



Child Care and Development Fund (CCDF) Plan

For

State/Territory: **MICHIGAN**

FFY 2014-2015

This Plan describes the CCDF program to be administered by the State/Territory for the period 10/1/2013 – 9/30/2015. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Form ACF-118 Approved OMB Number expires

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PART 1

ADMINISTRATION

This section provides information on how the CCDF program is administered, including the designated Lead Agency, funding information, the administrative structure, program integrity and accountability policies and strategies, coordination efforts, and emergency preparedness plans and procedures.

1.1 Contact Information

The agency shown below 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)

1.1.1 Who is the Lead Agency designated to administer the CCDF program? Identify the Lead Agency and Lead Agency's Chief Executive Officer designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals and disallowance notifications to the designated contact identified here. (658D(a), §98.10)

Name of Lead Agency: Michigan Department of Education
Address of Lead Agency: 608 W. Allegan, PO Box 30008, Lansing, MI 48906
Name and Title of the Lead Agency's Chief Executive Officer: Michael P. Flanagan, State Superintendent
Phone Number: 517-373-3324
Fax Number: 517-241-8125
E-Mail Address: FlanaganM@michigan.gov
Web Address for Lead Agency (if any): www.michigan.gov/mde

1.1.2. Who is the CCDF administrator? Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. **If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.** (§§98.16(a) and (c)(1))

a) **Contact Information for CCDF Administrator:**

Name of CCDF Administrator: Lisa Brewer Walraven
Title of CCDF Administrator: Director, Division of Child Development and Care, Office of Great Start

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Address of CCDF Administrator: 608 W. Allegan, PO Box 30008, Lansing, MI 48906

Phone Number: 517-373-4116

Fax Number: 517-241-8679

E-Mail Address: Brewer-WalravenL@michigan.gov

Phone Number for CCDF program information (for the public) (if any): 866-990-3227

Web Address for CCDF program (for the public) (if any): www.michigan.gov/childcare

Web address for CCDF program policy manual: (if any): www.mfia.state.mi.us/olmweb/ex/html

Web address for CCDF program administrative rules: (if any): http://www7.dleg.state.mi.us/orr/Files%5CAdminCode%5C106_04_AdminCode.pdf

b) Contact Information for CCDF Co-Administrator (if applicable):

Name of CCDF Co-Administrator: _____

Title of CCDF Co-Administrator: _____

Address of CCDF Co-Administrator: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Description of the role of the Co-Administrator: _____

1.2 Estimated Funding

1.2.1. What is your expected level of funding for the first year of the FY 2014 – FY 2015 plan period? The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period from October 1, 2013 through September 30, 2014. (§98.13(a)).

FY 2012 Federal CCDF allocation (Discretionary, Mandatory and Matching): \$153,836,899

Federal TANF Transfer to CCDF: \$0

Direct Federal TANF Spending on Child Care: \$0

State CCDF Maintenance-of-Effort Funds: \$24,411,364

State Matching Funds: \$26,482,805

Reminder – Lead Agencies are reminded that not more than 5 percent of the aggregate CCDF funds, including federal funds and required State Matching funds, shall be expended on administration costs (§98.52) once all FY2014 funds have been liquidated. State Maintenance-of-Effort funds are not subject to this limitation.

1.2.2. Which of the following funds does the Lead Agency intend to use to meet the CCDF Matching and maintenance-of-effort (MOE) requirements described in 98.53(e) and 98.53(h)? Check all that apply.

Territories not required to meet CCDF Matching and MOE requirements should mark N/A here.

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Note: The Lead Agency must check at least public and/or private funds as matching, even if pre-kindergarten (pre-k) funds also will be used.

Public funds to meet the CCDF Matching Fund requirement. Public funds may include any general revenue funds, county or other local public funds, State/Territory-specific funds (tobacco tax, lottery), or any other public funds.

If checked, identify source of funds: State general funds are used to support the Child Development and Care services for eligible families.

If known, identify the estimated amount of public funds the Lead Agency will receive: \$.38 million

Private donated funds to meet the CCDF Matching Funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes. (98.53(f))

If checked, are those funds:

donated directly to the State?

donated to a separate entity(ies) designated to receive private donated funds?

If checked, identify the number of entities designated to receive private donated funds and provide name, address, contact, and type _____

If known, identify the estimated amount of private donated funds the Lead Agency will receive: \$ _____

State expenditures for pre-k programs to meet the CCDF Matching Funds requirement. If checked,

Provide the estimated percentage of Matching Fund requirement that will be met with pre-k expenditures (not to exceed 30%): 30%

If percentage is more than 10% of the Matching fund requirement, describe how the State will coordinate its pre-k and child care services: _____

HIGHLIGHTED FOR REVIEW BEFORE JULY SUBMISSION (IN THE EVENT PROPOSED LEGISLATION PASSES PRIOR TO THIS DATE)

The Great Start Readiness Program (GSRP) is Michigan's state-funded prekindergarten program targeted at four year olds who are considered "at-risk" of school failure. Changes in legislation in the past two years now derive all funding for GSRP from School Aid funds; therefore, all funds flow to Intermediate School Districts (ISDs). The ISDs in turn flow funds to local school districts and agencies. In FY 2012 and FY 2013, legislation set aside about eight percent of the funds for a statewide competition for agencies, primarily child care centers and Head Start programs. Proposed legislation will require that each ISD set aside 20% of the funding for non-school district agencies, because those agencies are often better able to provide and coordinate wraparound care for working families. In the required application, each ISD must work with its Great Start

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Collaborative to assess local needs and develop a plan to align with the child care options in the local area, and to determine how to distribute funding to assure that families have options to meet their children’s developmental and educational needs with GSRP and other funded early childhood programs in the context of families’ needs for child care. Priority is given to ISDs that can demonstrate options for wraparound services to serve children’s and families’ needs for full-day, full week, and full-year services. GSRP has been allowed to expand options in the last few years to combine two half-day “slots” into a school-day program, and to allow blending with Head Start to make a school-day program. Priority is given to those ISDs that can offer a work day, week, and year child care option with wraparound funds. Each year, data are collected on each child who attends GSRP and on his/her eligibility for child care reimbursement if he/she were not enrolled in GSRP. The GSRP data are collected by MDE. MDE analyzes the data for trends on risk factors—low income children, number of children served, and monitors geographic distribution. The data can be aggregated by ISDs, which roughly follow county lines.

