706	4.00%
Alaska	$1,250,810	4.00%
American Samoa	$105,846	4.00%
Arizona	$4,735,900	4.00%
Arkansas	$2,635,223	6.00%
California	$69,511,000	5.46%
Commonwealth of the Northern Mariana Islands[1]		
Colorado	$3,602,681	6.00%
Connecticut	$2,744,793	4.00%
Delaware	$1,315,066	5.00%
District of Columbia	$1,750,443	6.00%
Florida	$20,197,943	4.00%
Georgia	$8,500,000	4.00%
Guam	$158,990	4.00%
Hawaii	$4,212,272	8.80%
Idaho	$1,341,000	4.00%
Illinois[2]	$17,000,000	4.00%
Indiana	$ 8,839,600	4.00%
Iowa	$12,396,640	16.00%
Kansas	$12,693,781	16.00%
Kentucky	$2,942,000	4.00%
Louisiana	$4,500,000	4.00%
Maine	$2,300,000	11.70%
Maryland	$4,273,934	4.00%
Massachusetts	$11,521,866	5.10%
Michigan	$15,500,000	8.90%
Minnesota	$6,296,182	5.00%
Mississippi	$2,427,678	4.00%
Missouri	$7,514,075	8.00%
Montana	$620,500	4.00%
Nebraska	$3,771,398	9.90%
Nevada	$2,251,182	6.20%
New Hampshire	$900,044	4.00%

TABLE 5.1.2
ESTIMATED CCDF SET-ASIDE for
QUALITY ACTIVITIES

State	Estimated Dollar Amount	Estimated Percentage
New Jersey	$14,700,000	4.00%
New Mexico	$1,549,013	4.00%
New York	$65,000,000	16.00%
North Carolina[3]	$11,044,064	4.00%
North Dakota	$461,480	4.00%
Ohio	$10,853,598	4.55%
Oklahoma	$19,210,693	18.00%
Oregon	$5,250,888	4.00%
Pennsylvania	$35,327,871	15.41%
Puerto Rico	$2,280,000	4.00%
Rhode Island	$1,213,476	4.00%
South Carolina	$3,079,297	4.00%
South Dakota	$3,000,000	18.00%
Tennessee	$8,995,818	7.00%
Texas	$17,372,689	4.00%
Utah	$5,642,000	15.75%
Vermont	$2,500,000	9.00%
Virgin Islands	$83,782	4.00%
Virginia	$5,651,437	4.00%
Washington	$9,300,000	4.00%
West Virginia[2]	$1,608,543	4.00%
Wisconsin	$6,512,628	4.00%
Wyoming	$1,622,347	17.00%

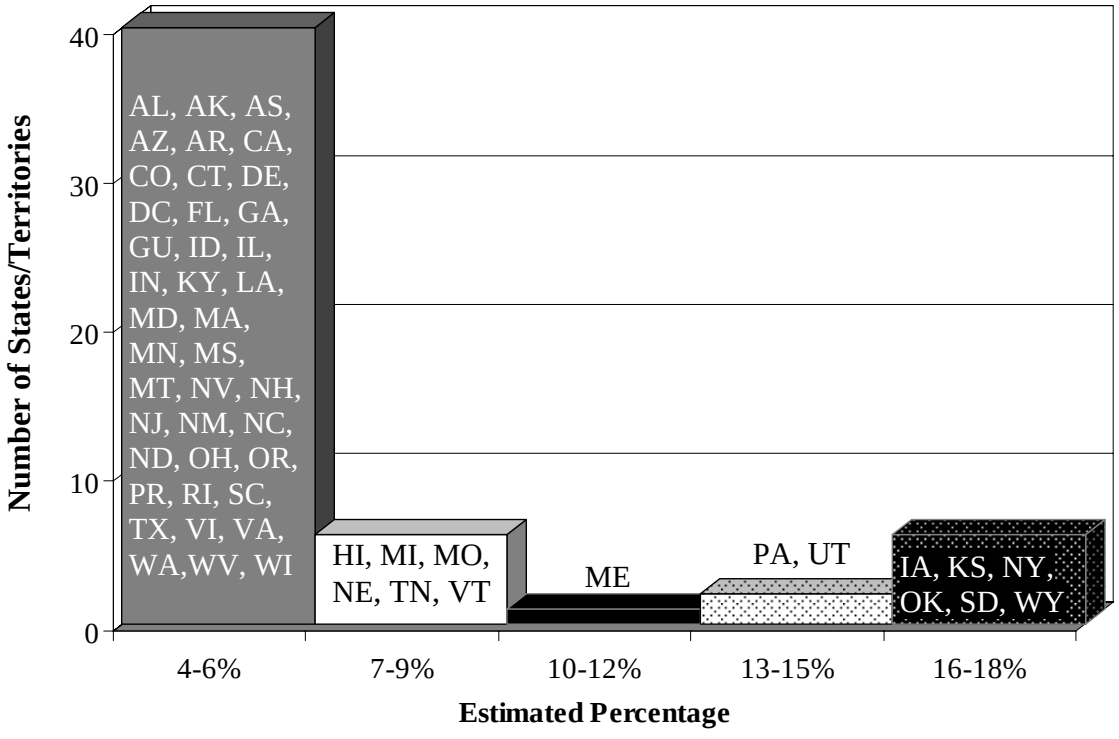
Source: Information compiled from State CCDF Plans, FY 2004-2005.

Notes:

1 CNMI did not estimate dollar amount or percentage in its FY 2004-2005 Plan.
2 Will not be less than 4%.
3 North Carolina estimated this amount would be spent on quality activities in FY 2002-2003.

On average, Lead Agencies estimated that 7 percent of their CCDF allocation will be set-aside for quality activities. Although nine States estimated that quality set-aside would account for 10 percent or more of their block grant allocation, 28 States' estimates remained at or near 4 percent, as shown in Chart 5.1.2.

CHART 5.1.2
STATE ESTIMATES of the PERCENTAGE of CCDF SET-ASIDE for QUALITY ACTIVITIES



Source: Information compiled from State CCDF Plans, FY 2004-2005.

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 numeracy 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))*

TABLE 5.1.3 ACTIVITIES the LEAD AGENCY WILL UNDERTAKE to IMPROVE the AVAILABILITY and QUALITY of CHILD CARE	
Activity	**Number of States and Territories**
Comprehensive consumer education	55
Grants or loans to providers to assist in meeting State and local standards	43
Monitoring compliance with licensing and regulatory requirements	53
Professional development, including training, education, and technical assistance	56
Improving salaries and other compensation for child care providers	46
Activities in support of early language, literacy, pre-reading, and numeracy development	55
Activities to promote inclusive child care	51
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	51
Other quality activities that increase parental choice, and improve the quality and availability of child care	49

Source: Information compiled from State CCDF Plans, FY 2004-2005.

Table 5.1.3 summarizes the number of States reporting that they would undertake various quality activities. In Section 5.1.4, specific counts and examples of such activities are detailed.

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.

Comprehensive Consumer Education

- Forty-three States (AL, AR, CA, CO, CT, DE, FL, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OR, PA, PR,

RI, SC, TN, TX, UT, VA, WA, WI) and two Territories (AS and VI) indicated that they used CCDF funds to support the preparation of parent packets on choosing child care and/or other consumer education materials. Quite a few States reported using multi-media tools—such as videos and Web sites—to distribute information.

Alabama contracts with Child Care Management Agencies to administer its subsidy program and provide consumer information. A range of resources have been developed to support this work, including videos to be shown in waiting rooms, brochures, and health and safety checklists.

California has established a Child Care Advocacy Program (CCAP) that links child care licensing and the community. A child care advocate is assigned to each field office and provides information to parents, child care providers, employers, educators, and community groups.

Consumer Education

100% of States and 75% of the Territories reported that they will undertake comprehensive consumer education activities to improve the availability and quality of child care.

The **Florida** partnership for school readiness published *Sunrise Skill Builders*, a resource booklet for parents of young children about the importance of the early years, which is distributed through hospitals and birthing centers. Copies of the school readiness performance standards are also made available, along with consumer information in a variety of formats—including print, electronic, audio and visual media, and a Web site (*http://www.flchild.org*).

- Twenty-two States (AZ, CO, DE, FL, GA, ID, IL, KS, KY, MT, NE, NJ, NY, NC, OH, OK, OR, PR, UT, VT, WI, WY) reported that they were involved in a public awareness campaign to promote early care and education.

Kansas works with CCR&R agencies to implement its public awareness campaign Good Beginnings Last a Lifetime. The campaign focuses on brain development, the components of high-quality care, and techniques for business support.

Montana funds a business service provider, Banik Creative Group, to manage its consumer education campaign. Banik has designed window clings for all licensed and registered providers, as well as a Start Quality logo that is displayed by all one- and two-star providers.

Utah has developed a press kit that is distributed as part of its public awareness campaign. The campaign includes television and radio spots, newspaper articles, materials, and a Web site (*http://www.careaboutchildcare.org*).

Think Big, Start Small™, **Wisconsin's** public awareness campaign, includes products targeted at parent involvement, professional development of caregivers, and business involvement in early care and education.

- Two States (AK and MA) reported that they had strengthened their child care licensing policies.

- Two States (MA and MD) described outreach and technical assistance initiatives aimed at improving the quality of child care in legally exempt child care homes.

- One State (AK) noted its approval system for legally exempt providers. The State's Lead Agency collaborates with the USDA Child and Adult Care Food Program to support providers in complying with health and safety standards via training, mentoring, and outreach.

Grants or Loans to Providers to Assist in Meeting State and Local Standards

- Thirteen States (AR, CA, CO, FL, LA, MD, MI, NE, NV, NH, NY, PA, WV) have established specific grant programs to assist child care providers in complying with State and local standards.

- Twenty-one States (AR, CO, CT, DE, DC, FL, GA, IL, IA, KS, MA, MI, MT, NE, NH, OR, PA, VT, VA, WA, WI) and one Territory (VI) reported that they use CCDF funds to support child care start-up or expansion grants.

- Eighteen States (AR, CA, CO, FL, GA, IL, MD, MA, MI, MO, MT, NM, NC, OR, PA, SC, TN, UT) have established child care quality improvement grant programs.

The **Illinois** Quality Counts Mini-Grant program launched in State Fiscal Year (SFY) 2002 provided $1.5 million (increased to $3.5 million in SFY 2003) to CCR&Rs to fund quality and capacity activities through the regional approval of mini-grants to child care providers to support purchases that enhance quality and/or expand capacity in their child care programs. Specifically, funds must be used to purchase materials, equipment, or pay for facility improvements. Examples include an exempt home provider purchasing cribs, cots, or other equipment to expand to a licensed program status; a center replacing a fence to enhance safety; and a home provider installing a wheelchair ramp to service a child with a disability. Nearly half of SFY 2002 funds were expended to serve infants and toddlers. Funding maximums for child care homes and centers range from $1,500 to $12,000 dependent on type of care and enrollment capacity.

Grants and Loans

81% of States and 25% of the Territories reported that they will use CCDF quality set-aside funds for grants or loans to assist providers in meeting State and local standards.

Montana offers annual grants to enhance or develop child care programs while expanding access for low-income families. Providers must participate in the professional development system and have achieved a Level III or higher in the career path. Grants may be renewed for up to three years.

New Mexico is launching a new grant program for Child and Adult Care Food Program food sponsors that are willing to send their monitors to a special training and provide additional child care–focused home visits to registered family child care homes.

Oregon makes CCDF funds available to assist school districts in starting and operating on-campus child development centers for preschool children and for centers serving the children of teen parents.

Pennsylvania selected 400 providers to participate in a program of case management and financial supports to assist them in meeting Keystone Stars performance standards (the State's new quality rating system).

Tennessee makes Quality Enhancement Grants available to assist providers several times throughout the year. Grants are linked to areas of improvement indicated on the provider's completed Start Quality Child Care Program evaluation.

- Eight States (AL, AR, DC, FL, MA, NE, UT, WV) reported they established grant programs to help child care providers pursue accreditation.

  Utah supports national accreditation for both family and center-based care through grants to Statewide provider associations. Additionally, the State funds a Baby Steps grant program for infant/toddler providers who attend a 40-hour training program and complete a self assessment using the *ITERS*.

  West Virginia funds the Center Accreditation Support System, which provides technical assistance (including mentors) and grant funds to help cover the cost of accreditation.

- Eleven States (AR, CO, CT, DC, IA, NC, NH, NJ, PR, RI, WA) have established child care loan programs.

  The **Connecticut** Health and Educational Facilities Authority administers three loan programs: a tax-exempt bonding program; a loan guarantee program; and a small revolving loan fund.

  Rhode Island is launching a public/private child care facilities fund.

  CCDF funds are used to support the Child Care Micro Loan Program, administered by the **Washington** Department of Community, Trade and Economic Development, to increase access to capital for child care businesses across the State.

- Four States (CO, FL, OR, PA) have established flexible, community planning grants aimed at expanding the supply and improving the quality of local child care programs.

  Pennsylvania awards grants to local planning teams, who prepare a county plan for early care and education that includes aspects such as capacity, quality, career development, special needs, and consumer education.

Monitoring Compliance with Licensing and Regulatory Requirements

Monitoring Compliance

96% of States and 75% of the Territories reported that they use CCDF funds to improve monitoring of compliance with licensing and regulatory requirements, availability, and quality of child care.

- Thirty-nine States (AL, AK, AZ, CA, CT, DE, FL, GA, IN, IA, KS, ME, MD, MI, MN, MS, MO, NE, NV, NJ, NM, NY, NC, ND, OH, OR, PA, PR, RI, SC, TN, TX, UT, VT, VA, WA, WI, WV, WY) and two Territories (GU and VI) report using CCDF funds to help support licensing staff.
  - Three States (MO, OH, OR) reported using infant/toddler set-aside funds to support licensing staff.
  - Three States (OH, RI, SC) reported using SACC set-aside funds to support licensing staff.

Indiana contracts with CCR&R agencies to certify legally exempt provider compliance with regulatory requirements.

CCDF funds have allowed **Iowa** to increase the number of licensing consultants and develop an infrastructure to increase the number of preregistration checks.

Maine reports that, in addition to maintaining and increasing monitoring activities, it initiated a stakeholder process to help revise the rules for family child care homes.

- Eight States (AR, CO, FL, HI, MA, NE, RI, WV) used CCDF funds to support the cost of establishing a new, or upgrading an existing, automation system to maintain child care regulatory and/or complaint information.

Colorado developed an imaging system for licensing files that has been integrated with licensing databases, as well as a means to electronically distribute this information to local CCR&R agencies. This gives parents quick and easy access to licensing information.

Hawaii established a personnel registry to document and verify the qualifications of individuals working in early care and education programs, thereby expediting the licensing process.

Massachusetts made it possible for providers to electronically submit much of the paperwork required for licensing. Additionally, the Lead Agency enhanced its computerized complaint and licensing tracking system.

Nebraska is developing a new Child Care Licensing Information System. The first phase is "license issuance" with Internet access to the list of licensed programs. Phase two and three will include enhancements such as inspection findings, complaint findings, accreditation, and participation in the Child Care Subsidy and Food Programs.

Other States mentioned a variety of planning and training initiatives aimed at strengthening the State's ability to monitor compliance with regulatory standards.

The **District of Columbia** is developing a plan, based on the Military Model, to transform the current child care licensing inspection and monitoring process.

Florida is sponsoring collaborative meetings with licensing staff, school readiness providers, and other State programs that impact school readiness to clarify and implement uniform policies for the monitoring and enforcement of compliance with child care regulations.

New York's Training Institute for Regulatory Staff

Sessions at the institutes included:

- "A Regulator's Guide to Carrying Out Effective Complaint Investigation and Enforcement";
- "The Role of the Licensor";
- "Health and Safety Competencies for Becoming a Family or Group Family Day Care Provider"; and
- "A Regulator's Guide to Developmentally Appropriate Practice."

New York developed and delivered training for regulatory staff that emphasized developmentally appropriate practice, using the *Early Childhood Environment Rating Scale* (*ECERS*). In addition to regional training, five centralized training institutes, ranging from two to four days in duration, were held for inspectors and registrar staff.

Professional Development, Including Training, Education, and Technical Assistance

- Twenty-nine States (AR, CO, CT, DE, ID, IA, KS, KY, LA, ME, MD, MI, MN, MT, NE, NH, NJ, NY, NC, OK, OR, PA, SC, UT, VT, WA, WV, WI, WY) and one Territory (CNMI) described efforts to support or build an early care and education career development system.

Delaware uses CCDF funds to support its professional development system for child care providers through Delaware First. Funded activities include: curriculum development, training, administration of the personnel registry system, and a network of child care resource centers. The network is comprised of four centers and three resource vans. Staff in the Office of Child Care Licensing manage the professional development system and directly administer the Personnel Registry database.

Pennsylvania contracts with Keystone University Research Corporation (KURC) to manage the Pennsylvania Pathways system. Through this system, the Lead Agency delivers free and low-cost training/education, technical assistance, and on-site mentoring opportunities to center-based, home-based, and relative/neighbor caregivers. Professional development indicators are cross-walked with the Keystone Stars performance standards; the *ITERS*; the *ECERS*; the *School-Age Care Environment Rating Scale*; and the CDA certificate, which is currently being developed. Pathway's Web site, *http://www.papathways.org*, offers online access to a Statewide training calendar.

South Carolina collaborates with the Center for Child Care Career Development (CCCCD) to support a career development system with five key components:

1. A personnel registry that utilizes a cost-efficient computerized photo-identification system;
2. A training curriculum and trainer approval process;
3. A Statewide trainer registry for training offered for the South Carolina Department of Social Services licensing continuing education credit;
4. A Statewide training calendar; and
5. An entry-level credentialing process for the ABC 30-hour credential.

The career development system is also linked to the T.E.A.C.H.® Early Childhood South Carolina Project and a salary bonus program, Smart Money, for eligible students who complete the South Carolina Early Childhood Credential and ABC 30-hour credential.

- Twenty-two States (AK, CA, CO, DE, ID, IL, IA, KS, KY, ME, MA, MI, NH, NC, PA, TN, UT, VT, WA, WI, WV, WY) reported that they work with CCR&R agencies to implement and/or coordinate training.

Each **Illinois** CCR&R agency has a resource developer who is trained to assist providers with a variety of business-related needs, a training coordinator who conducts a biennial survey on provider training needs, and a Quality Counts van to help deliver home-based training. Additionally, the CCR&R agencies receive funds for mini-scholarships to support:

- Providers who attend training, conferences, or college courses;
- Attainment of child care credentials, such as the CDA credential, by individuals; and
- The pursuit of center or family home program accreditation.

The Lead Agency also contracts with The Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) for the Illinois Trainers Network. This model trains individuals in the early care and education field on specific curricula such as *Foundations of Family Child Care* and *Creative Curriculum*. The Healthy Child Care Illinois Program builds upon the CCR&R system's established educational programs by using child care nurse consultants to inform child care providers and families on health-related topics.

T.E.A.C.H.
Early Childhood® Project

The T.E.A.C.H. Early Childhood® Project is designed to provide a sequential professional development path for teachers, program directors, and child care providers currently in the early care and education field. T.E.A.C.H. Early Childhood® scholarships link continuing education with increased compensation and require that recipients and their sponsoring child care programs share in the cost.

- Seventeen States (AL, CO, FL, HI, IL, IN, IA, MI, MN, MO, NE, OK, PA, SC, VA, WA, WI) reported that they are involved in the implementation of the T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Project.

T.E.A.C.H. Early Childhood® **Michigan** has enrolled a total of 1,257 participants in 79 Michigan counties. The Lead Agency reports that the T.E.A.C.H. compensation component resulted in a 6 percent increase in participant wages. Collaborative partnerships are facilitated among scholarship recipients, participating colleges and

universities, the Statewide Michigan Early Childhood Professional Development Consortium, child care programs, and the Family Independence Agency.

T.E.A.C.H. Early Childhood® **Nebraska** is administered by the Nebraska Association for the Education of Young Children with staff support from the Early Childhood Training Center. CCDF funds support both T.E.A.C.H. scholarships and staff assistance in proceeding with plans to raise private dollars to support the wage enhancement portion of the initiative.

- Thirteen States (AR, CO, IN, KS, MA, MI, MO, NE, NY, NC, OK, PA, SC) indicated that they had supported the development and/or delivery of training initiatives that used distance learning techniques.

  Indiana cooperated with higher education and private sector funders to develop On-Line Child Care Learning, a Web-based opportunity for a complete college credit CDA credential (*www.childcarelearning.IN.gov*). The initiative includes additional literacy and business components as well as mentor assistance.

- Nine States (CA, FL, MT, NE, OK, PA, TN, WV, WI) reported that they supported mentoring projects for early care and education practitioners.

  Montana supports grants to establish and support mentoring programs that match experienced caregiver mentors with novice caregiver protégés. Mentor programs are currently housed in four resource and referral offices, one community college, and one child care association.

- Seven States (AK, AR, CO, MI, MN, NE, NC) indicated that they were engaged in cross-system training initiatives.

  The **Colorado** Lead Agency contracts with the Colorado Department of Education to develop and support the ongoing operation of a network of approximately 35 grassroots training and technical assistance units (early childhood learning clusters) across the State. The clusters bring people together in each community to assess learning needs, develop and implement a plan to meet those needs, disseminate information on training, and increase community capacity through better relationships, cooperation, and collaboration. Funded communities offer workshops, courses, scholarships, mentor programs, peer coaching, and visits to other programs.

  Nebraska developed a Framework for Early Childhood Professional Development that is supported by many State-level agencies. Additionally, CCDF funds (along with funds from Head Start and Part C) support regional training coalitions that provide local, collaborative training linked to the Framework.

- Seven States (CT, FL, HI, IA, MA, MI, MO, NY) used CCDF funds to support training for unregulated child care provided by family, friends, and neighbors.

Missouri makes funds available to the 4C Association (child care resource and referral agencies) to support incentives for aide and relative care providers who pursue additional basic child care training.

- Six States (MD, MA, NE, NC, PA, WV) reported that they were funding the cost of training practitioners to administer environment rating scales.

Massachusetts began training providers to use environment rating scales to assess and improve their programs, and to identify areas for improvement.

West Virginia funded training for CCR&R staff and other approved trainers in administering *ITERS* and *ECERS* rating scales.

Improving Salaries and Other Compensation for Child Care Providers

- Twenty States (AK, CA, FL, GA, ID, IL, KS, MN, MS, MT, NJ, NY, NC, OK, OR, PA, SC, UT, WV, WI) reported that they were involved in some type of child care practitioner wage initiative.

Montana's Merit Pay initiative offers $400 and $200 awards to child care providers who participate in preapproved early childhood training.

New Jersey provides $5,000 annually to teachers working in child care centers that contract with Abbott School Districts (the State's prekindergarten program) and who are working toward an early childhood degree or certification. Participants also receive a $50 stipend for books.

Salaries and Compensation

88% of States reported that they are undertaking efforts to improve the compensation of child care providers.

North Carolina supports the Child Care WAGE$® program, which provides annual salary supplements to child care workers who obtain post-secondary education related to child development and stay in their jobs. Additionally, CCDF supports T.E.A.C.H. Early Childhood® Health Insurance for child care workers.

Oklahoma supports a wage initiative, modeled after North Carolina's Child Care WAGE$®, called Rewarding Education with Wages and Respect for Dedication.

- Five States (IN, MA, NV, WV, WY) indicated that they were seeking to address compensation issues through a State apprenticeship program, which may include wage stipulations.

West Virginia requires apprentices to have a sponsor who has a progressive salary scale in place and agrees to provide a salary increase when the apprentice completes two of the four semesters of training and when s/he is certified as a CDA.

Language, Literacy, Pre-reading, and Numeracy

98% of States and 75% of the Territories reported that they are or will be involved in activities that support early language, literacy, pre-reading, and numeracy development.

Activities in Support of Early Language, Literacy, Pre-reading, and Numeracy Development

- Twenty-three States (AL, AZ, AR, CA, DE, DC, FL, GA, IL, IN, MD, MN, NY, NC, OR, PA, PR, TN, TX, UT, VT, WV, WI) and one Territory (CNMI) reported that they support training initiatives aimed at assisting early care and education practitioners' promotion of early language, literacy, pre-reading, and numeracy development.

- Eight States (CA, DC, IL, MN, OR, PA, TX, WI) reported that they have funded train-the-trainer initiatives aimed at helping early care and education trainers learn more about how to promote early language, literacy, pre-reading, and numeracy development.

California supports Statewide training of trainers focused on a publication titled *Assessing and Fostering a First and Second Language in Early Childhood*. Additionally, the Lead Agency works with the Public Broadcasting Preschool Education Project to offer training for family child care providers and parents. And California reported that it will publish a prekindergarten learning and development curriculum.

The **Texas** Lead Agency participated in the Head Start STEP Training as well as a mentor coach initiative for child care programs that serve subsidized children.

- Three States (FL, ME, VT) reported that they support technical assistance focused on helping early childhood programs promote language, literacy, pre-reading, and numeracy development in young children.

- Four States (AR, DC, KS, MI) reported that they are working in partnership with libraries to promote early language, literacy, pre-reading, and numeracy development in young children.

- Three States (IL, MA, TX) reported that they were working in partnership with Head Start/Early Head Start agencies.

- One State (DC) has formed a partnership with faith-based organizations to promote early literacy.

- Three States (AL, KS, WV) support the distribution of books and/or activity kits to young children and their families.

Kansas implemented an early language/communication assessment using the early communication indicator tool developed by the University of Kansas. Children, 4 to 40 months of age, are assessed quarterly to measure expressive language.

- Two States (FL and MI) are involved in family literacy projects.

Florida passed legislation that increased training requirements for licensed and registered school readiness providers, adding literacy and language development training.

- One State's (PA) Lead Agency worked with the State education department to establish a literacy Web site (*www.pabook.libraries.psu.edu/famlit2.html*) that provides parents, teachers, and children with literacy resources that are accompanied by teaching tips, tools, and activities.

Activities to Promote Inclusive Child Care

- Twenty-eight States (AL, AZ, AR, CA, CT, DC, FL, GA, HI, IL, IN, MD, MA, MO, NV, NY, NC, ND, OK, PA, PR, RI, SD, TX, UT, VT, WV, WI) and one Territory (GU) reported that they support training aimed at helping practitioners serve children with special needs.

- Five States (IL, MN, ND, PA, UT) reported that they support train-the-trainer initiatives that were designed to help early childhood practitioners serve children with special needs.

Utah created a new Career Ladder Training Endorsement, Working with Children with Challenging Behaviors. The Lead Agency contracted with a mental health agency to create the curriculum and develop a train-the-trainer program.

Collaboration with State Education Agency Strengthens Training

The Arkansas Lead Agency negotiated a Memorandum of Understanding (MOU) with the Department of Education to integrate CDA classes with the Arkansas Department of Education Paraprofessional Training Program. The purpose of the MOU is to avoid duplication of training and strengthen training in working with children with special needs, particularly in Legal/Ethical Aspects, Individual Family Services Plan/Individual Education Program, and Awareness and Referral Strategies. The Arkansas Department of Education accepts the successful completion of the CDA as meeting the requirements for paraprofessionals working with preschoolers with special needs.

- Thirteen States (DE, GA, MD, MN, MO, NC, ND, PA, RI, SC, SD, TN, TX) and one Territory (GU) indicated 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.

South Carolina administers Provide Access Grants to help providers accommodate children with special needs.

- Eleven States (CO, FL, KY, MA, MO, MT, ND, SD, UT, VT, WV) reported 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, all aimed at

supporting children with special needs and their families as well as supporting the early care and education programs and practitioners who serve them.[29]

The Lead Agency in **Florida** reported that it funds a "warm line" that operates through the CCR&R Network and is available to all service providers through regional inclusion specialists. These specialists offer training and technical assistance.

West Virginia funds Behavior Support Specialists to assist child care providers in serving children with special needs.

The Lead Agency in **Massachusetts** has partnered with numerous other State offices and the Statewide resource and referral network to ensure that children and their families receive individualized services from specialists wherever it is required. Along with the Department of Public Health, it jointly funds Regional Consultation Programs (RCPs) to support the individual care that infants and toddlers with disabilities require and provides on-site expertise at child care programs that will help to make children's experiences in child care successful.

- Five States (AL, TN, TX, VT, WV) reported that they provide or fund the acquisition of adaptive equipment.

- Two States (CT and KS) reported that they had recently revised their payment system to more accurately reflect the cost of serving children with special needs.

- Two States (MA and VT) indicated that they make funds available to support additional staff in programs that serve children with special needs.

- Nine States (CA, FL, GA, IL, IA, MA, NE, NC, TX) and one Territory (GU) described their involvement in cross-system planning and coordination efforts focused on improving early care and education services for children with special needs.

  Georgia established a Task Force on Child Care for Children with Disabilities that brought together key representatives and agencies to establish a long-term, sustainable, comprehensive interagency approach to addressing issues related to inclusive child care.

[29] When asked to report on the use of infant/toddler set-aside funds, 16 States (CA, DE, FL, IL, KS, KY, MA, MI, MO, NJ, NC, ND, OK, PA, TN, WA) mentioned the use of "infant/toddler specialists or health consultants." When asked to report on inclusion activities, six states (CO, FL, MA, MO, MT, WV) reported that they have "inclusion specialists" and six others (KY, MA, ND, SD, UT, VT) reported that they have health, mental health, or nurse consultants who work with programs to promote inclusion. When asked to report on Healthy Child Care America activities, 20 States (AL, CO, DC, GA, IA, ID, KY, LA, MA, MD, MI, NC, ND, NY, PA, SD, TN, VT, WV, WY) reported that they had developed a network of nurse or health consultants to work with child care practitioners. In some cases, States may be referring to the same initiative in multiple places within the Plan. An unduplicated count indicates that 32 States have established some form of nurse/health/mental health/inclusion/infant/toddler specialist.

Healthy Child Care America and Other Health Activities Including Those Designed to Promote the Social and Emotional Development of Children

- Twenty States (AL, CO, DC, GA, ID, IA, KY, LA, MD, MA, MI, NY, NC, ND, PA, SD, TN, VT, WV, WY) reported that they had developed a network of nurse or health consultants as part of their Healthy Child Care America initiative.[30]

  The **District of Columbia** created a Home Visitor's Council that unites 10 citywide home visitor networks.

- Nine States (FL, ID, IA, MA, MO, ND, OH, PA, SD) reported that they were providing 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.

- Two States (CA and NC) have developed a special "hotline" to provide information on children's health and safety issues.

- Nineteen States (CA, DC, FL, KS, KY, LA, MA, MN, MO, NY, ND, OH, OK, PA, PR, RI, VT, WV, WI) reported that they had developed or funded practitioner training as part of their Healthy Child Care America initiative.

- Eight States (IA, KY, LA, NC, ND, PR, SD, TN) support train-the-trainer initiatives aimed at promoting health and safety in child care settings.

Health Activities

94% of States and 50% of the Territories reported on their involvement in and plans for health and safety activities to increase the quality of child care.

- Two States (FL and OH) have developed a curriculum to promote the physical, social, and emotional health of young children.

- Fourteen States (AR, DE, FL, IN, IA, MD, MA, NE, OH, PA, PR, RI, TX, WI) and one Territory (GU) reported that they are engaged in cross-system planning focused on developing a coordinated service delivery system. In most States this planning is aimed at developing systems to strengthen the social and emotional development of young children and effectively serve children with mental health and behavior problems.

[30] When asked to report on the use of infant/toddler set-aside funds, 16 States (CA, DE, FL, IL, KS, KY, MA, MI, MO, NJ, NC, ND, OK, PA, TN, WA) mentioned the use of "infant/toddler specialists or health consultants." When asked to report on inclusion activities, six states (CO, FL, MA, MO, MT, WV) reported that they have "inclusion specialists" and six others (KY, MA, ND, SD, UT, VT) reported that they have health, mental health, or nurse consultants who work with programs to promote inclusion. When asked to report on Healthy Child Care America activities, 20 States (AL, CO, DC, GA, IA, ID, KY, LA, MD, MA, MI, NY, NC, ND, PA, SD, TN, VT, WV, WY) reported that they had developed a network of nurse or health consultants to work with child care practitioners. In some cases, States may be referring to the same initiative in multiple places within the Plan. An unduplicated count indicates that 32 States have established some form of nurse/health/mental health/inclusion/infant/toddler specialist.

The Lead Agency in **Indiana** partnered with the Statewide Healthy Child Care Indiana Initiative to increase the level of inclusion of the National Health and Safety Standards in licensing rules.

Iowa used Healthy Child Care America funds to expand use of the *Devereux Early Childhood Assessment* program throughout the State.

Other Quality Activities that Increase Parental Choice, and Improve the Quality and Availability of Child Care

- When asked to list other quality activities that increase parent choice and improve the quality and availability of child care, 13 States (AK, GA, KY, MA, MT, NV, NC, OK, PA, SC, TN, UT, VT) mentioned that they had established a quality rating or tiered reimbursement system.

  Pennsylvania used CCDF funds to support piloting the Keystone Stars quality rating system.

  Tennessee requires all licensed child care providers to participate in the Star Quality Child Care Program, which assesses programs, assigns one, two, or three stars, and creates a "report card" to help parents identify a quality provider. CCDF funds support staffing and training the child care assessment units as well as technical assistance and a tiered bonus program for providers.

- Eleven States (CA, CO, ID, IL, MA, NH, PA, SC, TN, VT, WA) noted that they had established a toll-free number that allowed consumers to access information on child care program licensing violations, file complaints, or express concerns.

  In **Vermont**, CCDF will continue to be used to partially fund staff to operate the Child Care Consumer Line and to enhance licensing capacity. This includes funding for a Healthy Child Care Vermont Coordinator who works for the Lead Agency and provides technical assistance related to healthy nutrition and safety issues in child care.

- Eleven States (GA, IL, IN, MA, MS, MO, NC, PA, SD, WA, WI) reported that they made child care licensing information available to consumers via the Web.

  North Carolina redesigned its Web site (*http://www.ncchildcare.net*) to provide more user-friendly information. Consumer information includes: program regulation, licensing requirements, financial assistance, special needs, and resources. Provider information includes regulatory and funding updates, provider documents such as applications, and local links for contacts and resources. A second site, *http://www.ncchildcare.org*, focuses on professional development information and resources.

- Two States (AK and MA) reported that they had strengthened their child care licensing policies.

- Two States (MA and MD) described outreach and technical assistance initiatives aimed at improving the quality of child care in legally exempt child care homes.

- Nine States (CA, IL, KY, MD, MA, MN, NH, RI, TX) pointed out that they have made additional bilingual resources and services available to consumers.

- Two States (FL and RI) stressed that they had funded comprehensive services/family support initiatives to work in collaboration with early childhood programs. Two additional States (DC and KS) noted that they had launched efforts to coordinate existing home visiting/parent education services.

  The Lead Agency in the **District of Columbia** has developed a long-range plan for parent education and convenes a semi-annual meeting of all practitioners involved in parent education and/or home visiting.

  Rhode Island established a Comprehensive Child Care Services Program (CCCSP) to expand access to comprehensive services (similar to those provided by Head Start) in child care settings. CCCSP pays an enhanced rate to networks certified to deliver a full range of supportive services to eligible families.

- Five States (MA, NC, RI, UT, WA) reported that they had funded or were helping to launch research to evaluate the quality, availability, and affordability of early care and education services in their State. In several cases, States noted that this was possible because of additional funding from the Health and Human Services State Child Care Data and Research grant program.

  Massachusetts is using funds from a State Data Capacity Grant for a host of efforts, including establishing databases that will allow the Lead Agency to evaluate the tiered reimbursement system and more effectively monitor the status of the child care workforce (to track qualifications, earnings, and turnover in different parts of the State.)

  Rhode Island plans to use part of its Federal research funding to examine how available child care data can be linked to outcomes that indicate success in early literacy and school readiness, strong families, and positive youth development.

  Utah noted that it will soon launch a study of the economic importance of the child care industry.

  Washington is currently assessing the impact of the Career and Wage Ladder Pilot Project on the quality of child care and the effectiveness of the approach.

- Four States (AK, DC, FL, KS) reported that they sought to increase access through coordination with Head Start and Early Head Start.

- One State (CO) stressed coordination with local schools. The State supports a school-readiness child care subsidization program that awards three-year grants to child care centers in targeted school districts. Funds are targeted to districts that have, on average, “low” or “unsatisfactory” scores on the *Colorado Student Assessment Profile* State test. To be eligible

for the grant, child care programs must agree to be part of the Educare quality rating system and develop a school readiness plan.

- One State (MN) indicated that it had strengthened coordination with Tribes.

- Four States (AK, FL, MA, PA) pointed out that their State- and/or local-level interagency planning efforts were aimed at improving choice, quality, and access.

  Florida coordinated a development of a simplified point of entry/unified waiting list for all school readiness programs including center-based, school-based, family child care, Head Start, Even Start, and home visitor programs.

- Three additional States (MA, OH, VT) noted that they had improved their management information systems in an effort to make applying for assistance easier for families and more efficient for the Lead Agency.

- One State (AK) reported that they sought to increase access by revising parent copayments.

- One State (MA) has established several flexible funding pools that allow it to maintain child care contracts and vouchers while ensuring continuity of care. Targeted funds were also made available for teen parents, care during nontraditional hours, homeless families, and children affected by HIV/AIDS.

5.1.5 – Non-Governmental Entities

Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity? The following entities named in this part are non-governmental:

Virtually all States identified non-governmental or private agencies that either led initiatives or participated in activities with the Lead Agency to improve the availability and quality of child care.

Section 5.2 – *Good Start, Grow Smart* Planning and Development

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 numeracy, a plan for the education and training of child care providers, and a plan for coordination across at least four early childhood programs and funding streams.

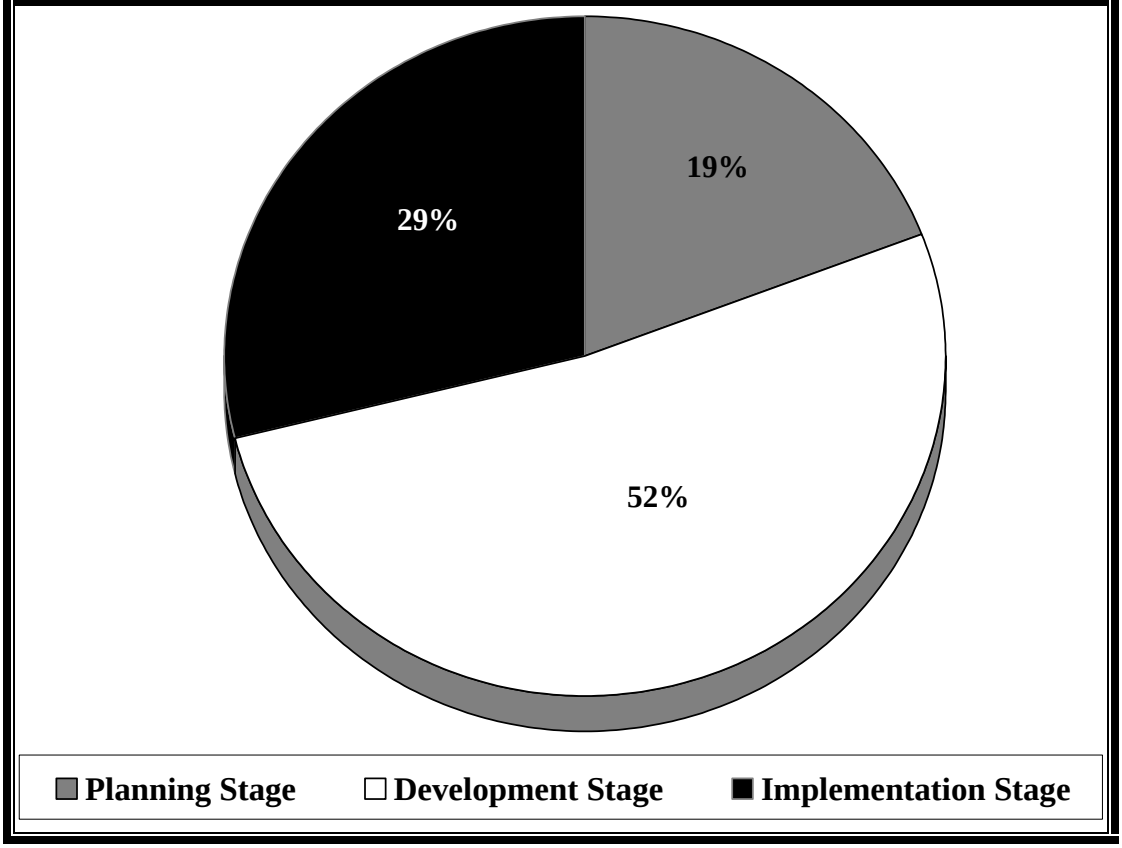
5.2.1 – Voluntary Guidelines for Early Learning

Indicate the current status of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and numeracy for three to five year-olds.

States' descriptions of the status of their early learning guidelines fell into three broad categories:

- A planning stage, in which States are thinking through the development of early learning guidelines;
- A development stage, in which States have at a minimum created a core group to lead the development of early learning guidelines and have taken steps to begin creating guidelines; and
- An implementation stage, in which States that have developed guidelines also have moved ahead in a substantial fashion to implement the early learning guidelines in early care and education settings.