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for Matching Funds requirement: \$ 7.9 million

Describe the Lead Agency efforts to ensure that pre-k programs meet the needs of working parents:

GSRP provided preschool programs to approximately 23,840 four-year-old high needs children in FY 2013. These high needs children do not qualify for other state or federally fully-funded early learning programs, or the other programs are full. GSRP provides a high-quality preschool experience to Michigan children for a minimum of 4 days per week, 30 weeks per year. Approximately 1/3 of the children receive school-day services (6 1/2 hours per day); the other two thirds receive part-day services (minimum 3 hours per day). School-day children count as filling two of the available slots; in FY 2012, there were 32, 139 slots available. Proposed funding for FY 14 and FY 15 would increase the funding to serve all estimated eligible children. GSRP funds can also be used to meet the needs of working Head Start parents, by blending a GSRP “slot” with available Head Start funding. Independent scientific evaluations of GSRP by the respected HighScope Educational Research Foundation and the National Institute for Early Education Research have indicated that children who are provided with GSRP show significant positive developmental differences when compared to children from the same backgrounds who did not attend a preschool program. Other research shows positive impacts from school-day length programs that also meet the child care needs of families that work.

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GSRP serves the child development, learning, and care needs of children and meets the needs of working parents. The Department of Education provides assurance that at least 75% of the children receiving services in each ISD area live with families whose income is below 300% of the federal poverty level. In FY 2012, 91% of children met this income criterion. An additional 64% of children lived with families whose income was below 200% of poverty, and 27% lived in families whose income was between 200% and 300% of poverty. Families with income below 200% of poverty are prioritized in the program; those above 200% must have additional risk factors to participate. These income levels were chosen by the State Board of Education to to better serve the needs of low income working families. Each ISD and its Great Start Collaborative must submit a collaborative recruitment and enrollment plan to the Michigan Department of Education to indicate the ways that the highest needs children are prioritized according to the State Board of Education’s risk factors, and how GSRP services are made accessible for working families.

The Michigan Department of Education, while limited by state policy and the legislation that authorizes GSRP to provide part-day or school-day education and care, gives preference to ISDs for enhanced funding if they assure that the full-day, full-week, full-year needs of families will be met. Wraparound care is funded by parent tuition, child care subsidy, local scholarship funds, and new enhancement funds. Programs may also refer nd/or transport children to other child care providers to meet family preferences. All programs provide wraparound care themselves, or referrals and/or transportation to other child care options.

State expenditures for pre-k programs to meet the CCDF Maintenance of Effort (MOE) requirements. If checked,

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

Estimated percentage of MOE Fund requirement that will be met with pre-k expenditures (not to exceed 20%): 20%

If percentage is more than 10% of the MOE requirement, describe how the State will coordinate its pre-k and child care services to expand the availability of child care: See above

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for MOE Fund requirement: \$ 4.9 million

Describe the Lead Agency efforts to ensure that pre-k programs meet the needs of working parents: See above

1.2.3 Describe the activities for which quality funds (including targeted quality funds for infants and toddlers, school-age children, and resource and referral) will be used in FY 2014 - 2015. In as much detail possible, list

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the activities that will be funded, the estimated amount of CCDF quality funds that will be used for each activity, and how these activities relate to the Lead Agency’s overall goal of improving the quality of child care for low-income children.

Activity	Estimated Amount of CCDF Quality Funds (check which targeted funds will be used, if any)	Purpose	Projected Impact and Anticipated Results (if possible)
<p><u>greatstartCONNECT.org</u></p>	<p><u>\$85,000</u></p> <p>Check if targeted funds for this activity:</p> <p><input checked="" type="checkbox"/> Infant/Toddler Targeted Funds</p> <p><input checked="" type="checkbox"/> School-Age/Child Care Resource and Referral Targeted Funds</p> <p><input checked="" type="checkbox"/> Quality Expansion</p>	<p><u>greatstartCONNECT.org is Michigan’s online resource and referral database. Families enter their search criteria and search the database of all licensed programs in Michigan which includes infants and toddlers and school age programs.</u></p>	<p><u>Maintain the level of traffic by families to the site, and the level of programs that regularly update their profiles.</u></p>

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<p><u>Professional Development and training opportunities, as well as resources available through the Great Start to Quality Resource Centers.</u></p>	<p><u>\$4,015,000</u></p> <p>Check if targeted funds for this activity:</p> <p><input checked="" type="checkbox"/> Infant/Toddler Targeted Funds</p> <p><input checked="" type="checkbox"/> School-Age/Child Care Resource and Referral Targeted Funds</p> <p><input checked="" type="checkbox"/> Quality Expansion</p>	<p><u>Resource Centers offer professional development and training opportunities that increase knowledge and competency across all early learning and care educators in Michigan. Opportunities are aligned with Great Start to Quality, Michigan’s Quality Rating and Improvement System which includes infant and toddler topics. School age topics are also offered through the Resource Centers. They also offer resources through lending libraries that support continued application if learned best practices in the early learning setting.</u></p>	<p><u>Continue to align efforts with Great Start to Quality to increase knowledge and competency across infant and toddler early learning and care educators. Continue to provide school age relevant topics for school age providers.</u></p>
<p><u>Provide quality improvement consultation for programs participating in Great Start to Quality through the Great Start to Quality Resource Centers.</u></p>	<p><u>\$4,015,000</u></p> <p>Check if targeted funds for this activity:</p> <p><input checked="" type="checkbox"/> Infant/Toddler Targeted Funds</p> <p><input checked="" type="checkbox"/> School-Age/Child Care Resource and Referral Targeted Funds</p> <p><input checked="" type="checkbox"/> Quality Expansion</p>	<p><u>Resource Centers provide quality improvement consultation for programs participating in Great Start to Quality which includes programs serving infants and toddlers.</u></p>	<p><u>Continue to increase knowledge and competency across infant and toddler early learning and care educators.</u></p>

1.2.4 Will the Lead Agency distribute quality funds to counties or local entities? Note: This question is to obtain information on whether the Lead Agency retains decision making responsibilities regarding the quality dollars at the State/Territory level or if funds are distributed to local entities

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Does the State maintain decisions at the State level, or are funds distributed to locals that have some decisions on how funds are spent.

- No, the Lead Agency will not distribute any quality funds directly to local entities
- Yes, all quality funds will be distributed to local entities
- Yes, the Lead Agency will distribute a portion of quality funds directly to local entities. Estimated amount or percentage to be distributed to localities _____
- Other. Describe. _____

1.3. CCDF Program Integrity and Accountability

Program integrity is defined to include efforts that ensure effective internal controls over the administration of CCDF funds. The Lead Agency is responsible for monitoring programs and services, ensuring compliance with the rules of the program, promulgating rules and regulations to govern the overall administration of the plan and oversee the expenditure of funds by sub-grantees and contractors. (§ 98.11(b)) Accountability measures should address administrative error, which includes unintentional agency error, **as well as address** program violations, both unintentional and intentional, that may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

1.3.1. Describe the strategies the Lead Agency will utilize to ensure effective internal controls are in place. The **description** of internal controls may include, but is not limited to a description of processes to ensure sound fiscal management, to identify areas of risk or to establish regular evaluation of control activities.

1. Conducting Comprehensive Background Checks

The Department requires all child care center directors, licensees and licensee designees to have an FBI fingerprint prior to licensure in addition to regularly conducting follow-up checks. In addition, the Department requires every licensed center and child care home to conduct a criminal background check on their employees prior to employment. Adult household members of licensed child care homes are also required to submit to a criminal background check prior to issuance of a license. Regular follow-up checks are also conducted on child care home licensees and adult household members.

For unlicensed providers, an automated criminal background check interface allows for the following clearances to be completed prior to enrollment:

- Central Registry
- Internet Criminal History Access Tool (ICHAT)
- Offender Tracking Information System (OTIS) for incarceration and parole information

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- Public Sex Offender Registry for public sex offender registry information

Additionally, these comprehensive pre-enrollment background checks are conducted on all identified members of the provider's household.

In addition to the pre-enrollment background checks, the Department conducts subsequent daily Central Registry checks and monthly automated criminal background checks on providers and adult household members. Inactive providers are also included in these matches enabling the Department to ensure that they are coded appropriately to prevent re-enrollment when appropriate.

2. Improving Payment and Billing Verification to Strengthen Internal Controls and Reduce Fraud

The Department reconciles high risk provider payments throughout the year. To do so, the CDC Central Reconciliation Unit gathers information from both the parent and the provider and reconciles the two reports before releasing the payment to the provider.

During FY12 the Department monitored the billings of 1,330 providers. As a result of these efforts:

- Recoupment in the amount of \$434,002.95 was established.
- 82 fraud referrals were generated and sent to the Office of Inspector General for further investigation.
- 237 providers were disenrolled for non-compliance with program rules and an additional 76 providers were referred for a potential disqualification.

In addition, the Central Reconciliation Unit worked to create multiple tools (available in English, Spanish and Arabic) to assist parents and providers in using the internet billing system. These tools included not only instructional handouts, but a narrated instructional webinar.

3. Review High Risk Child Development and Care Cases

The Department conducts regular case reviews to help improve case record documentation. These reviews are conducted to measure accurate and complete documentation in the client and provider CDC case record file.

In FY12, the Department conducted an additional 276 case reviews to meet federal Improper Payment Act requirements. In July 2013 we submitted our required federal report and outlined our new statewide CAP that will continue to address root causes related to errors, program non-compliance and fraud.

The results of these case reviews continue to support ongoing program improvement including revised procedures, policy clarifications, and related staff training.

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Additionally, in FY12 reviews were conducted on 600 unlicensed provider files to ensure accuracy, completeness, and assure that the required background clearances were completed for the associated providers and adult household members. Corrections and/or reconstructions were required for incomplete files.

4. Investigate Improper Payment Cases and Seek Prosecution

The DHS Office of Inspector General (OIG) plays an integral role in the internal control process. In FY12, the Office of Inspector General:

- Accepted 1,140 CDC fraud referrals.
- Completed investigations on 1,237 clients/providers.
 - Completed investigations are those where all actions have been taken by the OIG agent and include cases where fraud has and has not been found. Investigations initiated in one fiscal year may ultimately be completed in a subsequent fiscal year
- Found alleged fraud in the amount of \$8.8 million.
- Referred 536 clients/providers for prosecution.
- Secured orders of \$10.1 million in restitution.

5. Program Disqualifications for Rule Non-Compliance

In April 2012, the CDC Program Rules, R400.5001 et seq., were promulgated. The rule set, as amended, allows the Department to impose penalties and disqualifications on child care providers or clients demonstrating non-compliance or fraud. Client disqualifications will also be implemented when system support is available.

Between July 2012 and April 2013, 748 warning letters were sent (Program Violation Notices) and 108 providers were disqualified for 6 months.

6. Centralized Provider Enrollment Unit

Effective January 1, 2013, MDE assumed responsibility for the enrollment of all unlicensed child care providers. This task is completed by a small unit of specialized staff who are responsible solely for enrolling and maintaining the records for unlicensed child care providers. As a part of this effort, MDE began conducting address inquiries within the Bridges (public assistance) eligibility system to determine whether all adult household members had been disclosed on the provider application as well as implementing a provider interview process for all new and returning applicants.

1.3.2 Describe the processes the Lead Agency will use to monitor all sub-recipients. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements (98.11 (a) (3))

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Definition: A sub-recipient (including a sub-contractor and or sub-grantee) is a non-Federal entity that expends Federal awards (contract or grant) received from another entity to carry out a Federal program, but does not include a vendor nor does it include an individual who is a beneficiary of such a program. OMB Circular A-133 Section 210 provides additional information on the characteristics of a **sub-recipient** and **vendor**

(http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2010).

The description of monitoring may include, but is not limited to, a discussion of written agreements, fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified, and establishing performance indicators or measures related to improper payments.

The lead agency is required to comply with Public Act 272 f 1986 (Section 18.1485 of the Michigan Compiled Laws) which requires each Michigan Department (1) to evaluate its systems of internal controls, (2) to develop a report that includes a description of any material inadequacy or weakness discovered during the internal control evaluation, and (3) to develop corrective action plans and a time schedule for correcting deficiencies identified.

The lead agency has a grant agreement with the Early Childhood Investment Corporation (ECIC), to provide funds to contract for and monitor a variety of programs and services related to quality child care. The Department maintains control through requirements laid out in the grant agreement. The State Child Care Administrator meets regularly with ECIC staff to monitor efforts and address issues as they arise.