CHART 5.2.1-A
STATUS of STATE EARLY LEARNING GUIDELINES



Source: Information compiled from State CCDF Plans, FY 2004-2005.

The Education Commission of the States will facilitate a 10- to 12-month workgroup focused on developing early childhood education standards (guidelines) for **Alaska**.

Two work groups (Birth–Three and Three–Four) were convened by the **Kentucky** Department of Education and the Governor's Office of Early Childhood Development in

2001. The purpose of the workgroups was to align child learning standards from birth–age 3 and age 3–4 with the K–12 Program of Study.

Recognizing the value and need for quality early childhood education programs for children age 4–8, the **Michigan** State Board of Education appointed an Ad Hoc Advisory Committee for Early Childhood Standards of Quality in April 1991.

- All of the Territories (AS, CNMI, GU, AS) are in the planning stage.

Early Learning Guideline Development Process

Describe the process that was used or is planned for developing the State's early learning guidelines. Indicate who or what entity provided (or is providing leadership) to the process as well as the stakeholders involved. Was (or is) the process framed by State legislation, research and/or guiding principles? If so, please describe. How are (or will) the early learning guidelines and the State's K-12 educational standards aligned? If they are not aligned, what steps will be taken to align them? If the early learning guidelines are in development, what is the expected date of completion?

Leadership

- In 44 States (AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MD, MA, MI, MN, MS, MO, MT, NE, NV, NJ, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, UT, VT, VA, WA, WV, WY), the State Department of Education was providing leadership, sometimes along with other entities such as child care.

  The **Arizona** Early Childhood Education Standards were developed under the direction of the Adult/Family Literacy program office at the Arizona Department of Education as a result of a grant received from the National Even Start office.

- In eight States (FL, HI, KS, MN, MT, NE, NV, ND), a coordinating council consisting of representation from education, Head Start, and child care, or a State agency consisting of such representation, was taking the lead.

  In December 2002, the **Montana** Early Childhood Advisory Council (MECAC) reviewed the *Good Start, Grow Smart* presidential initiative, including the requirement to report on the status of developing voluntary Early Learning Guidelines. The MECAC recommended that a core group of stakeholders be created to begin the process of establishing voluntary early learning guidelines for the State of Montana.

- In 23 States (AL, CO, FL, GA, HI, IA, KS, KY, ME, MN, MT, NE, NV, NH, NM, NY, ND, OK, RI, UT, VT, WI, WY), child care was involved in leadership, often in conjunction with other entities such as the State Department of Education.

  The Director of the Office of Child Care and Head Start is providing leadership to the development of the **Maine** Early Childhood Learning Results.

Stakeholders

The most frequent stakeholders involved in the development of early learning guidelines were public school prekindergarten, child care, Head Start, special education, and higher education. Other stakeholders included parents, health agencies, Governors' Offices, child care resource and referral agencies, Tribes, child advocacy groups, provider associations, and TANF and other State agencies.

In **Colorado**, the stakeholder group, through the partnership between the Department of Education and the Department of Human Services Child Care Division, was inclusive of General Preschool Education, Preschool Special Education, Prevention Initiatives, Center and Home Based Child Care, and Infant/Toddler Quality Enhancement Initiatives.

In **Mississippi**, the curriculum represents the expertise and experience of a writing team of early childhood professionals who worked to interpret appropriate practice in programs for young children. These committees included representatives from the State's Department of Education, Department of Human Services, Department of Health, Head Start Agencies, Two-Year and Four-Year Colleges and Universities, Public/Private Child Care Providers, and Public School Districts.

In **Delaware**, the process involved an inclusive stakeholder group that included: a Statewide committee with representatives from the early care and education community (child care centers, family child care, and private preschools), institutions of higher education, family literacy programs, Head Start, a State prekindergarten program, policy-makers (legislators and the Governor's Office), child care licensing, a State resource and referral program, school administrators, child care administrators, kindergarten teachers, special education teachers, State early childhood professional organizations, and parents.

In the Territories, the common stakeholders included child care, Head Start, prekindergarten programs, and special education.

Framing

- Ten States (AR, CO, CT, FL, ID, MO, OK, PR, TX, WV) noted that their early learning guidelines' process was framed by State legislation.

  The **Florida** Partnership for School Readiness was charged with adopting a system for measuring school readiness and developing school readiness performance standards and outcome measures in its originating legislation (Section 411.01 F.S.).

- Twenty-seven States (AZ, AR, CA, CO, DC, HI, IL, IN, IA, KS, LA, ME, MI, MO, NE, NV, NJ, NM, NY, NC, OH, OK, OR, RI, VT, VA, WY) referenced the use of research to frame their early learning guidelines process.

  The **Oklahoma** team reviewed national standards, other State standards, and current research to guide the process of developing its early learning guidelines.

- Twenty-three States (CO, CT, DE, DC, IL, KS, MN, MS, MO, MT, NE, NV, NJ, NC, OR, RI, SC, SD, TN, TX, VT, WA, WI) used guiding principles to frame their early learning guidelines process.

  The **Illinois** Early Learning Standards are framed by a set of guiding principles, seen below:

  - Early learning and development are multidimensional. Developmental domains are highly interrelated.
  - Young children are capable and competent.
  - Children are individuals who develop at different rates.
  - Children will exhibit a range of skills and competencies in any domain of development.
  - Knowledge of how children grow and develop, together with expectations that are consistent with growth patterns, are essential to develop, implement, and maximize the benefits of educational experiences for children.
  - Young children learn through active exploration of their environment in child-initiated and teacher-selected activities.
  - Families are the primary caregivers and educators of young children.

  <u>Alignment</u>

- Forty-eight States (AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MI, MN, MS, MO, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) responded that specific efforts had been or would be undertaken to ensure alignment between their early learning guidelines and the State's K–12 educational standards.

  The **Illinois** Early Learning Standards are aligned not only with the Illinois K–12 Learning Standards, but also with the Head Start Child Outcomes Framework. They are organized to parallel the content and goals of the Illinois Learning Standards for K–12 education and provide the first benchmarks on the road to accomplishment of the K–12 Standards.

  In **Ohio**, the writing teams reviewed the research regarding the standards, produced draft standards, held focus groups, and revised the standards based on feedback. Final copies of the standards were presented to the Ohio Department of Education School Board in November 2002 for review. The early learning standards process mirrored the process used for the development of K–12 standards.

  In **Indiana**, the Foundations for Young Children are aligned with the Indiana Academic Kindergarten Standards in order to reflect and to support the increasing research base related to brain development and how young children learn best. The Foundations for Young Children are a guide that will assist the young learners in preparing for success.

Early Learning Guidelines Domains

Describe the domains of development that the early learning guidelines address or are expected to address, e.g., social, emotional, cognitive, linguistic, and physical. States that have completed early learning guidelines should include a copy as an appendix to the plan. If the guidelines are available on the Web, provide the appropriate Web site address.

The States reported that they have or will address a range of early learning guidelines domains, as illustrated in Table 5.2.1.

TABLE 5.2.1
DOMAINS ADDRESSED or THAT WILL BE ADDRESSED in STATES' EARLY LEARNING GUIDELINES

State	Physical/ Health	Social/ Emotional	Cognitive	Language and Literacy	Approaches to Learning	Creative Arts
Alabama						
Alaska	✓	✓	✓	✓		
Arizona	✓	✓	✓	✓		✓
Arkansas	✓	✓	✓	✓		✓
California	✓	✓	✓	✓		
Colorado	✓	✓	✓	✓		✓
Connecticut[1]	✓	✓	✓	✓		✓
Delaware	✓	✓	✓	✓	✓	✓
District of Columbia	✓	✓	✓	✓	✓	
Florida	✓	✓	✓	✓	✓	
Georgia	✓	✓	✓	✓		
Hawaii	✓	✓	✓	✓		✓
Idaho	✓	✓	✓	✓		
Illinois	✓	✓	✓	✓		✓
Indiana	✓	✓	✓	✓		
Iowa	✓	✓	✓	✓		✓
Kansas			✓	✓		
Kentucky				✓		
Louisiana	✓	✓	✓	✓		✓
Maine	✓	✓	✓	✓	✓	
Maryland	✓	✓	✓	✓		
Massachusetts	✓	✓	✓	✓		✓
Michigan	✓	✓	✓	✓		✓
Minnesota	✓	✓	✓	✓	✓	
Mississippi	✓	✓	✓	✓		

TABLE 5.2.1
DOMAINS ADDRESSED or THAT WILL BE ADDRESSED in
STATES' EARLY LEARNING GUIDELINES

State	Physical/ Health	Social/ Emotional	Cognitive	Language and Literacy	Approaches to Learning	Creative Arts
Missouri	✓	✓	✓	✓		
Montana	✓	✓	✓	✓		✓
Nebraska	✓	✓	✓	✓		
Nevada	✓	✓	✓	✓		✓
New Hampshire						
New Jersey	✓	✓	✓	✓		
New Mexico						
New York	✓	✓	✓	✓		✓
North Carolina	✓	✓	✓	✓	✓	
North Dakota						
Ohio			✓	✓		
Oklahoma	✓		✓	✓		✓
Oregon	✓	✓	✓	✓	✓	
Pennsylvania	✓	✓	✓	✓	✓	✓
Puerto Rico[1]	✓	✓	✓	✓		✓
Rhode Island	✓	✓	✓	✓	✓	✓
South Carolina	✓	✓	✓	✓		
South Dakota	✓	✓	✓	✓		✓
Tennessee	✓	✓	✓	✓		
Texas	✓	✓	✓	✓		✓
Utah	✓	✓	✓	✓		✓
Vermont	✓	✓	✓	✓	✓	✓
Virginia			✓	✓		
Washington	✓	✓	✓	✓		
West Virginia	✓	✓	✓	✓		✓
Wisconsin	✓	✓	✓	✓	✓	
Wyoming	✓	✓	✓	✓	✓	✓
Total Number of States	**44**	**43**	**47**	**48**	**12**	**24**

Source: Information compiled from State CCDF Plans, FY 2004-2005.

Note:
[1] Puerto Rico included language and literacy in the cognitive domain.

Early Learning Guidelines Implementation

Describe the process the State used or expects to use in implementing its early learning guidelines, e.g., feedback and input processes, dissemination, piloting, training in the use of the guidelines, and linkages with other initiatives such as incentives for provider education and training. To what extent is (or was) implementation anticipated in the development of the guidelines? To which child care settings do (or will) the guidelines apply and are the guidelines voluntary or mandatory for each of these settings? How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation?

Implementation Processes

The following implementation processes were identified most frequently by the respondents.

- Thirty States (AR, CA, CO, CT, DE, DC, FL, HI, IL, IN, ME, MD, MI, MN, MO, MT, NV, NJ, NM, NY, OH, OK, PR, RI, SC, SD, TX, WA, WI, WY) and all of the Territories (AS, CNMI, GU, VI) reported that training would be provided as part of the implementation process.

- Twenty-five States (AZ, CA, CT, DE, DC, FL, IL, IN, KY, MD, MI, MS, MO, MT, NE, NY, OH, OK, PR, SD, TN, TX, UT, VA, WA) reported that dissemination would be included as part of the implementation process.

- Sixteen States (CA, DC, IN, IA, KY, MA, NJ, NM, NY, NC, OH, OK, RI, TN, VT, WV) reported that they would be gaining feedback as part of the implementation process.

- Thirteen States (AR, DC, IL, ME, MD, MT, NY, OK, PR, RI, SC, TN, WA) reported that they would be piloting early learning guidelines as part of the implementation process.

Other implementation activities include linkages with incentives, monitoring, creating parent and provider documents, and translating materials.

Applicable Settings

States often make distinctions among family child care, center child care, and State-funded prekindergarten programs in terms of mandating the use of guidelines.

- For *center-based* child care programs, 39 States (AZ, AR, CA, CO, CT, DE, DC, FL, HI, ID, IL, IN, IA, LA, ME, MD, MA, MI, MN, MS, MO, NE, NV, NH, NJ, NC, OH, PR, RI, SC, SD, TN, TX, UT, VT, VA, WV, WI, WY) reported that the guidelines will be voluntary.

- No State reported that the center-based guidelines are mandatory.

- In *family child care* settings, 39 States (AZ, AR, CA, CO, CT, DE, DC, FL, HI, ID, IL, IN, IA, LA, ME, MD, MA, MI, MN, MS, MO, NE, NV, NH, NJ, NC, OH, PR, RI, SC, SD, TN, TX, UT, VT, VA, WV, WI, WY) reported that the guidelines will be voluntary.

- No State reported that the family child care guidelines will be mandatory.

- Twenty States (AZ, CO, IN, IA, ME, MD, MA, MN, MS, MO, NE, NV, NH, NC, RI, SD, UT, VT, WI, WY) reported that the guidelines will be voluntary for *State-funded prekindergarten* or school readiness programs.

- Fifteen States (AR, CA, CT, DE, DC, FL, HI, ID, LA, MI, NJ, SC, TN, VA, WV) reported that they will be mandatory.

Early Learning Guidelines Assessment

As applicable, describe the State's plan for assessing its early learning guidelines. What will be the focus of the evaluation, i.e., guideline development and implementation, programs or child care settings, and/or outcomes related to children? Will young children's progress be evaluated based on the guidelines? How will assessment be used to improve the State's guidelines, child care programs, plans and outcomes for individual children?

States are conducting or planning to conduct a variety of evaluation activities related to early learning guidelines.

- Fifteen States (CA, CO, DE, HI, IN, ME, MT, NV, NY, OH, PR, RI, TN, TX, UT) report an intent to evaluate the early learning guidelines themselves as a result of their use, potentially leading to revision of the guidelines.

- Fourteen States (AR, CT, DC, FL, HI, IL, MD, MN, NM, OH, PR, SC, TN, UT) report an intent to track children's progress or outcomes once the early learning guidelines are in use.

- Thirteen States (AR, DE, DC, IA, MI, MN, NV, NJ, NM, RI, SC, TN, VA) will evaluate program effectiveness once the early learning guidelines are in use.

- Six States (IA, NE, NV, NJ, PA, RI) will assess the impact of early learning guidelines on teacher practice.

In **Arkansas**, assessment of the effectiveness of the State's early learning guidelines is a two-pronged approach. The State has developed specific assessments for determining program effectiveness and quality as well as specific guidelines for child outcomes.

In **Minnesota**, in a pilot study in the fall of 2002, a random sample of 1,851 kindergarten children were assessed by their kindergarten teachers. Teachers rated the school readiness of each child using a customized Work Sampling System assessment that includes 30 indicators in five domains comparable to the domains and indicators in the *Early Childhood Indicators of Progress* (*ECIP*). The developmental domains and indicators in the Preschool-4 Work Sampling System Developmental Guidelines used in this study are consistent with and align with the *ECIP*. Results of this assessment study were published in the *Minnesota School Readiness Initiative: Developmental Assessment at Kindergarten Entrance Fall 2002 Pilot Study*, available on the Web at *http://education.state.mn.us*.

In **Rhode Island**, assessment of the Early Learning Standards (ELS) is an ongoing and vital aspect of the project. Currently the focus of project assessment has been on the effectiveness of the guidelines, the document, and the professional development designed to make the ELS come to life in all types of ECE programs—center-based classrooms, family child care homes, and public school classrooms in particular. The standards were designed to be the basis for both developmentally appropriate curriculum and assessment. As the implementation effort widens and goes to scale, both the impact of standards on program quality and on outcomes for children will be assessed.

5.2.2 – State Plans for Professional Development

Training and Technical Assistance

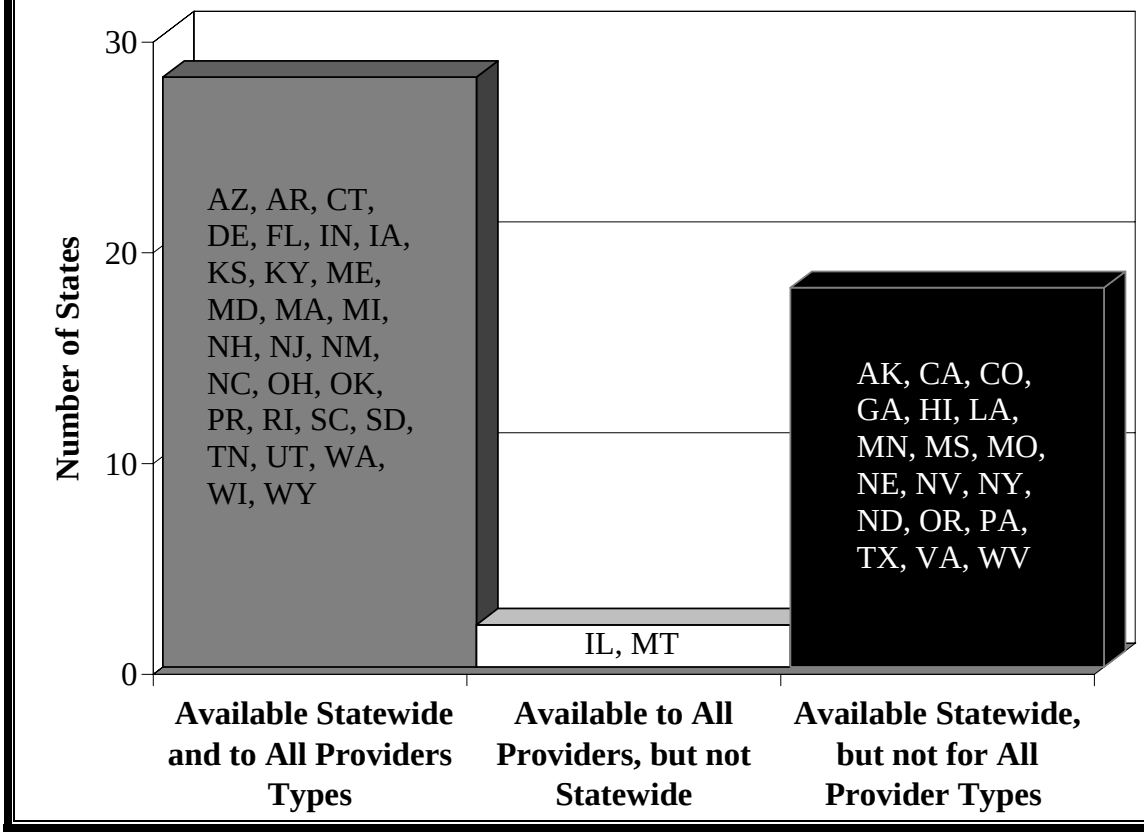
Describe the provider training, technical assistance, and professional development opportunities that are available to child care providers. Are these opportunities available Statewide to all types of providers? If not, please describe.

The States reported on a wide variety of training and technical assistance opportunities available to early childhood providers, many of which are discussed in more detail in Section 5.1. Common activities described included CDA credential-related training, age-specific training, health and safety trainings, orientation trainings offered in conjunction with licensing agencies, business/management training for center directors and family child care operators, and technical assistance provided by health consultants. Typical delivery methods cited included delivery of workshops by CCR&Rs, trainings by State Associations for the Education of Young Children, on-site training, distance learning, material lending libraries, and college courses.

- Twenty-eight States (AZ, AR, CT, DE, FL, IN, IA, KS, KY, ME, MD, MA, MI, NH, NJ, NM, NC, OH, OK, PR, RI, SC, SD, TN, UT, WA, WI, WY) reported they offer training and technical assistance activities Statewide and to all types of providers, as detailed in the following chart.

- An additional 20 States (AK, CA, CO, GA, HI, IL, LA, MN, MS, MO, MT, NE, NV, NY, ND, OR, PA, TX, VA. WV) offer training and technical assistance, but do not do so for all providers or in all parts of the State.

CHART 5.2.2-A
AVAILABILITY of TRAINING and TECHNICAL ASSISTANCE OPPORTUNITIES



Source: Information compiled from State CCDF Plans FY 2004-2005.

The **Florida** Partnership for School Readiness Quality Initiative (FPSR-QI) is a model training and technical assistance system designed to support the continuous improvement of school readiness coalitions and programs as they work to provide high-quality and effective services to children and families. The FPSR-QI provides Statewide, regional, and local assistance to coalitions and service providers based on an in-depth needs assessment, strategic goals and objectives, emerging priorities in school readiness, and local requests. The Partnership contracts with the Florida Children's Forum to operate the FPSR-QI.

A variety of provider training, technical assistance, and professional development opportunities are available to child care providers in **Kansas**. Training to meet child care licensing requirements is provided Statewide by local resource and referral agency staff. Free online child abuse and neglect training is also available to providers Statewide. The Apprenticeship Program, which is available in some parts of the State, provides college-level course work and 4,000 hours of on-the-job training to enrolled early childhood apprentices. Enrollees must have a sponsoring provider site and obtain a CDA credential during the two-year program. Funds are provided for tuition assistance.