On a monthly basis, the Department reviews the Statement of Expenditures for both ECIC administrative costs as well as for contracted services. The grant agreement requires ECIC to submit quarterly reports to the Department for monitoring purposes.

In addition, the Department has an approved monitoring plan and meets regularly with various staff at ECIC to get updates and review program implementation. The agreement also provides that the Department may request other information it deems necessary to assure compliance. Department staff or its designee may visit the offices of ECIC to review and evaluate the work done under the establishment grant agreement.

The lead agency also has an Memorandum of Understanding with the Department of Human Services (DHS), to provide funds for client eligibility determination, child care licensing, fraud investigations, and administrative hearings. The lead agency maintains control through requirements laid out in the agreement. DHS provides data on progress measures quarterly. Additionally, the State Child Care Administrator meets with a designated point of contact with DHS, as needed, to monitor efforts and address issues as they arise.

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1.3.3. Describe the activities the Lead Agency will have in place to identify program violations and administrative error to ensure program integrity using the chart below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to **areas identified through the Error Rate Review** process (98.100). Check which activities, if any, the Lead Agency has chosen to conduct.

Type of Activity	Identify Program Violations	Identify Administrative Error
Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid))		<input checked="" type="checkbox"/>
Share/match data from other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Run system reports that flag errors (include types)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review of attendance or billing records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Audit provider records	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conduct quality control or quality assurance reviews	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conduct on-site visits to providers or sub-recipients to review attendance or enrollment documents	<input type="checkbox"/>	<input type="checkbox"/>
Conduct supervisory staff reviews	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Conduct data mining to identify trends	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Train staff on policy and/or audits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other. Describe <u>Office of Inspector General-Special Investigations Unit</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

For any option the Lead Agency checked in the chart above other than none, please describe

Share/match data from other databases

Michigan uses an integrated eligibility system (Bridges), which houses information for TANF, Medicaid, SNAP and Child Development and Care (CDC) cases thereby facilitating data sharing between programs.

Share/match data from other programs

Michigan utilizes a number of data matches to identify intentional program violations, as well as administrative errors. Data matches are regularly run with:

- The Social Security Administration to verify identity, Social Security Numbers and to compare active recipient SSNs to SSA’s death records.

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- The Michigan Unemployment Insurance Agency to verify work history records submitted by Michigan employers and unemployment compensation receipt.
- The Michigan Department of Treasury to verify current income of active recipients.

Run system reports that flag errors

System reports identify high risk provider billings, such as:

- Unlicensed providers who are billing for more than 6 children.
- Providers billing over a set number of hours for school age children.
- Providers billing the maximum hours.
- Providers billing for care provided every day of the week.

System reports are also generated to identify individuals who are on the state master death file.

Review of attendance or billing records/Audit provider records

A predetermined number of provider billings are reviewed throughout the year. These billings are reconciled with parent information to ensure that the provider is billing appropriately.

Information collected from the parent also helps the Department ensure that the client's information is accurate.

Additionally, the Bureau of Children and Adult Licensing reviews are coordinated with the CDC program to ensure that CDC program staff are notified of licensing rule violations related to inadequate time and attendance records. This coordination ensures that appropriate action is taken for those receiving CCDF and violating CDC program rules.

Conduct quality control or quality assurance reviews

Quality assurance reviews are conducted annually for both client and provider files. All errors found must be corrected by eligibility staff and reports are used to track local office progress in reducing errors.

These reviews have assisted the Department in determining necessary training topics and enhancing staff resources around these common issues.

Conduct supervisory staff reviews

Per DHS program policy, local office supervisory staff are responsible for reviewing cases for accuracy and completeness with regards to information retained in the case file. These reviews are conducted for both new staff and experienced staff, with supervisors focusing a greater amount of time on reviews for new staff.

Conduct data mining to identify trends

The Office of Inspector General's Special Investigations Unit conducts data mining to determine high risk cases for further investigation. One particular data mining

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process involves the comparison of employment/wage information from Michigan's Department of Licensing and Regulatory Affairs (formerly Department of Labor, Energy, and Economic Growth) with the client's child care usage. This Reverse Wage Match process helps the Department to identify families with an employment need reason who are utilizing child care on a regular basis while showing low or no wages.

Train staff on policy and/or audits

Local office staff have access to nine training modules focused on CDC policy. These training modules were developed to ensure that staff had necessary resources to assist in reducing the most common errors found in CDC cases. These tools also assist staff in identifying red flags and making appropriate referrals for investigation.

Other-Office of Inspector General- Special Investigations Unit

The Department utilizes a toll-free welfare fraud hotline (800-222-8558) to gather referrals for investigation. The Special investigations Unit is responsible for determining the validity of the referral and taking the appropriate action, which may include referral for prosecution. This unit may conduct onsite visits to gain additional information in parent or provider investigations.

If the Lead Agency checked none, please describe what measures the Lead Agency has or plans to put in place to address program integrity:

1.3.4. What strategies will the Lead Agency use to investigate and collect improper payments due to program violations or administrative error? Check and describe in the chart below which strategies, if any, the Lead Agency will use for each of the following areas: Unintentional program violations (UPV), intentional program violations (IPV) and/or fraud, and administrative error as defined in your State/Territory. **The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud (98.60(i)).**

LEAVING HIGHLIGHTED TO REVIEW FOR UPDATES AFTER RECOUPMENT PLAN IS SUBMITTED IN EARLY MAY.

Strategy	UPV	IPV and/or Fraud	Administrative Error
Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount <u>\$250 or \$0</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement). Describe _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recover through repayment plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reduce payments in subsequent months	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recover through State/Territory tax	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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Strategy	UPV	IPV and/or Fraud	Administrative Error
intercepts			
Recover through other means. Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish a unit to investigate and collect improper payments. Describe composition of unit <u>Multiple Units include the Office of Inspector General (OIG), Central Reconciliation Unit (CRU) and Recoupment Specialists placed within the local offices.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other. Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any option the Lead Agency checked in the chart above other than none, please describe

Require recovery after a minimum dollar amount in improper payment
For client or agency errors the minimum dollar threshold is \$250. For provider error or system errors, this threshold is \$0. All overpayments above the aforementioned amounts require recovery.

Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
The Office of Inspector General (OIG) within DHS coordinates with the State Prosecuting Attorney and State Office of Administrative Hearings and Rules (SOAHR) in terms of pursuing IPVs and/or fraud.

Recover through repayment plans
Repayment plans can be established for providers and clients who are no longer active. In some circumstances, repayment plans for active clients may be granted at the request of the Prosecuting Attorney.

Reduce payments in the subsequent months
Payments are reduced in subsequent months for client and agency errors, unless the client has been granted a court ordered repayment plan. Active clients/providers who default on an established repayment plan also experience reduced payments until the over issuance is paid in full.

Recover through State/Territory tax intercepts
Tax intercepts are utilized to collect from clients and providers who are delinquent on their repayment agreements and have been referred to the Michigan Department of Treasury for collections.

Establish a unit to investigate and collect improper payments

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DHS Local Office Recoupment Specialists receive referrals for client and agency errors in order to determine the overpayment amount and recoupment needs. Provider errors are typically addressed by the Central Reconciliation Unit, which is responsible for conducting billing reconciliation and reviewing provider time and attendance records. All suspected IPVs (clients and providers) are referred to the OIG for investigation.

1.3.5. What type of sanction, if any, will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

- None
- Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified _____
- Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified
Providers who have been convicted of fraud are disqualified from program participation. Additionally, a provider who intentionally fails to cooperate with program rules will be determined ineligible for the Child Development and Care program for the following intervals:
- (a) For the first occurrence, 6 months.
- (b) For the second occurrence, 12 months.
- (c) For the third occurrence, lifetime.

All providers found to have disqualifying criminal offenses are afforded the opportunity to request an administrative review of their eligibility and submit documentation to support their case. Should the documentation show clear and convincing evidence that the child care provider, or other adult living in the provider's home, poses no risk of harm to the children in care, the provider may be approved for child care.

Providers may appeal the Department's decision regarding sanctions through a review process, as well. If evidence is brought forward that indicates the violation of program rules did not occur, the provider's enrollment will be reinstated.

- Prosecute criminally
- Other. Describe. _____

1.3.6. Based on responses provided from Question 14 in the most recent ACF-402 report, please describe those actions the Lead Agency has taken or plans to take to reduce identified errors in the table below. Territories not required to complete the Error Rate Review should mark N/A here.

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Activities identified in ACF-402	Cause/Type of Error (if known)	Actions Taken or Planned	Completion Date (Actual or planned) (if known)

1.4. Consultation in the Development of the CCDF Plan

Lead Agencies are required to *consult* with appropriate agencies in the development of its CCDF Plan (§98.12, §98.14(a),(b), §98.16(d)).

Definition: *Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments. (§§98.12(b), 98.14(a)(1))

1.4.1. Identify and describe in the table below who the Lead Agency consulted with in the development of the CCDF Plan (658D(b)(2), §§98.12(b), 98.14(b)).

Agency/Entity	Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan
<input checked="" type="checkbox"/> <p>Representatives of general purpose local government (required)</p> <p>This may include, but is not limited to: representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies.</p>	<p><u>The Department sent an email with specific sections of the plan to the local DHS County Directors, Great Start Collaboratives, Great Start Parent Coalitions, the Great Start to Quality Resource Centers, and the Michigan Association of Intermediate School Administrators (MAISA) to gather feedback prior to the public hearing. An email with an overview of the plan was also sent prior to the public hearing. In addition, they received an invitation to the public hearing.</u></p>
<p>For the remaining agencies, check and describe (optional) any which the Lead Agency has chosen to consult with in the development of its CCDF Plan.</p>	
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for public education</p> <p>This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.</p>	<p><u>The lead agency houses both the pre-kindergarten program and the 21st Century Community Learning Centers. A representative from the program areas participated in the development of the plan.</u></p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for programs for children with special needs</p> <p>This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs</p>	<p><u>The lead agency houses Part C and manages Part B, Section 619 of IDEA and a representative from the program area participated in the development of the plan.</u></p>

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	Agency/Entity	Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan
<input checked="" type="checkbox"/>	State/Territory agency responsible for licensing (if separate from the Lead Agency)	<u>The Director of the DHS Bureau of Children and Adult Licensing (BCAL) was a member of the leadership committee who developed this plan.</u>
<input checked="" type="checkbox"/>	State/Territory agency with the Head Start Collaboration grant	<u>The Director of the Head Start State Collaboration Office was a member of the leadership committee that developed this plan.</u>
<input checked="" type="checkbox"/>	Statewide Advisory Council authorized by the Head Start Act	<u>An email with an overview of the plan was sent to the Council prior to the public hearing. In addition, the Council received an invitation to the public hearing.</u>
<input checked="" type="checkbox"/>	Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services	<u>An email was sent to the Great Start Collaboratives, Great Start Parent Coalitions, Great Start to Quality Resource Centers, T.E.A.C.H. and the Migrant Child Care Task Force with an overview of the plan prior to the public hearing. In addition, they each received an invitation to the public hearing.</u>
<input checked="" type="checkbox"/>	State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	<u>The lead agency houses the CACFP and a representative from the program participated in the development of the plan.</u>
<input checked="" type="checkbox"/>	State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	<u>A representative from the Department of Community Health (DCH) participated in the development of the plan.</u>
<input checked="" type="checkbox"/>	State/Territory agency responsible for public health (including the agency responsible for immunizations and programs that promote children’s emotional and mental health)	<u>A representative from the Department of Community Health (DCH) participated in the development of the plan.</u>
<input checked="" type="checkbox"/>	State/Territory agency responsible for child welfare	<u>The Department sent an email with specific sections of the plan to the Child Welfare Director and local DHS County Directors to gather feedback prior to the public hearing. In addition, they were invited to participate in the public hearing.</u>
<input type="checkbox"/>	State/Territory liaison for military child care programs or other military child care representatives	_____
<input type="checkbox"/>	State/Territory agency responsible for employment services/workforce development	_____
<input checked="" type="checkbox"/>	State/Territory agency responsible for Temporary Assistance for Needy Families (TANF)	<u>The TANF policy area within DHS was consulted on all TANF related questions. Additionally, this group was inciated to participate in the public hearing.</u>
<input checked="" type="checkbox"/>	Indian Tribes/Tribal Organizations	<u>The lead agency shared outcomes of</u>