Kentucky's Office for Early Child Care has developed a planned program of instruction that includes core content for providers seeking a CDA credential. The core content is required Statewide for consistency throughout the Commonwealth. Providers are given individualized, professional development growth plans outlining their goals, objectives, and strategies. Professional Development Counselors offer one-on-one technical assistance to early child care providers and are the source through which providers may apply for various programs.

In FY 2003, **Missouri** implemented a basic eight-hour Child Care Orientation Training (CCOT) for beginning child care providers. CCOT will serve as the consistent Statewide foundation for Missouri's future training system. Currently a voluntary training, child care licensing rules are being revised with the intent of making CCOT mandatory for new providers. Plans are underway to expand the availability of CCOT in order to require the training for unlicensed, unregulated providers who accept Missouri's subsidy reimbursement.

The Office of Children and Family Services sponsors teleconferences, twice a month, which bring recognized child care experts to child care providers at 96 sites across **New York**. Providers may receive credit for their participation in the teleconferences toward their required 30 hours of training. An average of 4,000 providers participate in each session.

Locally based training organizations across the State offer direct and distance education opportunities to child caregivers as a part of the **Pennsylvania** Pathways system. Training, technical assistance, and on-site mentoring are delivered by community college and university faculty as well as other public and private for-profit and nonprofit organizations whose staff are approved through the Pennsylvania Pathways Trainer Quality Assurance System.

In **Puerto Rico**, the Lead Agency provides technical assistance to child care providers on health and safety standards, appropriate practices, curriculum, planning adequate activities, daily routine, parent education, voluntary services, and other topics.

Professional Development Plan

Does the State have a child care provider professional development plan? If Yes, identify the entities involved in the development of the plan and whether the plan addresses all categories of providers. As applicable, describe: how the plan includes a continuum of training and education, including articulation from one type of training to the next; how the plan addresses training quality including processes for the approval of trainers and training curriculum; how the plan addresses early language, literacy, pre-reading, and numeracy development. Indicate whether the plan is linked to early learning guidelines and, if so, how. If no, 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 numeracy.

Over 94 percent of States reported they have or are developing a professional development plan for their early childhood workforce. While States cited many entities in the development of

professional development plans and efforts, the key involvement of the Lead Agencies in plan formation and component implementation was specified in all of the States' descriptions.

- Thirty-six States (AK, AZ, AR, CA, CO[31], CT, DE, DC, HI, IA, KY, LA, ME, MD, MN, MT, NE, NV, NH, NJ, NM, NC, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WV, WI, WY) and two Territories (AS and CNMI) reported they have a professional development plan.

  Alaska's professional development plan for child care is embedded in the System for Early Education Development (SEED). The system was developed through over 10 years of collaborative effort of early childhood professionals across the State representing the diverse components within the field of a workforce approaching 5,000 early childhood educators. Entities involved in the plan include: the Department of Education and Early Development, vocational training, Alaska Association for the Education of Young Children, University of Alaska System, Alaska Pacific University, CCR&Rs, Head Start Quality Center, Maternal, Child & Family Health, RurAL Cap Head Start, Tlingit & Haida Head Start, U.S. Department of Labor, the Child Care Administrator, the Head Start Collaboration Director, the Department of Education and the Early Development Special Education Director, and the Teacher Certification Director.

  Through a memorandum of understanding with the **American Samoa** Community College, the Department of Human and Social Services (DHSS) is providing professional development courses specifically for child care providers. DHSS will work closely with the American Samoa Community College and the Department of Education, Early Childhood Education program to develop a curriculum that goes beyond basic child development and learning approaches.

  Via formal and informal mechanisms, **Arizona's** Department of Economic Security (DES) Child Care Administration receives ongoing input and guidance from various entities/stakeholders regarding the professional development plan. In particular the DES Child Care Advisory Committee and other policy work groups have been instrumental in the development of this plan. Stakeholder involvement includes, but is not limited to the following: community-based agencies that serve children and families; State agencies; Head Start grantees; institutes of higher education, including universities and community colleges; CCR&Rs; Tribal partners; informal care providers and networks, including kith and kin programs; center-based child care staff; public schools; family child care provider organizations; business community representatives; philanthropic organizations; and elected officials.

  In 1991, Governor David Walters issued a proclamation establishing the **Oklahoma** Early Childhood Professional Development Team in order to create a career path for early care and

[31] While Colorado is counted in this report as having a professional development plan, they noted that in order to achieve the objectives of *Good Start, Grow Smart*, they will convene stakeholders to purposefully address early language, literacy, pre-reading, and numeracy through the currently established State system of professional development.

education professionals. The Department of Human Services, Division of Child Care was the Lead Agency and established a team representing Career Technology, Tribal, Head Start, universities, two-year colleges, early childhood associations, child care, and CCR&Rs.

Tennessee's professional development plan was developed by the Lead Agency in conjunction with the Governor's Child Care Task Force, the Departments of Health and Education, the Council on Developmental Disabilities, the Tennessee Board of Regents, institutions, child care providers, and other early childhood education specialists.

- Thirteen States (FL, ID, IL, IN, KS, MA, MI, MS, MO, ND, OH, PR, VA) and two Territories (GU and VI) described steps underway to develop a professional development plan.

Continuum of Training and Education

Providing a continuum of training and education opportunities was one of the guiding principles cited in many States' descriptions of their professional development plans. States described their efforts to provide ongoing support for all providers.

- Thirty-five States (AK, AZ, AR, CA, CO, CT, DE, DC, HI, IA, KY, ME, MD, MN, MT, NE, NV, NH, NJ, NM, NC, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WV, WI, WY) outlined how their professional development plan offers a continuum of training and education.

In **Minnesota**, Regional Professional Development Centers offer a continuum of professional development opportunities to implement the work of the State's professional development resource network, connect with community resources, and link with higher education institutions.

Nebraska's Early Childhood Training Center has a primary role in coordination of training and has been mindful of strategies that address the range of training and education needs—from entry-level to the post graduate-level. Particular emphasis has been placed on issues of articulation from in-service through college credit, with several training series designed to fit within the CDA credential preparation and also for those earning college credit.

New Mexico's career lattice has been established for all those working in multiple systems of early care and education—child care, Head Start, early intervention, family support, and all public school programs for children birth through 3rd grade. The career lattice is designed so that each level articulates with the next level. Levels of competence correspond to levels of State-issued certification and licensure available from the Office of Child Development and the State Department of Education. The Higher Education Early Childhood Task Force, a standing task force of the Child Development Board and the Office of Child Development, is now implementing a universal catalogue of coursework with common course titles that all institutions of higher education in the State will use. This accomplishment will make way for a Statewide system of credit for prior learning/prior learning assessment as well as provide the foundation for a Statewide library of distance-learning options.

Utah's professional development plan includes the Career Ladder and the Training and Longevity Supplement (TL$). Training that can be used on the career ladder includes the full continuum, from community-based training to Continuing Education Units (CEUs) to college credit coursework. Community-based CCR&R training can also be taken for CEUs if the provider desires. And most of Utah's community colleges will offer college credit for an active CDA credential.

The **Wisconsin** Early Childhood Association (WECA) has developed a wealth of materials that provide information about credit-based coursework programming, application materials, documentation of services offered, and data summary collection of scholarship recipients. WECA has succeeded in enhancing and promoting communication and collaboration with the technical schools, colleges, and universities to promote scholarship opportunities, and has collaborated with other resources to further the professionalism of the child care field. WECA staff provide access to information on scholarship availability and student and program requirements at technical colleges, college campuses, and universities. In addition, the Registry, Wisconsin's Recognition System for the Childhood Care and Education profession, acknowledges and highlights the training, experience, and professionalism of the individual care and education provider that is vital to quality child care. The certificates honor each recipient's unique training background and provide a tool for demonstrating their qualities and strengths as well as their professional image. Registry certificates encourage growth and ambition by defining goals and celebrating the attainment of those goals.

Quality Assurances

To assure that they are offering effective training, education, and technical assistance that meets the needs of the early childhood workforce, many States have implemented a variety of quality assurance components in their professional development systems.

States Assure Quality Through Trainer and Training Approval

The most common type of quality assurance activity States included in their professional development plans were trainer and training approval processes.

- 23 States outlined trainer approval processes they had implemented or were developing.
- 19 States discussed training approval processes that were in effect or in development.

- Twenty-seven States (AZ, AR, CA, CO, CT, DE, DC, IA, KY, ME, MD, MN, MT, NE, NJ, NM, NC, OK, OR, PA, SC, TX, UT, WA, WV, WI, WY) outlined quality assurances that are included in their professional development plans.

Maryland's Child Care Administration (CCA) approves organizations and individuals that offer training to child care providers. The approval process includes a required orientation and train-the-trainer requirements. Each applicant must submit a complete application, including documentation of relevant education, experience, and a complete course outline with supporting documentation. Each packet is evaluated thoroughly by CCA staff. If approved, the organization or individual receives a certificate of approval that

includes an assigned approval number. The approval is issued for two years and must be renewed to remain valid.

South Carolina's Lead Agency contracts with First Steps to operate the Center for Child Care Career Development (CCCCD). Training quality for the State's continuing education component is fostered through the voluntary certified trainer and training approval system. At a minimum, certified trainers are required to have a degree in early childhood education or a degree in a related field in order to conduct certified training. The CCCCD reviews and approves outlines from certified trainers and offers technical assistance to trainers desiring to become certified and/or to present training of a higher quality for child care providers. A Train-the-Trainer Seminar Series is offered to child care trainers at multiple sites in the State to provide "cutting edge" early childhood information as well as appropriate strategies to use in teaching adults. The CCCCD also collaborates with the Office of Early Childhood Education (OECE) to accept the OECE training approval for processing and registration of training in the CCCCD system to assure credit for the participating child care provider. OECE certification requires a Masters' degree in early childhood education as a minimal qualification and is targeted primarily to school district programs but is open to child care providers as feasible.

Washington's State Training and Registry System (STARS) trainers must meet certain requirements in education, experience, and background in teaching adults. Specific requirements depend upon the type of training to be offered as well as the audience for which they provide training. Once approved, STARS trainers and training organizations are expected to fulfill their STARS responsibilities and meet the following training standards:

- Incorporate anti-bias and culturally relevant principles into their training content and format;
- Develop and implement learning outcomes for participants in each training;
- Foster concrete learning experiences for each participant by considering planning for all learning styles—visual, auditory, tactile, kinetic, and eclectic;
- Assess participants' learning related to the learning outcomes through direct and indirect evidence;
- Maintain high standards of professional conduct in their STARS role; and
- Participate in continuing professional development opportunities.

- Five States with a professional development plan (AK, HI, NV, RI, SD) reported that they are developing quality assurances.

The **Nevada** Registry is under development and will promote quality training opportunities Statewide. When trainers/training receive approval through the application and review process, they will become a part of the Trainer Directory. The directory is being designed to help training planners connect with trainers across the State for workshops, courses and conference presentation, and to promote high-quality training opportunities for early childhood professionals.

Early Language, Literacy, Pre-reading, and Numeracy Development

New research findings in the past decade have focused on the importance of specifically supporting language, literacy, pre-reading, and numeracy development in early childhood. States are working to ensure that adults who work with children understand this research and how to transfer the theories into effective practices.

Sample Components of the Pre-K ELLA Training

- Social/Emotional Development related to Literacy
- Creating Learning Environments that are Literacy-Rich and Guide Behavior
- Overview of Language Development
- Reading Experience—Shared Reading
- Learning about Letters, Sounds, and Words
- Environmental Print
- Writing in the Pre-K Balanced Literacy Program
- Assessment, Observation, and Portfolio
- Fostering Children's Emergent Literacy Development through the Family

- Twenty-six States (AK, AZ, AR, CA, CT, DE, DC, IA, LA, ME, MD, MT, NE, NV, NM, OK, OR, PA, RI, SC, SD, TN, TX, VT, WA, WV) delineated how their professional development plan addresses early language, literacy, pre-reading, and numeracy development.

  Pre-Kindergarten Early Literacy Learning in **Arkansas** (Pre-K ELLA) is a 30-hour professional development opportunity designed for all early education settings, including center-based care, family child care homes, and home educator programs. Pre-K ELLA is part of the intermediate level training offered on the State's career lattice, SPECTRUM. A research project is under development to evaluate Pre-K ELLA. This study involves measuring changes in knowledge, attitudes, and behaviors of teachers who received the Pre-K ELLA training.

  Through the CCR&R system, **Iowa** provides Every Child Reads: Birth to Kindergarten. The program expands the capacity of early care and education systems to enhance language, reading, and writing skills of children from birth to kindergarten. The components of the initiative include community engagement, public awareness, and 15 hours of Getting Ready to Read Literacy Training for early childhood professionals and parents. A host of community partners collaborate, including libraries, schools, service organizations, and businesses.

  Early language, literacy, pre-reading, and numeracy development are addressed in the **Montana** Early Care and Education Knowledge Base, which is currently being revised. The Knowledge Base provides a framework for various components of Montana's professional development system, including levels on the career lattice and the training approval system.

- Three States with a professional development plan (CO, NC, WY) reported that they are developing links to early language, literacy, pre-reading, and numeracy development.

Professional Development and Early Learning Guidelines

As States develop or revise their early learning guidelines, they are providing training on the guidelines and are also working to embed the development principles they outline in their professional development system. States reported that they are examining ways to systemically link their early learning guidelines to their professional development plans—for example, by aligning guidelines with their early childhood professional core knowledge areas and competencies.

- Five States (CA, CT, DE, RI, VT) indicated that their professional development plan is linked to their early learning guidelines.

  California's trainings on the *Prekindergarten Learning and Development Guidelines,* a subdocument of *Desired Results* specifically for prekindergarten teachers, were initially presented through a series of facilitated distance learning sessions at 210 downlink sites in the State.

  Connecticut's professional development system, Connecticut Charts-A-Course, developed the content of the Core Areas of Knowledge with the assistance of State Department of Education Early Childhood Specialists. The Core Areas of Knowledge are linked to the State agencies' efforts to promote consensus in the performance standards for 3- and 4-year-old children.

- Sixteen States (AK, AZ, CO, DC, IA, ME, MN, MT, NE, NV, NM, NC, SC, UT, WA, WV) and one Territory (AS) described their intentions to link their professional development plans to their early learning guidelines.

  Under the leadership of **Colorado's** Division of Child Care, the Training Approval Advisory Committee continues to work on developing training approval criteria and a process to approve noncredit early childhood training required in order to meet the Division of Child Care licensing rules and regulations. This work includes aligning the Career Development System and licensing training requirements with the early childhood core knowledge and standards.

Professional Development Incentives

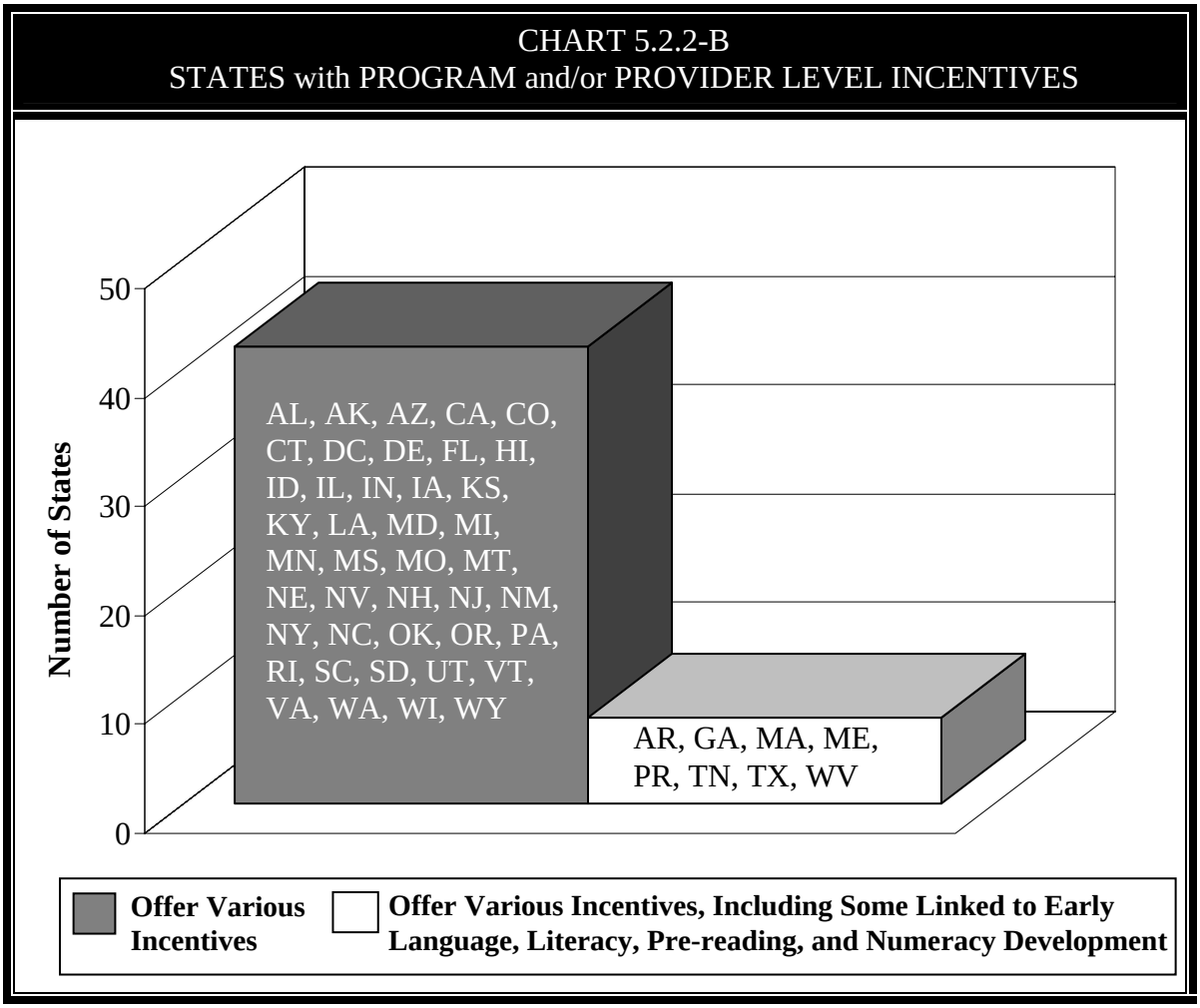
Are program or provider-level incentives offered to encourage provider training and education? If yes, please describe. Include any links between the incentives and training relating to early language, literacy, pre-reading, and numeracy.

States with and without formal professional development plans reported on a variety of program and provider-level incentives; 96 percent of States outlined at least one type of incentive. Many States cited research that stresses the importance of linking training and compensation as part of the impetus behind their efforts in this area.

- A total of 50 States (AL, AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) and two Territories (AS and VI) described at least one type of program or provider-level incentive they offer. All States with a professional development plan offer at least one type of program or provider-level incentive.

  - Eight States (AR, GA, MA, ME, PR, TN, TX, WV) detailed how some of their incentives are specifically linked to early language, literacy, and pre-reading development. Chart 5.2.2-B details the States that reported program and/or provider-level incentives.

CHART 5.2.2-B
STATES with PROGRAM and/or PROVIDER LEVEL INCENTIVES



Source: Information compiled from State CCDF Plans, FY 2004-2005.

CCDF funds are used to partially fund Smart Start **Georgia**. The Smart Start Georgia INCENTIVE$ program offers financial incentives Statewide for early childhood care and education professionals who advance their education. The T.E.A.C.H. Early Childhood® Georgia program also provides incentives for providers to advance their education. In

addition, Georgia provides funds to support specialized training in early language, literacy, pre-reading, and numeracy development.

Programs that receive accreditation in **New Jersey** receive an additional 5 percent subsidy reimbursement rate for child care services. The Statewide accreditation project is a unique public/private partnership formed by 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. The project is partially sponsored by the following companies through the American Business Collaboration for Quality Dependent Care: AT&T, Dow Jones & Company, Inc., Exxon-Mobil, Merck and Company, Merrill Lynch, Novartis Pharmaceutical Corp., and WarnerLambert Company.

States Offer a Variety of Provider-Level Incentives

- ★ 24 States reported they offer the T.E.A.C.H. Early Childhood® Project, the Child Care WAGE$® Project, other scholarship programs linked to compensation, or other wage supplement programs.
- ★ In addition, 20 States reported they offer at least one type of scholarship for early care and education providers.
- ★ 14 States also described specific completion bonuses and merit pay programs.
- ★ 13 States reported they provide training and/or travel stipends, or training reimbursements.

Oregon's Department of Human Services provides a tiered reimbursement system of 7 percent incremental payment to child care providers tied to attainment of training and education consistent with the Child Care Division's certification and registration and linked to the State Professional Development Registry (PDR) Entry Level standards. The CCDF-supported activities of the Oregon Commission on Children and Families coordinate local county variations of the Oregon CARES initiatives providing direct incentives/compensation/stipends for providers achieving levels of professional development consistent with the PDR.