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	Agency/Entity	Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan
	<input type="checkbox"/> N/A: No such entities exist within the boundaries of the State	<p><u>the Market Rate Survey and answered questions about the completion of the plan.</u></p> <p><u>An email was sent with an overview and link to the draft of the plan prior to the public hearing. In addition, the tribal organizations were invited to participate in the public hearing.</u></p>
<input checked="" type="checkbox"/>	Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21	<p><u>The Early Childhood Investment Corporation, which participates with BUILD and other national initiatives participated in a leadership committee who developed the plan.</u></p>
<input checked="" type="checkbox"/>	Provider groups, associations or labor organizations	<p><u>The Director of the Michigan Association for the Education of Young Children (MIAEYC) participated in a leadership committee who developed the plan.</u></p> <p><u>An email was sent to MIAEYC, the Michigan After School Partnership, the Children's Trust Fund, and the Michigan Child Care Task Force with an overview of the plan and a link to the draft of the plan prior to the public hearing. Members of these groups include providers, state agency representatives and advocacy organizations. In addition this group received an invitation to the public hearing.</u></p>
<input checked="" type="checkbox"/>	Parent groups or organizations	<p><u>The Department sent an email with specific sections of the plan to the local Great Start Collaboratives, Great Start Parent Coalitions, and the Michigan Parent Teacher Association to gather feedback prior to the public hearing. An email with an overview of the plan was also sent prior to the public hearing. In addition, members of these groups received an invitation to the public hearing.</u></p>
<input type="checkbox"/>	Local community organizations (child care resource and referral, Red Cross)	_____
<input type="checkbox"/>	Other	

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

- a) Date(s) of notice of public hearing: May 2, 2013 **Reminder** - Must be at least 20 days prior to the date of the public hearing.
- b) How was the public notified about the public hearing? The public was notified of the hearing through the utilization of emails to partners and the posting of the information on the program's website.
- c) Date(s) of public hearing(s): In-person public hearing: May 28, 2013 Supplemental webinars: May 23, 2013 and May 29, 2013 **Reminder** - Must be no earlier than 9 months before effective date of Plan (October 1, 2013).
- d) Hearing site(s): The in-person public hearing will be held at: Michigan Association for the Education of Young Children 839 Centennial Way, Suite 200 Lansing, MI 48917-9277
- e) How was the content of the Plan made available to the public in advance of the public hearing(s)? The Plan was posted at the Office of Great Start website and was shared with the leadership team and various partners via email blast.
- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? Comments received by the public will be reviewed by the leadership team prior to the submission of the plan.

1.4.3. Describe any strategies used by the Lead Agency to increase public consultation on the Plan or access to the public hearing. For example, translating the public hearing notice into multiple languages, using a variety of sites or technology (e.g., video) for the public hearing, holding the hearing at times to accommodate parent and provider work schedules.

The Department held webinars to review the content of the state plan and solicit comments. One of these webinars was held from 6:00 p.m. until 7:00 p.m. to accommodate parent and provider work schedules. Additionally, the webinar presentation was recorded and posted on the Department's website to accommodate those who could not join at the scheduled time. The Department also provided an email address and mailing address where the public could send comments without having to attend the public hearing.

1.5. Coordination Activities to Support the Implementation of CCDF Services

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 (§98.12, §98.14(a),(b), §98.16(d)).

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Definition - Coordination involves child care and early childhood and school-age development services efforts to work across multiple entities, both public and private (such as in connection with a State Early Childhood Comprehensive System (SECCS) grant or the State Advisory Council funded under the Head Start Act of 2007). (658D(b)(1)(D), §§98.12(a), 98.14(a)(1))

Note: Descriptions of how governments are organized for each State are provided at: http://www2.census.gov/govs/cog/all_ind_st_descr.pdf.

1.5.1. Identify and describe in the table below with whom the Lead Agency coordinates in the delivery of child care and early childhood and school-age services (§98.14(a)(1)).

<p>Agency/Entity (check all that apply)</p>	<p>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</p>	<p>Describe results expected from the coordination</p> <p>Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p>
<p><input checked="" type="checkbox"/> Representatives of general purpose local government (required)</p> <p>This may include, but is not limited to: representatives from counties and municipalities, local education representatives, or local public health agencies.</p>	<p><u>Through the Early Childhood Investment Corporation, Michigan’s Great Start to Quality Resource Centers operate at the local level providing resource and referral, statewide consultation to provide child care information, coordination, and outreach to families needing child care, DHS clients, business and community leaders, as well as child care providers.</u></p> <p><u>The Great Start to Quality Resource Centers collaborate with local DHS offices and school districts to ensure that parents needing to find child care or early education</u></p>	<p><u>Local level Quality Improvement Plans, including Quality Improvement Consultants; various local level coordination and innovations; CONNECT database</u></p>

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<p>Agency/Entity (check all that apply)</p>	<p>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</p>	<p>Describe results expected from the coordination</p> <p>Examples might include increased supply of full-day/full- year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p>
<input type="checkbox"/>	<p><u>programs receive information about the services available in their community, as well as to link child care providers with training and professional development opportunities.</u></p>	
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for public education (required)</p> <p>This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education;</p> <p><u>The Department of Education (MDE) is the lead agency for CCDF. In addition, MDE manages the state funded pre-kindergarten program, the 21st Century Community Learning Centers, early intervention and early childhood special education programs under Part B (Section 619) and C of IDEA. DHS representatives sit on advisory committees that focus on inclusion of children with special needs.</u></p> <p><u>In addition, the ECIC and the Michigan Department of Community Health (DCH) has also convened a cross sector Departmental leadership group, the</u></p>	<p><u>Alignment of standards; approval of child development programs at the four-year colleges in Michigan; blended programs; collaborative recruitment/enrollment; inclusive partnerships; Professional Development system; Core Knowledge and Core Competencies; Quality Rating Improvement System; Quality Development Continuum.</u></p>