All providers holding a high school diploma or G.E.D. have the opportunity to apply for the Inclusive Early Childhood Scholarship program at the University of the **Virgin Islands**. This program, funded through CCDF, offers a certificate and Associate's degree in inclusive early childhood education, and is being developed into a Baccalaureate degree.

West Virginia provides increased subsidy payments of $4 extra per day for programs that are accredited; a one-time-only incentive of $400 for completion of a 45-hour infant and toddler class, which includes training on language development, pre-reading, and numeracy skills development; a scholarship program for Apprenticeship for Child Development Specialist graduates to pursue higher education opportunities; and stipends to providers for training and conferences.

Professional Development 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?

Many States identified higher-quality care as the ultimate desired outcome of their professional development plans. The use of registries was frequently cited as a method of tracking participant and completion rates. Specific initiatives or programs developed with the capacity to capture benchmarking data are used by some States to inform professional development plans and revisions. Other States identified the implementation of components of their professional development system as a desired outcome.

- Thirty-two States (AK, AZ, AR, CA, CO, CT, DE, DC, HI, IA, KY, LA, ME, MD, MN, MT, NE, NV, NJ, NM, NC, OR, PA, RI, SC, SD, TN, TX, UT, VT, WV, WI) and two Territories (AS and CNMI) reported that their professional development plans include specified outcomes.

  The **Commonwealth of the Northern Mariana Islands'** professional development plan's goal is to increase the number of providers with an Early Childhood Education teacher certification. The effectiveness of this plan will be evaluated on the basis of the number of providers that complete the requirements.

  As part of the revision of the **District of Columbia's** professional development plan and activities, the Mayor's Advisory Committee on Early Childhood Development Professional Development Subcommittee is working with the Center for Applied Research and Urban Policy of the University of the District of Columbia in the design of a training survey for the early care and education community. The survey will be conducted for home and center providers, directors, and front line staff. The survey will serve to evaluate the accomplishments of the strategic plan goals and objectives, and guide adjustment and revision of the plan's priorities.

  The **Maine** professional development system is being evaluated through implementation data including the number of active participants, completion rates of each module offered, completion rate of the 180-hour core knowledge training, number of participants who use the training to receive the CDA credential, number of participants who enroll in Associate's degree programs, evaluation of training by participants, number of scholarship recipients, and number of programs that complete accreditation. In addition, the Maine Office of Child Care and Head Start received a Child Care Data Capacity Grant in collaboration with the Muskie School of Public Service at the University of Southern Maine. The grant will be used to develop an assessment process to measure outcomes of professional development related to the practitioner, to the child care program, and to child and family experiences. Maine is also one of the States reviewing the Bank Street College of Education Toolkit for Evaluating Initiatives to Improve Child Care Quality.

Expected outcomes of the **North Carolina** professional development plan include:

- An increase in students completing two- and four-year degrees and students matriculating at four-year institutions;
- Increased numbers of child care center teachers, directors, and family child care home providers enrolled in early childhood education;
- A continuation of early childhood professionals receiving T.E.A.C.H.® scholarships;
- Increased wages and improved benefits for early childhood professionals; and
- Decreased rates of staff turnover.

North Carolina also conducts periodic studies of its child care workforce and also maintains an educational registry of the workforce. Program outcomes are evaluated in both the T.E.A.C.H.® Early Childhood Project and Child Care WAGE$®. The North Carolina Partnership for Children has implemented performance-based incentive standards for Smart Start partnerships that include educational levels of early childhood staff. All of these provide opportunities for professional development outcomes to be assessed.

The goal of the **South Dakota** professional development plan is to provide a career lattice as a means for providers to chart a course for their own professional development. The work completed in this project will, for the first time, articulate training into college credit.

- Nine States (FL, ID, IL, IN, MA, MS, OH, PR, VA) and two Territories (GU and VI) with steps under way to develop a professional development plan reported that they are developing or have developed desired outcomes.

Guam's developing professional development plan outlines three major goals:

1) Participants will be encouraged to be involved and will be more knowledgeable about all the resources/materials they are able to bring back to their sites/classroom;
2) Participants will be able to put together a portfolio containing lesson plans for implementation in the classroom; and
3) Higher standards will be achieved in the areas of child care staff, ratios, curriculum, professional development of staff, and parent involvement.

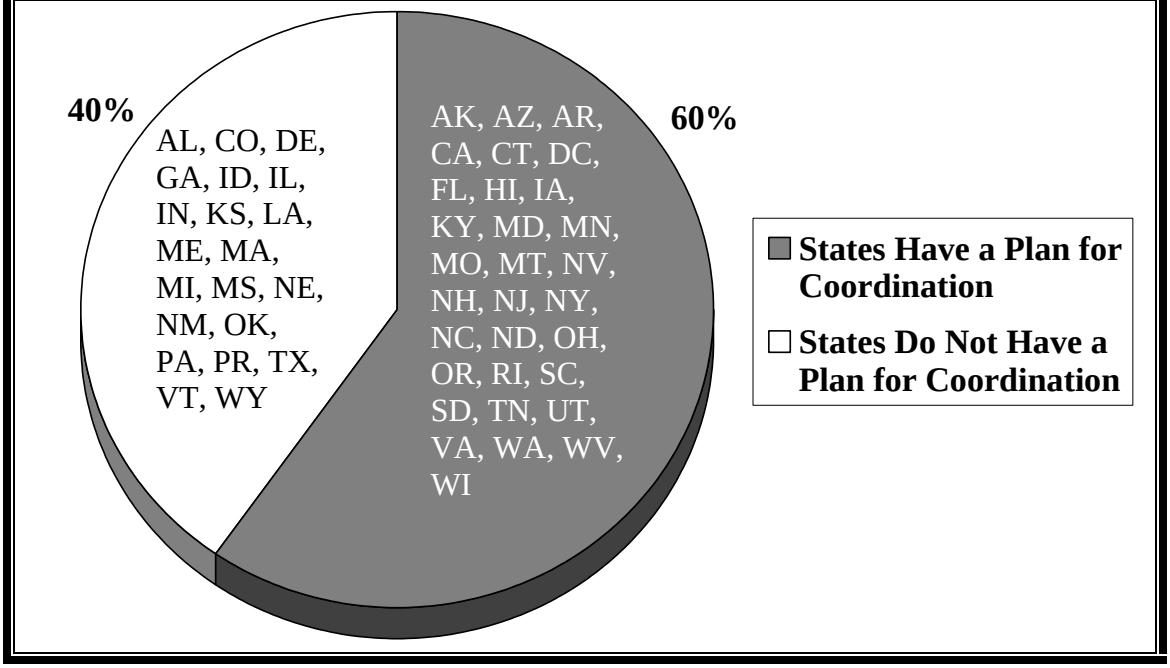
5.2.3 – State Plans for Program Coordination

Does the State have a plan for coordination across early childhood programs? If yes, indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination. If no, indicate what steps are under way to develop a plan for coordination.

As indicated in Chart 5.2.3-A, 56 percent of States reported that they have a plan for coordinating early childhood programs. In some States there is a formal plan, a document outlining the program coordination process; in other cases, planning is rooted in a long tradition of collaborative efforts by the CCDF Lead Agency and other State offices, or is a specific

responsibility of a Statewide early childhood council. More than 85 percent of the States without program coordination plans observed that coordination across early childhood programs still occurs.

CHART 5.2.3-A
PREVALENCE of STATE PLANS for
EARLY CHILDHOOD PROGRAM COORDINATION



Source: Information compiled from State CCDF Plans, FY 2004-2005.

Planning Efforts

- Thirty-one States (AK, AZ, AR, CA, CT, DC, FL, HI, IA, KY, MD, MN, MO, MT, NV, NH, NJ, NY[32], NC, ND, OH, OR, RI, SC, SD, TN, UT, VA, WA, WV, WI) reported that they have a plan for coordination across early childhood programs.

- Twenty-one States (AL, CO, DE, GA, ID, IL, IN, KS, LA, ME, MA, MI, MS, NE, NM, OK, PA, PR, TX, VT, WY) and four Territories (AS, CNMI, GU, VI) reported that they do not have a plan for coordination across early childhood programs.

[32] New York reported that it has a program coordination plan; however, the CCDF Plan states that "Although there is no written plan for coordination across all funding streams, such coordination is well beyond the planning stages in New York State," and includes a series of formal coordinating strategies.

- Of the States without a program coordination plan in place, 20 States (AL, CO, DE, DC, GA, IL, KS, LA, ME, MA, MS, NE, NM, NC, OK, PR, TX, VI, WV, WY) and one Territory (VI) indicated that coordination still occurs.

- Fourteen States (AL, CO, GA, ID, IL, IN, ME, NE, NV[33], NM, OK, PA, TX, VT) and two Territories (AS and GU) reported that they are developing a coordination plan.

  Georgia and **Illinois** indicated that their participation in the Build Initiative, a multi-State partnership to establish coordinated systems of programs, policies, and services for children and families, will play a role in the development of a Statewide plan for program coordination.[34]

- Four States (GA, ID, KS, VT) indicated that a Smart Start technical assistance grant was being used to advance early childhood coordination planning.

- Eleven States (AR, DE, GA, ID, IN, MA, MI, MT, NE, NH, NM) pointed to State Early Childhood Comprehensive Systems grants, which had been applied for or received from the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, as part of the States' efforts to support program coordination planning.

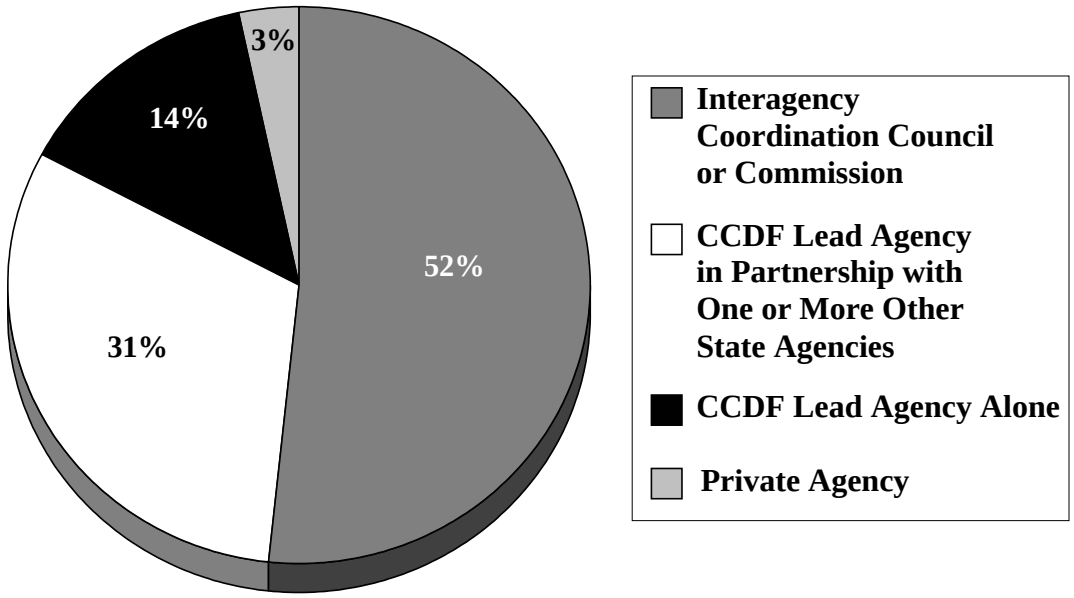
Responsible Entity

Among those States that reported having a plan for program coordination, CCDF Plans indicate that the Lead Agency plays a major role in coordinating across early childhood programs and funding streams. In nearly half of those States, an interagency coordinating council or commission is charged with promoting early childhood program coordination; however, about one-third of States with program coordination plans reported that the Lead Agency, in partnership with one or more other State agencies, is the responsible entity for assuring coordination. In four States, according to information in the CCDF Plans, the Lead Agency alone is the responsible entity.

[33] Nevada reported that it has a program coordination plan; however, the CCDF Plan states that "During the next funding period, a plan will be developed by early childhood programs to coordinate programs to support a continuum of services for low-income children in Nevada."

[34] Ohio and New Jersey, both of which reported having a program coordination plan, also referenced participation in the Build Initiative as an example of coordination by the Lead Agency. For more on the Build Initiative, visit *http://www.buildinitiative.org/*.

CHART 5.2.3-B
ENTITY RESPONSIBLE for ASSURING
EARLY CHILDHOOD PROGRAM COORDINATION



Source: Information compiled from State CCDF Plans, FY 2004-2005.

Note: Thirty-one States reported having a plan for program coordination.

- Fifteen States (AK, AZ, AR, CO, IA, KY, MO, MT, NE, NC, OR, RI, UT, VT, WA) identified an interagency coordination council or commission for early childhood as the entity responsible for ensuring that coordination occurs.

  In August 2002, the governor of **Arizona** issued an Executive Order establishing the State Board on School Readiness. The purpose of the Board is to develop a coordinated, efficient, and cost-effective delivery system for early childhood programs.

  In **Washington,** this body—the Child Care Coordinating Committee—is established in statute.

- In three States (KY, RI, VT), the interagency body responsible for program coordination is associated with the Office of the Governor.

- Nine States (CA, CT, FL, MD, MN, ND, OH, TN, WI) identified the CCDF Lead Agency in partnership with one or more other State agencies, as responsible for ensuring that program coordination occurs.

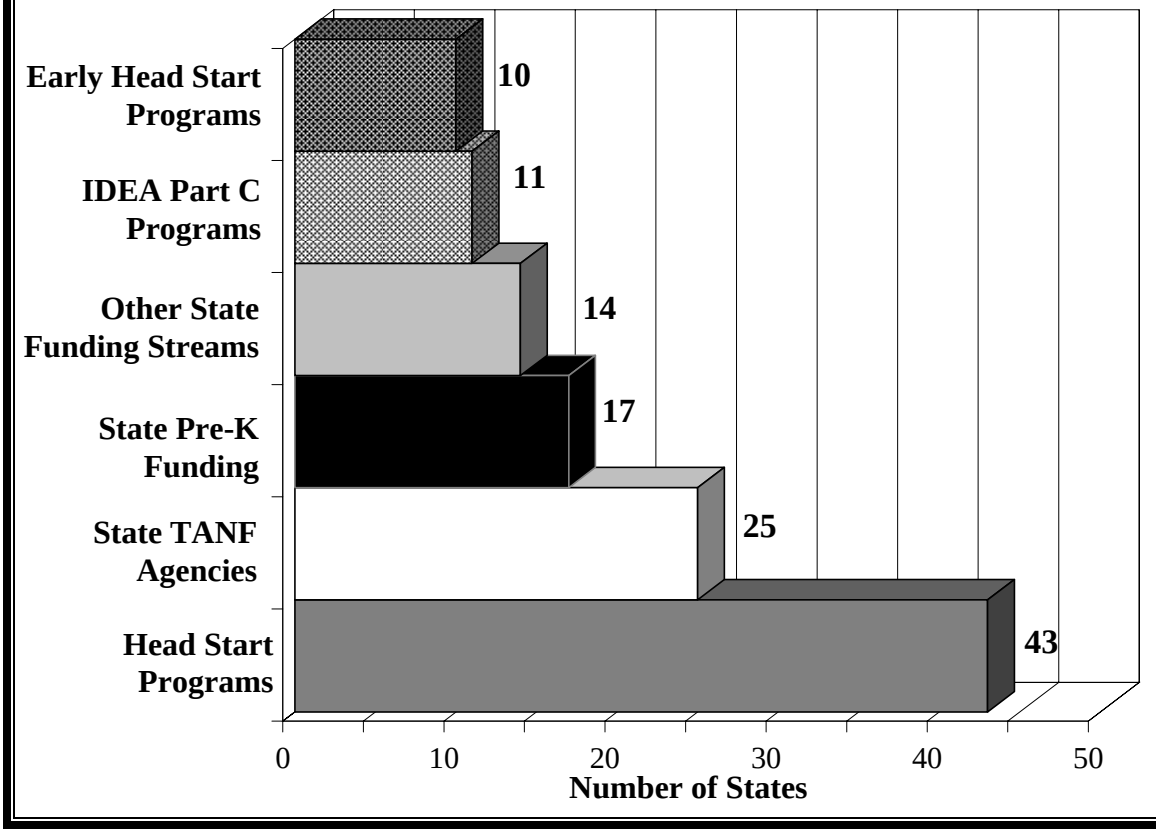
- Four States (NJ, SC, SD, VA) identified the CCDF Lead Agency alone as the entity responsible for ensuring coordination across early childhood programs.

- In one State (HI), a private agency named the Good Beginnings Alliance is the entity responsible for ensuring coordination across early childhood programs. The Good Beginnings Alliance has facilitated meetings and discussions between the heads of State departments and private programs that have common interests and decision-making capabilities at the highest level for improving child outcomes, particularly school readiness outcomes.

Programs/Funding Streams Coordinated

Most States described coordinating funding streams and amplified descriptions of coordination efforts reported in Part II of the CCDF Plan. The most frequently cited programs/funding streams coordinated with CCDF are Head Start, TANF, State prekindergarten, Early Head Start, Individuals with Disabilities in Education Act (IDEA) funding, and other State funding. (See Chart 5.2.3-C.)

CHART 5.2.3-C
MOST COMMON PROGRAM COORDINATION PARTNERS



Source: Information compiled from State CCDF Plans, FY 2004-2005.

- Head Start (HS) is the most common CCDF partner—43 States (AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MO, NE, NV, NH, NJ, NM, NC, ND, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) delineated coordination with HS programs.

- Twenty-five States (AZ, AR, CA, CO, DC, FL, IL, IA, ME, MN, MO, MT, NH, NJ, NM, NY, OH, OK, PR, RI, SD, TN, UT, VA, WY) reported coordinating with the State TANF agency.

- Seventeen States (CA, CO, CT, DC, GA, IL, ME, MI, NJ, NY, NC, OR, TN, TX, WA, WV, WI) coordinate State pre-K funding.

- Coordination with other State funding streams occurs in 14 States (AZ, CA, CO, CT, FL, MI, MO, ND, SD, TN, UT, VT, VA, WY).

- CCDF Lead Agencies partner with IDEA Part C programs in 11 States (AK, AR, CO, DC, IA, MT, NE, NV, OR, WA, WV) and with IDEA Part B programs in six States (CO, IA, OR, SD, WA, WV).

- Ten States (AR, DC, GA, IN, KS, MO, NE, NV, UT, WI) reported partnering with Early Head Start.

- Seven States (AZ, AR, CA, IN, NJ, NC, OR) coordinate CCDF with Title I funding.

- Seven States (AR, CO, DC, FL, MO, ND, SD) coordinate with private foundation funding or initiatives.

- Lead Agencies partner with Even Start in six States (AR, CA, FL, IN, MI, MT).

- Other partners coordinating with CCDF include: Child and Adult Care Food Program (AR, CT, MT); higher education (three States: AK, CA, CT); Social Services Block Grant (FL and OK); Healthy Child Care America grants (CT and ND); U.S. Department of Labor Apprenticeship grants (CT and ND); and Title V and Maternal and Child Health (IA).

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.

States described four types of results from their efforts at early childhood program coordination: planning results, delivery system results, child/family results, and provider and program results.

Planning Results

- Seven States (CO, DE, ID, NM, ND, OH, UT) described progress toward the development of a strategic plan for early childhood services as an expected result of coordination.

The anticipated results of coordination in **Colorado** are the creation and implementation of a comprehensive Strategic Plan for Early Childhood. The Strategic Plan will support, in detail, strategies and work plans for each of several strategic goals relating to early childhood, including program licensing, program availability, parent/family engagement, professional development and credentials, public engagement, systems oversight, accountability, and funding and financing.

- The development of early learning guidelines was cited by 24 States (AZ, CA, CO, DC, HI, IN, KY, LA, ME, MO, MT, NE, NV, NH, NJ, NM, NC, PA, PR, SC, TX, WA, WI, WY) as an anticipated result of coordination.

The most significant result **California** anticipates is that its early learning guidelines, represented by the Desired Results Developmental Profiles, will be implemented across delivery systems, thereby providing a consistent, high-quality early learning approach that will foster child well-being and school readiness in many different populations and settings Statewide.

- Eleven States (AK, AZ, AR, CO, DC, ID, IN, NM, PA, PR, TX) indicated that a State professional development plan was an intended result of coordination.

The **Arizona** Board on School Readiness will address the development of a professional development plan through the Professional Development Policy Work Group. This group will assess and recommend methods to improve the wages, benefits, and supply of early childhood professionals. The group will begin by addressing the critical issues of licensing and accreditation, compensation, early childhood standards, and assessments.