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	<p>Agency/Entity (check all that apply)</p>	<p>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</p>	<p>Describe results expected from the coordination</p> <p>Examples might include increased supply of full-day/full- year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p>
		<p><u>Great Start Systems Team (GSST), that allows for state government to coordinate early childhood policy, funding and programs leading to collaboration and integration at all levels. MDE participates in this group as well.</u></p>	
<p><input checked="" type="checkbox"/></p>	<p>Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services (required)</p>	<p><u>Through the Early Childhood Investment Corporation - T.E.A.C.H. scholarship program</u></p>	<p><u>Improvement in the education level of the child care workforce</u></p>
<p><input checked="" type="checkbox"/></p>	<p>State/Territory agency responsible for public health (required)</p> <p>This may include, but is not limited to, the agency responsible for immunizations and programs that promote children’s emotional and mental health</p>	<p><u>DCH is the ACA funded “Maternal, Infant and Early Childhood Home Visitation Program”. (Includes public health, mental health and Medicaid.)</u></p> <p><u>The lead agency is currently working with DCH to connect the core knowledge and core competencies and to investigate the coordination and expansion of CSEFEL.</u></p>	<p><u>Continued work towards joint decisions about how coordination and alignment can occur between programs housed across Departments.</u></p>
<p><input checked="" type="checkbox"/></p>	<p>State/Territory agency responsible for employment services / workforce development (required)</p>	<p><u>Michigan Economic Development Corporation- Workforce Development Agency (WDA): The Child Development and Care</u></p>	<p><u>Increased accessibility for potentially eligible families.</u></p>

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	<p>Agency/Entity (check all that apply)</p>	<p>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</p>	<p>Describe results expected from the coordination</p> <p>Examples might include increased supply of full-day/full- year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p>
		<p><u>Program coordinates with the Partnership. Accountability. Training. Hope. (PATH) program implemented by the WDA designed to establish and maintain a connection to the labor market for TANF recipients and recipients of child care assistance.</u></p> <p><u>Participants often also receive CDC services and are placed into employment and education and training programs.</u></p>	
<p align="center"><input checked="" type="checkbox"/></p>	<p>State/Territory agency responsible for providing Temporary Assistance for Needy Families (TANF) including local human service agencies(required)</p>	<p><u>TANF funds are used to provide Direct Support Services to help CDC clients achieve self-sufficiency.</u></p> <p><u>Direct Support Services include:</u></p> <ul style="list-style-type: none"> <u>•Employment Support Services (i.e. transportation, special clothing, tools, vehicle purchases and vehicle repair)</u> <u>•Family Support Services (i.e. classes and seminars, counseling services</u> 	<p><u>Assurance that families needing child care to meet their Work Participation requirement have access to needed services. Expanded coverage is possible by blending TANF and CCDF funds to provide child care assistance.</u></p>

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<p>Agency/Entity (check all that apply)</p>	<p>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</p>	<p>Describe results expected from the coordination</p> <p>Examples might include increased supply of full-day/full- year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p>
	<p>and commodities)</p> <p><u>•Provide consumer education about the CDC subsidy program and parental provider choices.</u></p> <p><u>Additionally, families participating in Michigan's TANF funded cash assistance program, the Family Independence Program (FIP), are granted categorical eligibility for CDC. Copayments are waived for these families, as well.</u></p>	

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<p>Agency/Entity (check all that apply)</p>	<p>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</p>	<p>Describe results expected from the coordination</p> <p>Examples might include increased supply of full-day/full- year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p>
<p>Indian Tribes/Tribal Organizations (required)</p> <p><input type="checkbox"/> N/A: No such entities exist within the boundaries of the State</p> <p><input checked="" type="checkbox"/></p>	<p><u>Tribal providers are able to market their business through Great Start CONNECT.</u></p> <p><u>Providers on tribal land can care for subsidy children as a license exempt provider by completing a streamlined application.</u></p> <p><u>The DHS Bureau of Children and Adult Licensing also works with tribal providers who wish to become licensed.</u></p> <p><u>The Great Start Professional Development Stakeholder Group convened by MDE and ECIC includes a representative from the tribal community.</u></p>	<p><u>Better coordination and utilization of resources. Increased accessibility of child care for families. Development of a professional development system supporting all providers in accessing a continuum of training, quality improvement, early learning and development research, and best practices.</u></p>
<p>For the remaining agencies, check and describe (optional) any with which the Lead Agency has chosen to coordinate early childhood and school-age service delivery</p>		
<p><input checked="" type="checkbox"/> State/Territory agency with the Head Start Collaboration grant</p>	<p><u>The Head Start State Collaboration Office is a part of the Lead Agency and is charged with ensuring head start inclusion in overall system building activities and providing opportunities for low income children.</u></p>	<p><u>Increased access for low- income children by utilizing blended funding. Increased coordination of training and technical assistance.</u></p>
<p><input type="checkbox"/> State/Territory agency responsible for</p>	<p>_____</p>	<p>_____</p>

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<p>Agency/Entity (check all that apply)</p>	<p>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</p>	<p>Describe results expected from the coordination</p> <p>Examples might include increased supply of full-day/full- year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p>
<p>Race to the Top – Early Learning Challenge (RTT-ELC) <input checked="" type="checkbox"/> N/A: State/Territory does not participate in RTT-ELC</p>		
<p><input checked="" type="checkbox"/> State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)</p>	<p><u>The lead agency is responsible for the administration of the CACFP. The CDC program shares information with the CACFP program in order to facilitate the recruitment of home-based child providers (including relatives).</u></p> <p><u>The CACFP program area shares participation information/data used as part of Michigan's tiered QRIS, Great Start to Quality.</u></p>	<p><u>Increased provider access to monetary supports. Increased access to nutritious meals for children in child care. Expanded outreach capacity.</u></p>
<p><input checked="" type="checkbox"/> State/Territory agency responsible for programs for children with special needs</p> <p>This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs</p>	<p><u>The Michigan Interagency Coordinating Council (MICC) is authorized and required by Part C of the Individuals with Disabilities Education Act (IDEA) as amended by Public Law 105-17. MDE is designated as the lead agency for the state of Michigan. The MICC is charged with advising and assisting MDE in the development and implementation of a statewide,</u></p>	<p><u>Enhanced support to Michigan families of children ages birth to five with special needs.</u></p>