Delivery System Results

- Eighteen States (AL, AK, AZ, CA, CO, DC, ID, IL, IN, KS, MA, MT, NM, OH, OK, VA, WV, WY) anticipate developing or improving a coordinated, cost-efficient early childhood delivery system as a result of collaboration efforts.

One of the expected results from the formation of the **Arizona** State Board for School Readiness will be the development of a coordinated, efficient, and cost effective delivery system for early care and education programs in Arizona. This system will include measures to facilitate a unified coordination and implementation of early childhood guidelines and standards.

- Three States (AR, NY, NC) identified the implementation and/or expansion of a prekindergarten initiative as an intended result of coordination efforts.

- Two States (AR and MT) expect coordination to result in the development of a tiered quality strategy.

Child and Family Results

- Six States (AL, IA, MN, TN, TX, UT) reported that coordination has or will increase the availability and accessibility of quality child care.

- Five States (DC, IA, MN, TN, WV) seek to increase parent engagement through their coordination efforts.

- Five States (AK, AR, CA, NJ, NY) reported coordination has increased or will increase services for children with special needs.

  The expected results of **Alaska's** positive behavioral supports project are that caregivers will be able to respond appropriately to challenging behaviors of children with special needs in their care; a training cadre will be developed that can assist local caregivers with challenging behavioral issues; and Head Start staff and child care providers will coordinate strategies for individual children with challenging behaviors more closely.

- In four States (AL, IN, MN, NY), ensuring that former TANF recipients become self-sufficient is an anticipated result of early childhood program coordination.

- Promoting child health is a result three States (MN, NY, WV) expect from coordination efforts.

Provider and Program Results

- Developing or improving school readiness indicators, assessment standards, and/or outcomes is a coordination result sought by 17 States (AR, CO, CT, GA, IA, MD, MA, MI, MN, MS, MO, NM, OH, OK, OR, RI, TN).

- Eleven States (AR, MI, NE, NV, NJ, ND, OH, TN, WV, WI, WY) anticipate or have realized expanded training opportunities for child care providers through program coordination.

  The **Arkansas** Department of Education/Early Childhood Special Education, Even Start, Title I, Local Districts, the Arkansas Department of Higher Education, the DHS Division of Child Care and Early Childhood Education, and the Head Start Collaboration Project joined together to develop Pre-K ELLA, a training program that addresses the issue of pre-literacy skills.

- In four States (AK, AZ, WV, WI), program coordination efforts are intended to address the recruitment, retention, and/or compensation of early childhood professionals.

- Two States (AR and CT) indicated that an intended result of coordination is the improvement of early childhood workforce qualifications.

PART VI – HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

The National Resource Center for Health and Safety in Child Care (NRCHSCC) 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/.

Section 6.1 – Health and Safety Requirements for Center-Based Providers

(658E(c)(2)(F), §§98.41, §98.16(j))
Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?

The number of States requiring all center-based providers to meet licensing requirements under State law has remained relatively constant since the 2002-2003 Plan Period.

- Twenty-five States (AK, AZ, AR, DE, DC, GA, ID, IA, KS, KY, ME, MD, MA, MS, MT, NE, NJ, NM, NC, OH, OK, PA, SC, SD, VT) *require* all center-based providers paid with CCDF funds to meet State licensing laws as reflected in the NRCHSCC's compilation.

- Twenty-six States (AL, CA, CO, CT, FL, HI, IL, IN, LA, MI, MN, MO, NV, NH, NY, ND, OR, RI, TN, TX, UT, VA, WA, WV, WI, WY) *do not require* all center-based providers paid with CCDF funds to meet State licensing laws as reflected in the NRCHSCC's compilation.

In the States that do not require center-based providers to meet State licensing laws, the following types of centers are exempt from licensing:

- School-based centers operated by school districts (seven States: CA, FL, LA, MI, UT, VA, WA)

- Military-based centers (four States: AZ, MI, TX, WA)

- On-site drop-in centers (three States: CO, MI, WI)

- Religious-exempt centers (three States: AL, CO, FL)

- Tribal centers (three States: AZ, MI, WA)

- Summer camps (RI and TN)

- Head Start (CO and ND)

- Boys and Girls Club operated school-age centers (NV)

- Centers that operate less than four hours (AL)

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))

- Thirteen States (AL, AR, CO, FL, ME, MT, NJ, NM, OH, OK, TN, TX, WV) *have* modified staff-child ratios, group size, or staff training licensing requirements since approval of their last State Plan.

- Ten States (AL, CO, FL, ME, MT, NJ, OH, OK, TX, WV) *have* modified staff training requirements.

- Two States (TN and WV) *have* modified staff-child ratios and group size.

- One State (AR) *has* modified group size.

- One State (OK) *has* modified ratios by redefining age of infant.

- One State (NM) *has* defined number of children counted in licensed capacity.

- Thirty-eight States (AK, AZ, CA, CT, DE, DC, GA, HI, ID, IL, IN, IA, KS, KY, LA, MD, MA, MI, MN, MS, MO, NE, NV, NH, NY, NC, ND, OR, PA, RI, SC, SD, UT, VT, VA, WA, WI, WY) *have not* modified staff-child ratios, group size, or staff training licensing requirements since approval of their last State Plan.

Section 6.2 – Health and Safety Requirements for Group Home Providers

(658E(c)(2)(F), §§98.41, 98.16(j))
Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?

- Thirty-eight States (AK, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, KS, KY, MA, MS, MO, MT, NE, NV, NH, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WV) *require* all group homes to be licensed under State law as reflected in the NRCHSCC's compilation.

- Three States (AL, MI, WY) *do not require* all group homes to be licensed under State law as reflected in the NRCHSCC's compilation.

- Ten States (AR, DC, IN, LA, ME, MD, MN, NJ, WA, WI) *do not* have a group home category.

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))

- Eight States (AL, FL, IA, MN, MT, NC, OR, TX) *have* modified staff-child ratios, group size, or staff training since approval of their last State Plan.

- Six States (AL, FL, MT, NM, OH, OR) *have* modified staff training requirements.

- One State (NM) *has* defined number of children counted in licensed capacity.

- One State (TX) *has* changed regulations to give existing group homes the option of becoming either a child care home or a child care center.

- One State (IA) *has* changed child care home registration rules from seven categories to three levels of Child Development Homes.

- Thirty-three States (AK, AZ, CA, CO, CT, DE, GA, HI, ID, IL, IN, KS, KY, MA, MI, MS, MO, NE, NV, NH, NY, ND, OH, OK, PA, RI, SC, SD, TN, UT, VA, WV, WY) *have not* modified staff-child ratios, group size, or staff training since approval of their last State Plan.

Section 6.3 – Health and Safety Requirements for Family Providers

(658E(c)(2)(F), §§98.41, 98.16(j))
Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?

- Sixteen States (AZ, CT, DE, DC, GA, KS, ME, MD, MA, MS, MT, NC, OH, OK, VT, WA) *require* all family child care homes to be licensed under State law as reflected in the NRCHSCC's compilation.

- Thirty-five States (AL, AK, AR, CA, CO, FL, HI, ID, IL, IN, IA, KY, LA, MI, MN, MO, NE, NV, NH, NJ, NY, NC, ND, OR, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI, WY) *do not* require all family child care homes to be licensed under State law as reflected in the NRCHSCC's compilation.

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))

- Twelve States (AL, FL, IA, KY, LA, MT, NM, OH, OR, TX, UT, WV) *have* modified staff-child ratios, group size, or staff training since approval of their last State Plan.

- Ten States (AL, FL, IA, LA, MT, NM, OH, OR, TX, WV) *have* modified staff training requirements.

- Two States (KY and UT) *have* modified ratio/group size requirements.

- Thirty-nine States (AK, AZ, AR, CA, CO, CT, DE, DC, GA, HI, ID, IL, IN, KS, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NY, NC, ND, OK, PA, RI, SC, SD, TN, VA, WA, WI, WY) *have not* modified staff-child ratios, group size, or staff training since approval of their last State Plan.

Section 6.4 – Health and Safety Requirements for In-Home Providers

(658E(c)(2)(F), §§98.41, 98.16(j))
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?

- Four States (AZ, MS, OH, VT) *require* all in-home providers to be licensed under State law as reflected in the NRCHSCC's compilation.

- Forty-seven States (AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY) *do not* require all in-home providers to be licensed under State law as reflected in the NRCHSCC's compilation.

Have in-home 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?

- Three States (KY, OH, WV) *have* modified staff-child ratios, group size, or staff training since approval of their last State Plan.

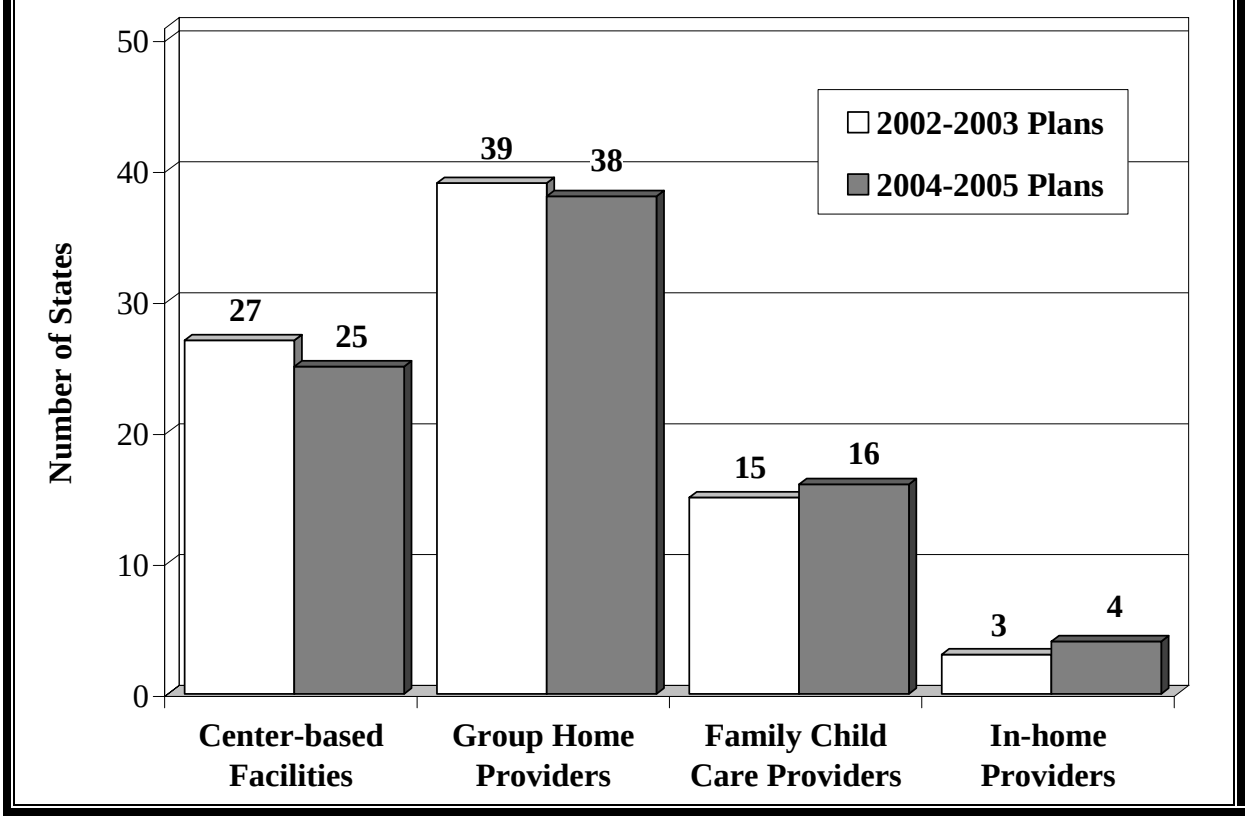
  Kentucky modified staff-child ratio requirements.

  Ohio added staff training requirements for in-home providers.

- Forty-five States (AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, SC, SD, TN, UT, VA, WA, WI, WY) *have not* modified staff-child ratios, group size, or staff training since approval of their last State Plan.

- Two States (RI and TX) reported their definitions of in-home providers are *not* included in licensing regulations.

CHART 6.1–6.4
NUMBER of STATES REQUIRING FACILITIES PAID with CCDF FUNDS to MEET LICENSING REQUIREMENTS



Source: Information compiled from State CCDF Plans, FY 2004-2005.

For that care (center-based, group home, family home, and in-home) 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, and health and safety training:

States use a number of approaches to address health and safety requirements in center-based, group home, family home, and in-home child care.

States indicated the following requirements for center-based care that is not licensed:

- Twelve States (CO, FL, IL, MI, MN, MO, OR, RI, UT, WA, WI, WY) indicated that they rely on local fire, building, and health departments to inspect centers' building and physical premises safety and prevention and control of infectious disease.

- Twelve States (CT, IL, IN, MN, MO, NY, OR, RI, UT, VA, WV, WY) indicated that centers must meet immunization requirements.

- Ten States (AZ, CA, CO, FL, LA, MI, MN, NV, TX, WA) indicated that nonlicensed centers meet requirements of another oversight agency.

  In **California**, staff in licensed exempt programs operated by public or private schools are required to meet the same standards as staff in licensed facilities.

- Seven States (AL, CT, HI, TN, UT, VA, WY) *require* centers to self-certify compliance with prevention and control of infectious disease, building and physical premises safety, and health and safety requirements.

- Six States (FL, MI, MN, NY, OR, WV) *require* criminal background checks.

- Five States (HI, MO, NH, NY, WY) provide centers and/or parents with written materials on prevention and control of infectious disease, building and physical premises safety, and health and safety.

- Five States (AL, IL, NH, OR, UT) notify centers of training opportunities and encourage center staff to attend.

- Four States (IN, VA, WV, WY) *require* CPR/First Aid training.

- Three States (IL, IN, WI) *require* verification of tuberculosis tests.

- Three States (VA, WV, WI) *require* training in prevention and control of infectious disease, and/or building and physical premises safety, and/or health and safety.

Examples of Health and Safety Standards Required
Center-Based Care that is NOT Licensed:

- Hand washing procedures
- Hazardous materials storage
- Working telephones
- Documented fire drills
- Smoke detectors and fire extinguishers
- Cushioned materials under playground equipment
- Transporting vehicles in compliance with applicable laws

In **West Virginia**, center staff must complete three hours of health and safety training annually. Also, at least one staff person must have 10 hours of training in child development and/or curriculum development related to school-age care.

Washington requires seasonal day camp programs to be accredited by the American Camping Association.

In **Wisconsin**, only on-site drop in centers are exempt from licensing. Health and safety requirements include: 1) directors must have at least one year of experience with preschool or school-age children or have completed 36 hours (or three credits) of approved training; 2) program leaders must have completed high school and 10 hours of approved training; 3) program assistants must have completed 10 hours of approved training; 4) all staff have completed

Sudden Infant Death Syndrome (SIDS) prevention training; and 5) the center must hold an orientation session for all new staff.

States indicated the following requirements for group home care that is not licensed:

- Two States (MI and WY) *require* group homes to self-certify compliance with prevention and control of infectious disease, building and physical premises safety, and health and safety requirements.

  Wyoming indicated that group homes must meet immunization requirements, and that it provides group homes with written materials on prevention and control of infectious disease, building and physical premises safety, and health and safety. Wyoming requires CPR/First Aid training.

States indicated the following requirements for family home care that is not licensed:

- Twenty-four States (AK, AR, CO, FL, IL, IN, IA, KY, LA, MN, MO, NE, NV, NJ, NM, NY, OR, RI, SC, SD, UT, VA, WV, WY) indicated that family homes must meet immunization requirements.

- Twenty-three States (AL, AK, AR, CA, CO, HI, ID, KY, LA, MD, MI, MS, MO, MT, NJ, PA, RI, SC, SD, TN, UT, VA, WY) *require* family homes to self-certify compliance with prevention and control of infectious disease, building and physical premises safety, and health and safety requirements.

- Fifteen States (AR, HI, IA, LA, MD, MS, MO, NE, NV, NH, NY, PA, SD, WI, WY) provide family homes and/or parents with written materials on prevention and control of infectious disease, building and physical premises safety, and health and safety.

- Twelve States (AL, CA, IL, LA, NE, NH, NJ, OR, PA, SD, UT, VA) notify family homes of training opportunities and encourage providers to attend.

- Ten States (CA, FL, KY, LA, MI, MN, MO, NY, OR, WV) *require* criminal background checks.

- Nine States (AR, ID, IN, IA, KY, LA, SC, WV, WY) *require* CPR/First Aid training.

- Eight States (AR, FL, IA, KY, LA, SD, WV, WI) *require* training in prevention and control of infectious disease, and/or building and physical premises safety, and/or health and safety.

- Five States (AR, IL, LA, MN, UT) rely on local fire, building, and health departments to inspect centers' building and physical premises safety and prevention and control of infectious disease.

- Five States (IN, KY, MI, SC, SD) *require* verification of tuberculosis tests.

- Two States (MI and RI) *require* attendance at health and safety orientations.

- One State (AZ) indicates family homes meet requirements of another oversight agency.
- In five States (AR, IL, IA, LA, WV), physical exams or health statements are *required* on a periodic basis.

Examples of Health and Safety Standards Required Family Home Care that is NOT Licensed:

- Hand washing procedures
- Hazardous materials storage
- Working telephones
- Documented fire drills
- Documented emergency plans
- Smoke detectors and fire extinguishers
- Cushioned materials under playground equipment
- Transporting vehicles in compliance with applicable laws
- Certification that unsafe/recalled products have been removed
- Reporting suspected child abuse
- Running water/water is tested annually
- Fenced play areas
- First Aid supplies

In **California**, nonrelative exempt home providers must submit a Trustline application and complete a background check.

Nevada uses contractor quality assurance staff to complete a home inspection within 45 days of registration. Also, contractors provide training materials and access to a video training series. Trained consultants help providers improve health practices and mental health consultants work with providers who care for children with behavioral or emotional difficulties.

Oregon's policy includes a higher reimbursement rate and more flexible billing practices if exempt home providers participate in training on health and safety practices and on recognizing child abuse and neglect.

In **Texas**, standards for registered homes are essentially the same as for licensed homes.

Virginia has three levels of nonlicensed family child care homes: voluntary, local agency approved, and unregulated. Health and safety requirements differ among the three levels. The unregulated-level provider attests to compliance with regulations.

In **Wisconsin**, exempt home care is limited to situations such as short-term care when a child is ill and cannot remain with the certified or licensed provider, or when the certified or licensed provider has an emergency. Certified homes must comply with health and safety requirements, including an on-site monitoring visit and completion of 15 hours of approved training.

For in-home care that is not licensed, States may require health and safety precautions as a condition of receipt of CCDF funds:

- Twenty-seven States (AL, AR, CO, DE, DC, FL, GA, IL, IN, IA, KY, LA, MN, MS, MO, MT, NE, NV, NJ, NM, NY, NC, SD, UT, VA, WV, WY) indicated in-home providers must meet immunization requirements.

- Twenty-one States (AR, CT, DE, DC, HI, LA, ME, MD, MA, MI, MO, NE, NV, NH, NM, NY, OK, PA, SD, WI, WY) provide in-home providers and/or parents with written materials on prevention and control of infectious disease, building and physical premises safety, and health and safety.

- Thirteen States (AL, IL, LA, MI, MT, NH, NJ, NM, OR, PA, SD, UT, VT) notify in-home providers of training opportunities and encourage providers to attend.

- Twelve States (AK, AR, DC, FL, GA, IA, KY, MA, OK, SD, WV, WI) *require* training in prevention and control of infectious disease, and/or building and physical premises safety, and/or health and safety.

- Eleven States (CA, CT, DE, FL, KY, MA, MI, MN, NC, WA, WV) *require* criminal background checks.

- Eight States (IN, KY, MO, NM, NC, SD, VA, WI) *require* verification of tuberculosis tests.

- Eight States (AR, IN, IA, KY, MA, NC, WV, WY) *require* CPR/First Aid training.

- Three States (IL, MN, UT) rely on local fire, building, and health departments to inspect centers' building and physical premises safety and prevention and control of infectious disease.

- Three States (DE, MA, MT) *require* attendance at health and safety orientations.

- In three States (AK, NM, WA), parents are required to attest to and/or verify compliance with health and safety requirements.

- In four States (AR, IL, IA, WV), updated physical exams or health statements are required on a periodic basis.

- In one State (CA), nonrelative in-home providers must submit a Trustline application and complete a background check.

Examples of Health and Safety Standards Required
In-home Care that is NOT Licensed:

- Hand washing procedures
- Sanitary diapering procedures
- Hazardous materials storage
- Working telephones
- Documented fire drills
- Documented emergency plans
- Smoke detectors and fire extinguishers
- Adequate exits
- Transporting vehicles in compliance with applicable laws
- Reporting suspected child abuse
- Running water
- Fenced play areas
- First Aid supplies

The **District of Columbia** requires providers and parents to present proof of annual health exams.

In **Georgia**, 20 percent of in-home providers are monitored annually. In addition, eight hours of health and safety training is required during the first six months of each enrollment period.

Michigan provides an incentive payment of $150 to encourage in-home providers to participate in health and safety training through the Michigan 4C Association.

Nevada makes training videos available at libraries.

In **Oklahoma**, in-home providers must complete a minimum of six hours of training within 90 days of being approved to provide child care. In addition, an add-on special needs rate is available for providers who are certified in First Aid and infant and child CPR and who receive an on-site consultation related to a child's disability and the development of a child care plan. Also, the provider must also agree to complete six additional hours of training on caring for children with disabilities within six months of being approved.

Oregon's policy includes a higher reimbursement rate and more flexible billing practices if exempt home providers participate in training on health and safety practices and on recognizing child abuse and neglect training.

Wisconsin requires in-home providers to become certified, which includes a home monitoring visit to evaluate compliance with prevention and control of infectious disease and building and physical premises safety. During the visit, information on health and safety is provided. In addition, completion of SIDS training is mandatory and the "regularly" certified providers must complete 15 hours of training.

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

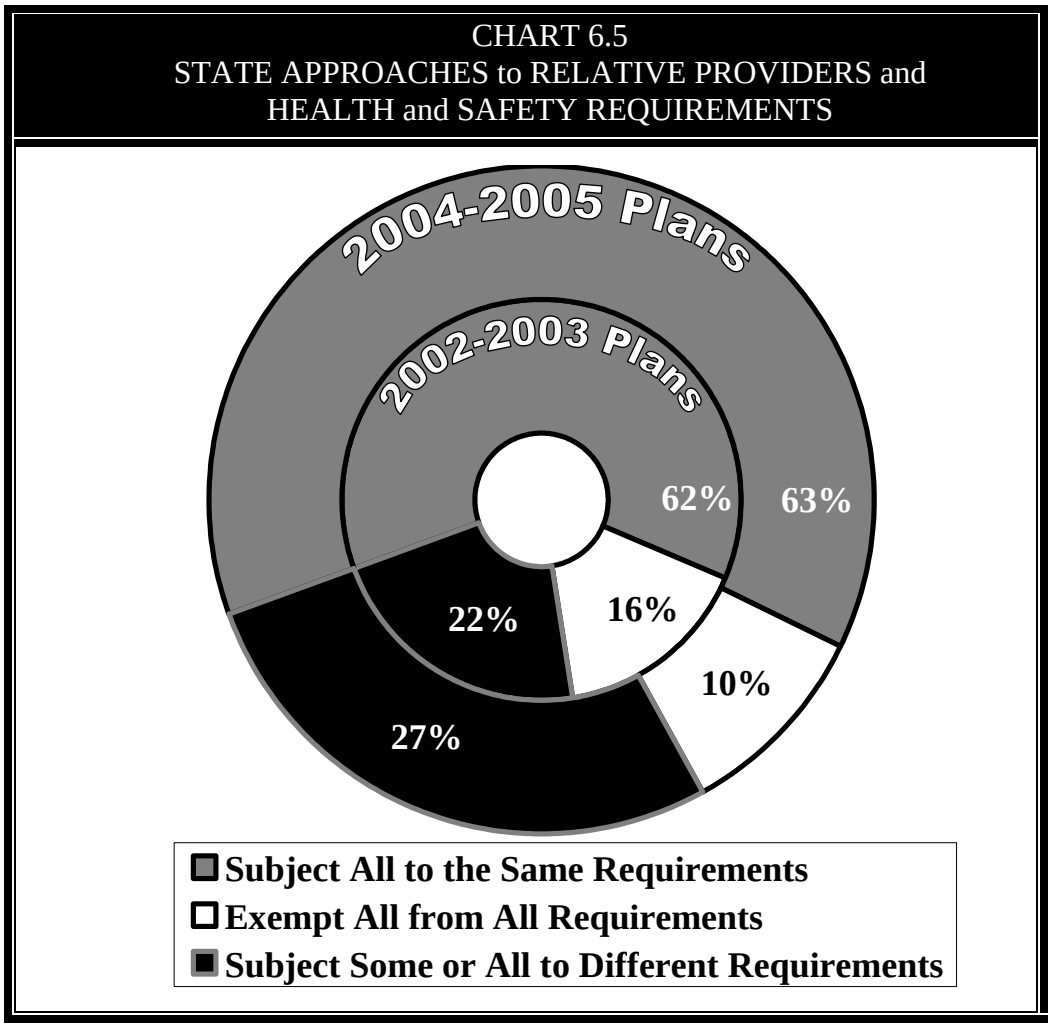
health and safety requirements (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- Thirty-two States (AK, AR, CT, DE, DC, GA, HI, ID, IL, IN, IA, KY, LA, MD, MN, MS, MO, MT, NE, NV, NH, NJ, NY, OK, OR, PA, SC, UT, VT, WA, WI, WY) *subject all* providers to the same health and safety requirements as described in Sections 6.1–6.4.

- Fourteen States (AZ, CA, CO, FL, KS, MA, NM, NC, OH, 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.

- Five States (AL, ME, MI, ND, TX) *exempt all* relative providers from all health and safety requirements.

CHART 6.5
STATE APPROACHES to RELATIVE PROVIDERS and HEALTH and SAFETY REQUIREMENTS



Source: Information compiled from State CCDF Plans, FY 2002-2003 and FY 2004-2005.

Since the last State Plan summary, fewer States are exempting all relative providers from health and safety requirements.

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:

A high percentage of States indicate health and safety requirements are met through unannounced visits, background checks, and reporting serious injuries. In addition, other methods of addressing health and safety issues include investigation of complaints, providing technical assistance to providers, and initiating corrective actions.

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-eight States (AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL IN, IA, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WY) reported that child care providers are subject to unannounced visits.

The States reported the following frequency of unannounced visits:

- One State (TN) conducts six unannounced visits each year of licensed facilities. In addition, unregulated providers are scheduled for one visit annually.

- Two States (AR and OK) conduct three visits a year.

  In **Arkansas**, both licensed and registered providers are visited three times each year.

- Five States (AR, FL, MO, NE, NV) conduct two visits a year.

  In **Arizona**, centers and group homes are visited twice each year. Family homes are visited once each year, and in-home care is visited with permission from the parent(s).

  In **Missouri**, licensed family homes, group homes, and centers receive two unannounced visits per year. Licensed-exempt facilities receive annual announced health and safety, fire safety, and sanitation inspections.

  In **Nebraska**, centers and preschools licensed for 30 or more children receive two unannounced visits each year, while other centers, preschools, and family child care homes are visited once each year.

  In **Nevada**, both licensed and registered providers are visited twice each year.

- One State (WA) conducts one visit every 18 months.

- Twenty-seven States (CA, DE, DC, GA, HI, IL, IN, IA, KY, LA, MA, MT, NJ, NM, NC, ND, OH, OR, PA, SC, SD, TX, UT, VA, VT, WI, WY) conduct one visit each year.

In **California**, centers are visited once each year, while homes are visited once every three years.

In **Georgia** centers are visited once a year; random samples of 20 percent of family homes are visited annually.

In **Indiana**, licensed centers also receive unannounced visits on an annual basis by health and fire marshal staff. Registered Ministries receive quarterly unannounced visits by health staff and annual visits by fire marshal staff.

In **Montana**, centers receive one unannounced visit each year. Random samples of 20 percent of family homes are visited annually.

In **New Jersey**, registered homes are visited by sponsoring organizations. The Lead Agency monitors the sponsoring organizations and conducts random inspections of homes. Sponsoring organizations monitor providers at least once every two years.

In **Ohio**, licensed facilities and certified homes are visited twice each year—once unannounced and once announced.

In **Pennsylvania**, a percentage of centers and homes are visited each year.

In **South Dakota**, licensed facilities are visited once each year, and registered facilities are visited once every two years.

In **Texas**, licensed facilities are visited once each year and registered homes are visited once every three years.

In **Vermont**, licensed facilities are visited once each year and 15 percent of registered homes are visited annually.

In **Virginia**, one visit each year is unannounced and one is announced.

In **Wisconsin**, large centers are visited two times each year.

- Two States (CT and MD) conduct one visit every two years.

  In **Maryland** family homes are visited once every two years. Random samples of 20 percent of centers are visited annually, unannounced.

- One State (NH) conducts one visit every three years.

- Sixteen States (AZ, AR, IN, IA, KY, ME, MT, NV, NJ, NM, NY, SC, SD, TX, VT, WI) monitor both licensed and registered child care facilities.

Other methods of unannounced visits include:

Colorado's visit frequency of licensed facilities is determined by a risk-based schedule.

In **Michigan**, visits may be scheduled or unscheduled. Centers and group homes are visited every other year. Random samples of 10 percent of family homes are visited every year.

In **Minnesota**, each county determines the frequency of unannounced visits.

In **New York**, 50 percent of registered homes are visited each year.

- Three States (ID, KS, WV) report child care providers are not subject to unannounced visits.

  West Virginia indicated that centers licensed for 13 or more children typically receive one unannounced visit annually. All other licensed, certified, or registered providers may be subject to unannounced visits at the discrepancy of regulatory specialists.

Are child care providers subject to background checks?

- All 50 States and the District of Columbia subject child care providers to background checks.
- Twenty-six States (AZ, AR, CA, CO, DE, FL, HI, ID, KY, MD, NJ, NM, NY, OH, OK, OR, PA, SC, TX, UT, VT, VA, WA, WV, WI, WY) conduct State criminal background checks.
- Fourteen States (AZ, AR, CO, DE, FL, HI, ID, MD, NM, OR, PA, SC, UT, WA) *required* both State and national or FBI criminal background checks.
- Nineteen States (AL, CT, DC, GA, IA, KS, LA, MA, MI, MN, MS, MO, MT, NE, NV, NH, NC, RI, TN) *did not* specify the type of background check required.
- Twenty-seven States (AZ, AR, CA, CO, DE, FL, HI, ID, IL, IN, IA, KY, MD, NE, NJ, NM, ND, OR, PA, SD, UT, VT, VA, WA, WV, WI, WY) *require* child abuse registry checks.
- Thirteen States (AZ, AR, CO, DE, FL, HI, ID, MD, NM, OR, PA, UT, WA) *require* State, national, or FBI, and child abuse registry checks.
- Fifty States (AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) indicate background checks are conducted on licensed providers.
- Twenty-eight States (AK, AZ, CA, CT, FL, GA, HI, IN, IA, KY, MA, MI, MN, MT NE, NJ, NM, NC, ND, OR, PA, RI, SC, SD, TX, VA, VT, WV) indicate background checks are conducted on both licensed and registered providers.
- Ten States (AZ, CA, DC, ID, KS, MD, MO, NE, NY, WA) subject volunteers to background checks.
- Five States (KS, MN, RI, TX, WV) subject providers to background checks on a scheduled basis.

Kansas subjects providers to background checks every year; **Minnesota**, **Rhode Island**, **Texas**, and **West Virginia** subject providers to background checks every two years.

- Three States (IA, NE, ND) check sexual offender registries.
- In one State (CO), subsequent arrests are flagged.
- In one State (DE), an automated procedure alerts unit staff of subsequent arrests.
- In one State (NV), parents make decisions on whether or not their selected registered provider is subject to background checks.
- In one State (NJ), an electronic fingerprinting system called "Live-Scan" is used. Automatic notification is sent by the State Police of subsequent crimes.

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 (AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, WA, WV, WI, WY) *require* child care providers to report serious injuries while a child is in care.

  Connecticut requires family homes to report serious injuries within 24 hours. Centers and group homes do not have reporting requirements unless it's a report of abuse/neglect or reportable disease and laboratory finding.

  Tennessee requires documentation of injuries. Serious injuries must be reported to parents no later than the end of the day in which the injury occurred. Unregulated providers are not required to report serious injuries.

- Seven States (HI, ID, IN, MO, NH, SD, VA) *do not require* child care providers to report serious injuries while a child is in care.
- Five States (IL, KS, KY, MA, MN) *require* providers to report serious injuries immediately.
- Fourteen States (AL, CA, CT, DE, DC, GA, KS, LA, MD, NJ, OK, UT, WV, WY) *require* providers to report serious injuries within 24 hours.

  In **West Virginia**, family providers are required to report serious injuries within 24 hours. Registered family homes must immediately report serious injuries. Centers are required to report serious injuries. School-age and in-home providers are not required to report.

- Four States (AR, TX, VT, WI) *require* providers to report serious injuries within 48 hours.

Other methods used to ensure that health and safety requirements are effectively enforced:

- Thirty-nine States (AZ, AR, CA, CO, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MA, MI, MO, MT, NE, NH, NM, NY, NC, ND, OH, OR, PA, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY) reported other methods to ensure effective enforcement of health and safety requirements.

- Twenty-one States (CA, CO, FL, HI, IL, IN, KS, KY, MA, MI, MO, MT, NM, OH, SD, TN, VT, VA, WA, WI, WV) indicated monitoring site visits to ensure enforcement of health and safety requirements.

- Seventeen States (HI, ID, IL, IN, KS, MI, NH, NM, NY, OH, SD, TN, VT, VA, WA, WV, WI) reported complaint investigations to ensure enforcement of health and safety requirements.

- Twelve States (AZ, CA, GA, ID, IA, NC, SD, VT, VA, WA, WI, WY) offer technical assistance to providers.

- Twelve States (CO, DC, IL, MO, MT, NE, NC, OR, VT, SA, WA, WV) cited fire, sanitation, building, or health inspections assisted in enforcing health and safety requirements.

- Eight States (CA, DC, KS, LA, MA, MO, PA, WV) initiate corrective action procedures including denying, revoking, suspending, or issuing probationary licenses.

- Seven States (AZ, CA, MA, MI, VT, WA, WI) conduct orientations, meetings, or trainings for providers.

- Six States (AR, CO, DE, LA, MI, NH) described licensing processes and requirements.

- Four States (CA, DC, KS, WV) reported imposing fines or civil or criminal actions as methods to ensure enforcement of health and safety requirements.

  In **Georgia,** the Child and Adult Care Food Program reviews and provides technical assistance to providers enrolled in the program. Resource and referral agencies and Child Care Health Consultants also provide on-site technical assistance.

  In **Iowa**, home and health consultants, through the resource and referral system, work in partnership with regulators to monitor, provide technical assistance, and enforce issues of noncompliance.

  In **Louisiana**, family home providers, public and nonpublic schools, and in-home providers are permanently terminated at the close of business on the first working day after receiving verification of: 1) an existing condition that threatens to create undue risk of harm to any child; 2) any violation of the provider agreement; or 3) the provider has more than six children in care.

Massachusetts offers various training opportunities for providers, including new provider meetings, license renewal meetings for group child care directors, regional advisory meetings, training on specific health or safety requirements, and "Working Together" meetings including providers, Lead Agency staff, and resource and referral agencies' staff.

New Mexico has hired private investigators to conduct complaint investigations to ensure timely and thorough investigations are completed.

Oregon checks police records on a quarterly basis for additional convictions.

In **Tennessee**, independent assessment personnel evaluate child care programs under the Star Quality Child Care Program once a year.

In **Utah**, health and safety requirements are enforced by the Health Department. The Lead Agency's Advisory Committee coordinates health and safety monitoring with the Health Department.

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))

Most States exempt immunization requirements for children for two reasons: 1) parent objections due to religious grounds, and 2) children's medical conditions that contraindicate immunization.

- Fifty States (AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) *exempt* children from immunizations whose medical condition contraindicates immunization.

- Forty-nine States (AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) *exempt* children whose parents object due to religious grounds.

- Sixteen States (AL, AZ, CO, DE, FL, KS, ME, MA, MI, MO, MT, NC, ND, PA, TX, WA) *exempt* children cared for by relatives from immunization requirements.

- Fifteen States (AL, AK, CO, DE, KS, ME, MA, MI, MO, MT, ND, OK, PA, TX, WA) *exempt* children who receive care in their own homes from immunization requirements.

- One State (MS) *does not* exempt children from immunization requirements.

- Thirteen States (AL, AZ, CO, DE, KS, ME, MA, MI, MO, ND, PA, TX, WA) *exempt* children from immunizations for all four reasons: 1) parent objections due to religious

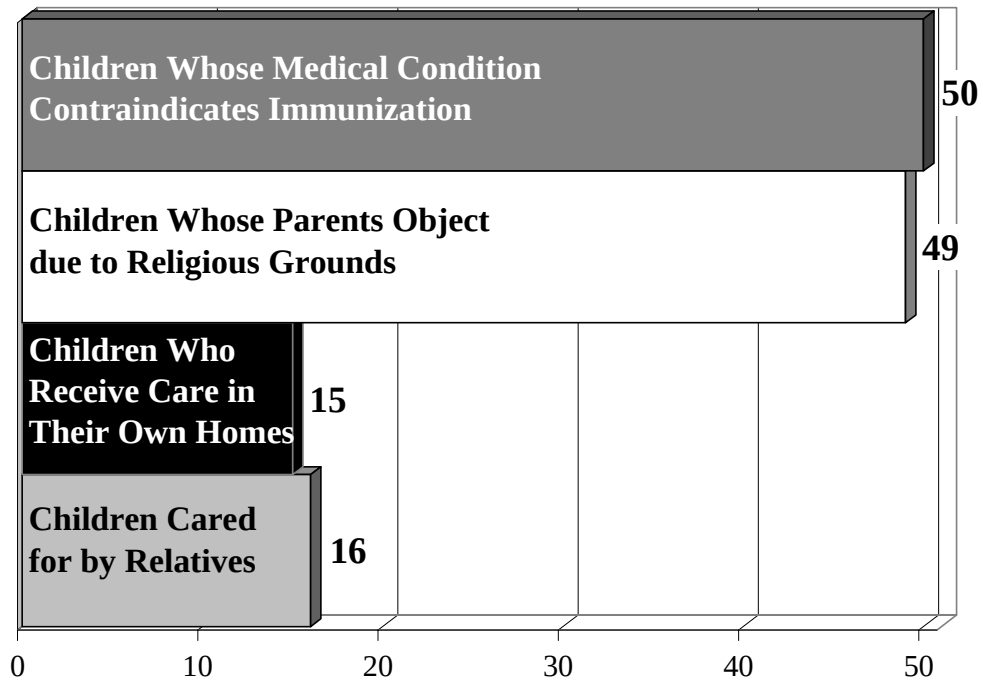
grounds; 2) children's medical conditions that contraindicate immunization; 3) children cared for by relatives; and 4) children who receive care in their own homes.

- Two States (FL and NC) *exempt* children from immunizations for the following three reasons: 1) children are cared for by relatives; 2) children's parents object due to religious grounds; and 3) children's medical conditions contraindicates immunization.

- One State (MT) *exempts* children from immunizations for the following three reasons: 1) children are cared for by relatives; 2) children receive care in their own homes; and 3) children's medical condition contraindicates immunization.

- Thirty-four States (AZ, AR, CA, CT, DC, GA, HI, ID, IL, IN, IA, KY, LA, MD, MN, NE, NV, NH, NJ, NM, NY, OH, OK, OR, RI, SC, SD, TN, UT, VT, VA, WV, WI, WY) exempt children from immunizations for the following two reasons: 1) children's parents object due to religious grounds and 2) children's medical conditions contraindicates immunization.

CHART 6.7
CONDITIONS under which STATES GRANT EXEMPTIONS
from IMMUNIZATION REQUIREMENTS



Source: Information compiled from State CCDF Plans, FY 2004-2005.

PART VII – HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

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*

The *Child Care and Development Fund Report of State Plans, FY 2004-2005*, is the first to include a summary of CCDF Plans submitted by Lead Agencies in the Territories. The five Territories are: American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, and Puerto Rico.

The following Territory abbreviations are used in this section: AS (American Samoa), CNMI (Commonwealth of the Northern Mariana Islands), GU (Guam), PR (Puerto Rico), and VI (Virgin Islands).

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.
- Two Territories (PR and VI) require providers to conduct daily physical checks on children.
- Two Territories (PR and VI) require children to complete physical examinations.
- 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 participation in a dental program and completion of health forms for children. These forms are similar to those used in Head Start.

Building and Physical Premises Safety

American Samoa requires monthly inspections of physical premises safety standards.

Commonwealth of the Northern Mariana Islands requires an inspection by the Public Health and Environmental Services.

Guam requires inspections by the Fire Department, the Environmental Protection Agency, and the Division of Environmental Health.

Puerto Rico requires inspections conducted by several agencies before a license is issued: Permit and Regulatory Administration, Environmental Quality Board of the Health Department, and the Fire Department.

Virgin Islands require compliance with the Building Code, Zoning Subdivision laws, and annual Fire Department inspections.

Health and Safety Training

- All five Territories (AS, CNMI, GU, PR, VI) require providers to attend health and safety training.

American Samoa requires training in CPR/First Aid, health and hygiene, control of infectious diseases, nutrition, and emergency procedures for disasters.

Commonwealth of the Northern Mariana Islands requires training in CPR and training on fire extinguisher use. In addition, family health history records are required.

Guam requires 15 hours of annual training on health and safety, nutrition, First Aid, child abuse and detection, and caring for children with special needs.

Puerto Rico requires annual CPR/First Aid training. In addition, centers must develop emergency evacuation plans and conduct monthly practice drills.

Virgin Islands require training in health and safety practices.

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

In **American Samoa**, the requirements for group homes are the same as requirements for centers—public health nurses conduct periodic site visits to monitor children's immunization status and conduct general health screenings.

Commonwealth of the Northern Mariana Islands requires minimum health and safety standards—grandparents are exempted.

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.

Group home requirements in the **Virgin Islands** are the same as center requirements: daily observations of each child; annual health examinations, medical reports, and immunization requirements for children; and food handler's certificate/health card required for staff.

Building and Physical Premises Safety

In **American Samoa**, the requirements for group homes are the same as requirements for centers.

Commonwealth of the Northern Mariana Islands' requirements include indoor and outdoor space requirements.

Guam requirements include inspections by the Fire Department, the Environmental Protection Agency, and the Division of Environmental Health.

Puerto Rico has standards related to indoor and outdoor play spaces, food handling, and compliance with the Bureau of the Environmental Health and Fire Department requirements.

In the **Virgin Islands**, the standards are the same as for centers.

Health and Safety Training

In **American Samoa**, the requirements for group homes are the same as requirements for centers.

Commonwealth of the Northern Mariana Islands requires immunizations for children, family health history records, health and physical examinations for providers, CPR training, and training on fire extinguisher use.

Guam requires providers to complete a minimum of 15 hours of training on health and safety, nutrition, First Aid, child abuse and detection, and caring for children with special needs.

Puerto Rico requires First Aid training and group homes are monitored for compliance by the Licensing Division.

In the **Virgin Islands**, providers are required to attend training sessions in safety and health practices.

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 **American Samoa**, the family child care requirements are the same as requirements for centers and group homes.

Commonwealth of the Northern Mariana Islands requires minimum health and safety standards—grandparents are exempted.

Guam requires providers to complete a physical exam/health certificate and children must be immunized.

In **Puerto Rico**, the requirements are same as in group homes for family homes with three or more children. In informal homes, providers must obtain a health certificate and children must be immunized.

In the **Virgin Islands**, the requirements are the same for centers, group homes, and family child care.

Building and Physical Premises Safety

- All five Territories (AS, CNMI, GU, PR, VI) reported requirements for family child care are the same as for group homes.

Puerto Rico requires informal family child care providers to complete a police clearance and a self certification that care will be provided in a healthy, safe, drug-free workplace.

Health and Safety Training

In **American Samoa**, family child care requirements are the same as requirements for centers and group homes.

Commonwealth of the Northern Mariana Islands requires immunizations for children, family health history records, health and physical examinations for providers, CPR training, and training on fire extinguisher use.

Guam requires training on health and safety, nutrition, First Aid, child abuse and detection, and caring for children with special needs. All license-exempt providers must complete a minimum of 15 hours of training annually.

In **Puerto Rico**, the requirements are the same as for group homes. Training is available for informal providers through family child care networks.

In the **Virgin Islands**, training is required in health and safety practices.

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 Diseases

In **American Samoa**, the requirements for in-home care are the same as requirements for centers, group homes, and family child care.

Commonwealth of the Northern Mariana Islands requires in-home providers to meet minimum health and safety requirements—grandparents are exempted.

In **Guam**, a physical exam/health certificate is required and children must be immunized.

Puerto Rico requires a health certificate and children must be immunized.

In the **Virgin Islands**, the provider must sign an agreement stating that the environment is clean and sanitary and precautions will be taken to ensure the health and safety of children in care. This includes immunizations. A National Criminal Investigation Check is conducted. If the home cannot meet basic health and safety requirements, the parent must find alternative care.

Building and Physical Premises Safety

In **American Samoa**, the requirements for in-home care are the same as requirements for centers, group homes, and family child care.

Commonwealth of the Northern Mariana Islands has indoor physical space requirements that support an environment conducive to learning; and outdoor requirements including fenced in play areas and a minimum number of square feet 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.

In the **Virgin Islands**, in-home providers sign an agreement and are given a handbook on providing safe physical environments.

Health and Safety Training

In **American Samoa,** the requirements for in-home care are the same as requirements for centers, group homes, and family child care.

Commonwealth of the Northern Mariana Islands requires immunizations for children, family health history records, health and physical exams for providers, CPR training, and training on fire extinguisher use.

Guam requires a minimum of 15 hours of training on health and safety, nutrition, First Aid, child abuse and detection, and caring for children with special needs.

Puerto Rico requires First Aid training.

In the **Virgin Islands**, providers are required to attend health and safety training sessions.

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:

- Four Territories (AS, GU, PR, VI) reported all relative providers are subject to the same requirements as described in sections 7.1–7.4.

- One Territory (CNMI) reported some relative providers are subject to different requirements from those described in sections 7.1–7.4. Only grandparents, with four or fewer children in care, are exempt from all health and safety requirements.

Section 7.6 – 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 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.

American Samoa conducts monthly visits of all facilities.

Commonwealth of the Northern Mariana Islands conducts periodic visits, based on a random sampling.

Guam conducts quarterly visits, or as needed. Monitoring visits will be expanded to include license-exempt facilities.

Puerto Rico conducts routine visits.

The **Virgin Islands** conduct at least one unannounced visit annually.

Are child care providers subject to background checks?

- All five Territories (AS, CNMI, GU, PR, VI) conduct background checks on child care providers.

  In **American Samoa**, criminal clearances are required from the Department of Public Safety and Child Protective Services.

  In **Guam**, submission of police and criminal court clearances are required for all providers and all other adult member(s) in the household or child care center.

  In **Puerto Rico,** police clearances are required.

  In the **Virgin Islands**, criminal background investigations are conducted by the Virgin Islands Police Department.

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.)

- Four Territories (AS, CNMI, GU, VI) require that providers report serious injuries that occur while a child is in care.

  American Samoa requires providers notify the child care program and the parent/guardian.

Other methods used to ensure that health and safety requirements are effectively enforced:

Puerto Rico established a safety monitoring system that includes a Health and Safety checklist to facilitate monitoring. Providers are given 30 days to correct infractions.

Virgin Islands reported the following methods to ensure effective enforcement of health and safety requirements:

- Evaluations are conducted before licenses are renewed;
- Complaints are investigated;
- If warranted, unannounced visits are increased;

- The University of the Virgin Islands conducts required training;
- Licenses can be suspended, or civil penalties issued;
- The Office of Licensing and Regulatory Services and CCDF collaborate on monitoring efforts; and
- Annual inspections are conducted by the Department of Health, the Fire Department, and the Department of Planning and Natural Resources.

Section 7.7 – Exemptions from 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) reported immunization requirement exemptions for children whose medical condition contraindicates immunization.

- Two Territories (PR and VI) reported immunization requirement exemptions for children whose parents object to immunization on religious grounds.

APPENDIX: STATE CHILD CARE AND DEVELOPMENT FUND CONTACTS

Updated October 2004

Debbie Thomas Director of Child Day Care Partnerships Alabama Department of Human Resources Family Assistance Division 50 North Ripley Street Montgomery, **AL** 36130 Phone: 334-242-1425 Fax: 334-353-1491	Connie Shorr Program Administrator Arizona Dept. of Economic Security Child Care Administration 1789 West Jefferson 801A Phoenix, **AZ** 85007 Phone: 602-542-4248 Fax: 602-542-4197
Mary Lorence Child Care Program Manager Child Care Programs Office DPA/DHHS 619 E. Ship Creek Ave, Suite 230 Anchorage, **AK** 99501-1677 Phone: 907-269-4500 Fax: 907-269-4635	Michael Jett Education Administrator California State Dept. of Education Child Development Division 1430 N Street, Suite 3410 Sacramento, **CA** 95814 Phone: 916-322-6233 Fax: 916-319-0183
Carol Samoa Chief of Social Services American Samoa Department of Human and Social Services American Samoa Government P.O. Box 6049 Pago Pago, **AS** 96799 Phone: 011-684-699-4152 Fax: 011-684-699-4144	Stephen Heiling Director, Child Care Services Colorado Dept. of Human Services 1575 Sherman Street Denver, **CO** 80203 Phone: 303-866-5958 Toll-free Phone: 800-799-5876 Fax: 303-866-4453
Tonya Russell Director Arkansas Department of Human Services Division of Child Care and Early Childhood Education 700 Main Street, S140 Little Rock, **AR** 72203-1437 Phone: 501-682-4891 Toll-free Phone: 800-322-8176 Fax: 501-682-4897	Rita Inos Commissioner of Education Northern Mariana Islands State Board of Education **CNMI** P.O. Box 1370 CK Saipan, MP 96950 Phone: 670-664-3714 Fax: 670-664-3717

Peter Palermino Program Manager Connecticut Department of Social Services Family Services/Child Care Team 25 Sigourney Street 10th Floor Hartford, **CT** 06106 Phone: 888-214-5437 Toll-free Phone: 800-811-6141 Fax: 860-951-2996	Gail Ormsby CAPS Section Director Division of Family and Children Services Georgia Department of Human Resources Two Peachtree Street NW, Suite 21-293 Atlanta, **GA** 30303-3142 Phone: 404-657-3441 Fax: 404-657-3489
Teresa Gallagher Delaware Dept. of Health & Social Services Lewis Building - Herman Holloway Campus 1901 N. DuPont Highway P.O. Box 906 New Castle, **DE** 19720 Phone: 302-255-9500 Toll-free Phone: 800-372-2022 (In Delaware) Fax: 302-577-4405	Joe Diaz Director Guam Department of Public Health and Social Services Government of Guam P.O. Box 2816 Agana, **GU** 96910 Phone: 671-735-7102 Fax: 671-734-5910
Barbara Ferguson Kamara Executive Director DC Department of Human Services Office of Early Childhood Development 717 14th Street NW, #1200 Washington, **DC** 20005 Phone: 202-727-1839 Fax: 202-724-5228	Garry L. Kemp Assistant Administrator, Benefit, Employment, & Support Services Division Benefit, Employment, and Support Services Hawaii Department of Human Services 820 Mililani Street, Suite 606, Haseko Center Honolulu, **HI** 96813 Phone: 808-586-7050 Fax: 808-586-5229
Gladys Wilson Florida Partnership for School Readiness Holland Building, Room 251 600 S. Calhoun Street Tallahassee, **FL** 32399 Phone: 850-922-4200 Toll-free Phone: 866-357-3239 Fax: 850-922-5188	Genie Sue Weppner Bureau Chief, Benefit Program Operations Idaho Dept. of Health and Welfare Division of Welfare 450 West State Street 2nd Floor P.O. Box 83720 Boise, **ID** 83720 Phone: 208-334-5656 Fax: 208-334-5817

Linda Saterfield Bureau Chief, Office of Child Care & Family Services Illinois Department of Human Services 400 West Lawrence Avenue, 3rd Floor Springfield, **IL** 62762 Phone: 217-785-2559 Fax: 217-524-6030	Michael Cheek Director, Division of Child Care Kentucky Cabinet for Health and Family Services Department for Community Based Services 275 East Main Street, 3E-B6 Frankfort, **KY** 40621 Phone: 502-564-2524 Toll-free Phone: 800-421-1903 Fax: 502-564-3464
J. Lanier DeGrella Deputy Director Indiana Division of Family and Children Bureau of Child Development 402 W. Washington Street, W392 Indianapolis, **IN** 46204 Phone: 317-233-9229 Toll-free Phone: 800-441-7837 Fax: 317-232-4490	Mary Joseph Assistant Secretary Louisiana Department of Social Services Office of Family Support 755 Third Street, Room 323 P.O. Box 94065 Baton Rouge, **LA** 70801 Phone: 225-342-3947 Fax: 225-342-9025
Julie Ingersoll Bureau Chief, Bureau of Family and Community Support Iowa Department of Human Services Division of ACFS Hoover State Office Building, 5th Floor Des Moines, **IA** 50319 Phone: 515-281-5688 Fax: 515-281-4597	Carolyn Drugge Director, Office of Child Care and Head Start Maine Department of Human Services 11 State House Station 221 State Street Augusta, **ME** 04333-0011 Phone: 207-287-5060 Fax: 207-287-5031
Alice Womack Program Administrator Kansas Dept. of Social & Rehabilitation Services Child Care and Early Childhood Development 915 SW Harrison, 681 W Topeka, **KS** 66612 Phone: 785-291-3314 Fax: 785-296-0146	Judith L. Rozie-Battle Executive Director Maryland Department of Human Resources Child Care Administration 311 W. Saratoga Street 1st Floor Baltimore, **MD** 21201 Phone: 410-767-7128 Toll-free Phone: 800-332-6347 Fax: 410-333-8699
Joanne McMahan Chief Operating Officer Massachusetts Office of Child Care Services 600 Washington Street, 6th Floor, Suite 6100 Boston, **MA** 02111 Phone: (617) 988-6626 Fax: (617) 988-2451	Doris Hallford Deputy Director Missouri Department of Social Services Children's Division/Office of Early Childhood P.O. Box 1527 Jefferson City, **MO** 65102 Phone: 573-751-6793 Fax: 573-526-9586

Melody Sievert Director, Child Development and Care Division Michigan Family Independence Agency 235 South Grand Avenue, Suite 1302 P.O. Box 30037 Lansing, **MI** 48909 Phone: 517-373-0356 Fax: 517-241-7843	Linda Fillinger Bureau Chief Human and Community Services Division Early Childhood Services Bureau Montana Department of Public Health and Human Services P.O. Box 202952 Helena, **MT** 59620 Phone: 406-444-9120 Fax: 406-444-2547
Cherie Kotilinek Acting Manager Minnesota Dept. of Human Services 444 Lafayette Road St. Paul, **MN** 55155-3834 Phone: 651-284-4203 Fax: 651-582-8496	Betty Medinger HHS Administrator Nebraska Dept. of Health and Human Services 301 Centennial Mall South, 4th Floor Lincoln, **NE** 68509 Phone: 402-471-9325 Fax: 402-471-9034
Julia Todd Director, Office for Children & Youth Mississippi Department of Human Services 750 North State Street Jackson, **MS** 39202 Phone: 601-359-4555 Toll-free Phone: 800-877-7882 Fax: 601-359-4422	Gerald J. Allen State Child Care Administrator Nevada Department of Human Resources Welfare Division 1470 East College Parkway Carson City, **NV** 89706 Phone: 775-684-0677 Fax: 775-684-0617
Margaret Leitch Copeland Administrator, Bureau of Child Development Division for Children, Youth & Families New Hampshire Dept. of Health & Human Services 129 Pleasant Street Concord, **NH** 03301 Phone: 603-271-4451 Fax: 603-271-7982	Peggy Ball Director, Division of Child Development North Carolina Dept. of Health and Human Services Division of Child Development 2201 Mail Service Center Raleigh, **NC** 27699-2201 Phone: 919-662-4543 Fax: 919-662-4568
Beverly Wellons Assistant Director New Jersey Department of Human Services Division of Family Development P.O. Box 716 Trenton, **NJ** 08625 Phone: 609-588-2405 Toll-free Phone: 800-332-9227 Fax: 609-588-3051	Corinne Bennett Early Childhood Administrator Office of Economic Assistance 600 E. Boulevard Bismarck, **ND** 58505-0250 Phone: 701-328-4809 Fax: 701-328-2359

Roger Gillespie New Mexico Children, Youth and Families Department Child Care Services Bureau P.O. Drawer 5160, PERA Building, Room 111 Santa Fe, **NM** 87502-5160 Phone: 800-610-7610 Toll-free Phone: 800-832-1321 Fax: 505-827-7361	Bobbi Gitter Child Care Administrator North Dakota Department of Human Services Office of Economic Assistance State Capitol Judicial Wing 600 East Boulevard Avenue Bismarck, **ND** 58505 Phone: 701-328-2332 Fax: 701-328-1060
Suzanne Sennett Director, Office of Children and Family Services Bureau of Early Childhood Services New York State Office of Children and Family Services Riverview Center, 6th Floor 52 Washington Street Rensselaer, **NY** 12144 Phone: 518-474-9454 Fax: 518-474-9617	Terrie Hare Bureau Chief, Bureau of Child Care Services Ohio Department of Job and Family Services 255 East Main Street, 3rd Floor Columbus, **OH** 43215 Phone: 614-466-1043 Fax: 614-728-6803
Nancy vonBargen Director of Child Care Services Oklahoma Dept. of Human Services Division of Child Care Sequoyah Memorial Office Building P.O. Box 25352 Oklahoma City, **OK** 73125 Phone: 405-521 3561 Toll-free Phone: 800-347-2276 Fax: 405-522-2564	Reeva Sullivan Murphy Child Care Administrator Rhode Island Department of Human Services Louis Pasteur Bldg. #57 600 New London Avenue Cranston, **RI** 02920 Phone: 401-462-3415 Fax: 401-462-6878
Tom L. Olsen Administrator Oregon Department of Employment Child Care Division 875 Union Street NE Salem, **OR** 97311 Phone: 503-947-1400 Toll-free Phone: 800-556-6616 Fax: 503-947-1428	Leigh Bolick Program Director, Child Care South Carolina Dept. of Social Services 1535 Confederate Avenue Extension P.O. Box 1520 Columbia, **SC** 29201 Phone: 803-898-2749 Fax: 803-898-4510

Kathryn J. Holod Child Care Administrator Pennsylvania Department of Public Welfare Office of Children, Youth & Families Bureau of Child Day Care Services P.O. Box 2675 Harrisburg, **PA** 17105 Phone: 717-787-8691 Toll-free Phone: 877-472-5437 Fax: 717-787-1529	Donna Jane Garrett Deputy Director for Policy and Development Workforce Development Division Texas Workforce Commission 101 East 15th Street, Room 130-T Austin, **TX** 78778-0001 Phone: 512-936-3058 Fax: 512-463-5067
Marta Sobrino Acting Director, Child Care and Development Program Puerto Rico Department of the Family Administration for Families and Children Avenida Ponce de Leon PDA.2 San Juan PDA. 2 San Juan, **PR** 00902-5091 Phone: 787-722-8157 Fax: 787-723-5357	Lynette Rasmussen Director State of Utah Workforce Services Office of Child Care 140 East 300 South Salt Lake City, **UT** 84111 Phone: 801-526-4341 Fax: 801-526-4349
Patricia Monson Administrator South Dakota Department of Social Services Child Care Services 700 Governors Drive Pierre, **SD** 57501 Phone: 605-773-4766 Toll-free Phone: 800-227-3020 Fax: 605-773-7294	Kimberly A. Keiser Director, Child Care Services Division Vermont Department of Social and Rehabilitation Services Agency for Human Services 103 South Main Street 2nd Floor Waterbury, **VT** 05671 Phone: 802-241-3110 Fax: 802-241-1220
Deborah Neill Director of Child Care, Adult, and Community Programs Tennessee Department of Human Services Citizens Plaza, 14th Floor 400 Deaderick Street Nashville, **TN** 37248 Phone: 615-313-4770 Fax: 615-532-9956	Brenda Walwyn Director Office of Child Care, Regulatory and Volunteer Services Knud Hansen Complex Bldg. A Virgin Islands Department of Human Services 1303 Hospital Ground St. Thomas, **VI** 00802 Phone: 340-774-0930 Fax: 340-774-3466

Dottie Wells Child Care Administrator Virginia Department of Social Services 730 E. Broad Street Richmond, **VA** 23219 Phone: 804-726-7639 Fax: 804-726-7655	Laura Saterfield Bureau Director Bureau of Workforce Solutions Wisconsin Department of Workforce Development 201 East Washington Avenue Madison, **WI** 53707 Phone: 608-266-3443 Toll-free Phone: 888-713-KIDS (5437) Fax: 608-261-6968
Rachael Langen Director Washington State Economic Services Administration Division of Child Care and Early Learning 1009 College Street MS 45480 Olympia, **WA** 98504-5480 Phone: 360-413-3209 Toll-free Phone: 866-482-4325 Fax: 360-413-3482	Sue Bacon Child Care Program Consultant Wyoming Department of Family Services Hathaway Building, Room 383 2300 Capitol Avenue Cheyenne, **WY** 82002-0490 Phone: 307-777-5491 Fax: 307-777-3659
Kay Tilton Director, Child Care Services West Virginia Dept. of Health and Human Resources Bureau for Children & Families 350 Capitol Street, Room 691 Charleston, **WV** 25301 Phone: 304-558-2993 Fax: 304-558-8800	

INDEX