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	<p>Agency/Entity (check all that apply)</p>	<p>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</p>	<p>Describe results expected from the coordination</p> <p>Examples might include increased supply of full-day/full- year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p>
		<p><u>comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families.</u></p>	
<p align="center"><input checked="" type="checkbox"/></p>	<p>State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant</p>	<p><u>Michigan Department of Community Health is the ACA funded “Maternal, Infant and Early Childhood Home Visitation Program”. (Includes public health, mental health and Medicaid.) Representatives from this program participate on the Great Start Systems Team (GSST) with the State Child Care Administrator and other lead agency staff. This team provides state guidance around issues related to public investment in early childhood.</u></p>	<p><u>Increased coordination and alignment between programs across Departments. Increased public and private investment in early childhood programs and services. Advanced public education and public will.</u></p>
<p align="center"><input checked="" type="checkbox"/></p>	<p>State/Territory agency responsible for child welfare</p>	<p><u>Children who are in DHS-paid foster care or have an open DHS protective services case are categorically eligible for child care subsidy funds.</u></p>	<p><u>Ensured consistency of care. Increased accessibility for vulnerable children.</u></p>
<p align="center"><input type="checkbox"/></p>	<p>State/Territory liaison for military child care programs or other military child care representatives</p>	<p>_____</p>	<p>_____</p>

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<p>Agency/Entity (check all that apply)</p>	<p>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</p>	<p>Describe results expected from the coordination</p> <p>Examples might include increased supply of full-day/full- year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p>
<p><input checked="" type="checkbox"/></p> <p>Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21</p>	<p><u>The Early Childhood Investment Corporation is the BUILD State lead.</u></p> <p><u>The lead agency contracts with the Investment Corporation to implement quality improvement activities.</u></p> <p><u>Michigan's active Mott After-school Network is the Michigan Afterschool Partnership (MASP). The Lead Agency has identified members to participate in activities and committees lead by MASP.</u></p>	<p><u>BUILD funded the development of a design for Michigan's Tiered Quality Rating and Improvement System, Great Start to Quality.</u></p>
<p><input type="checkbox"/></p> <p>Local community organizations (child care resource and referral, Red Cross)</p>	<p>_____</p>	<p>_____</p>
<p><input checked="" type="checkbox"/></p> <p>Provider groups, associations or labor organizations</p>	<p><u>The lead agency presents at the MIAEYC annual conference to gather feedback from provider groups regarding program policies and initiatives and to share relevant information.</u></p>	<p><u>Improved communications between providers and the Department. Increased support for programs and initiatives employed by the Department.</u></p>
<p><input checked="" type="checkbox"/></p> <p>Parent groups or organizations</p>	<p><u>The lead agency coordinates with the 70 Great Start Parent Coalitions across Michigan through the ECIC by information sharing with their 9,000 members</u></p>	<p><u>Identification of opportunities for, and barriers to, collaboration and coordination among federally funded and state-funded programs for early learning. Identification of needed programmatic</u></p>

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<p>Agency/Entity (check all that apply)</p>	<p>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</p>	<p>Describe results expected from the coordination</p> <p>Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p>
<p><input type="checkbox"/> Other</p>	<p>regarding quality child care.</p>	<p>supports and enhanced outreach capacity.</p>

1.5.2. Does the State/Territory have a formal early childhood and/or school-age coordination plan? Lead Agencies are not required to have an early childhood nor a school-age coordination plan, but the State/Territory may have such plans for other purposes, including fulfilling requirements of other programs.

- Yes. If yes,
 - a) Provide the name of the entity responsible for the coordination plan(s): Lead Agency, Office of Great Start (OGS); Michigan Afterschool Partnership (MASP)
 - b) Describe the age groups addressed by the plan(s): The Office of Great Start plan focuses on children birth through 8. MASP works on various aspects of a systemic approach to support for out-of-school time programs for K-12 students.
 - c) Indicate whether this entity also operates as the State Advisory Council (as authorized under the Head Start Act of 2007):
 - Yes
 - No
 - d) Provide a web address for the plan(s), if available: Early Childhood Plan: Link will be available prior to submission. School-Age Plan: <http://miafterschool.org/about-masp/>
- No

1.5.3. Does the State/Territory have a designated entity(ies) responsible for coordination across early childhood and school-age programs? (658D(b)(1)(D), §98.14(a)(1)) Check which entity(ies), if any, the State/Territory has chosen to designate.

- State/Territory-wide early childhood and/or school-age cabinet/advisory council/task force/commission.
 - If yes, describe entity, age groups and the role of the Lead Agency
- State Advisory Council (as described under the Head Start Act of 2007).

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If yes, describe entity, age groups and the role of the Lead Agency

Local Coordination/Council

If yes, describe entity, age groups and the role of the Lead Agency

Other.

Describe The Michigan Department's Office of Great Start is the coordinating body for early childhood programs (birth to age 8)

None

1.5.4. Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private sector involvement in meeting child care needs? (§98.16(d))

Yes. If yes, **describe** these activities or planned activities, including the tangible results expected from the public-private partnership The lead agency has a grant agreement with the Early Childhood Investment Corporation to provide funds to implement a variety of programs and services related to quality child care. ECIC promotes private sector involvement in child care through its Great Start Collaboratives, Great Start Parent Coalitions and through the Great Start Resource Centers. Foundations and businesses at the local level are choosing to contribute to local level child care efforts, such as scholarships, in over 50% of the Great Start Collaboratives.

No.

1.6. Child Care Emergency Preparedness and Response Plan

It is recommended, but not required, that each Lead Agency develop a plan to address preparedness, response, and recovery efforts specific to child care services and programs. Plans should cover the following areas: 1) planning for continuation of services to CCDF families; 2) coordination with other State/Territory agencies and key partners; 3) emergency preparedness regulatory requirements for child care providers; 4) provision of temporary child care services after a disaster; and 5) rebuilding child care after a disaster. For further guidance on developing Child Care Emergency Preparedness and Response Plans see the Information Memorandum (CCDF-ACF-IM-2011-01) located on the Office of Child Care website at: <http://www.acf.hhs.gov/programs/occ/resource/im-2011-01>

1.6.1. Indicate which of the following best describes the current status of your efforts in this area. Check only ONE.

Planning. Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.

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Developed. A plan has been developed as of [**insert date**] and put into operation as of [**insert date**], if available. Provide a web address for this plan, if available: _____

Other. Describe: _____

1.6.2. Indicate which of the core elements identified in the Information Memorandum are or will be covered in the Lead Agency child care emergency preparedness and response plan. Check which elements, if any, the Lead Agency includes in the plan.

- Planning for continuation of services to CCDF families
- Coordination with other State/Territory agencies and key partners
- Emergency preparedness regulatory requirements for child care providers
- Provision of temporary child care services after a disaster
- Restoring or rebuilding child care facilities and infrastructure after a disaster
- None

PART 2

CCDF SUBSIDY PROGRAM ADMINISTRATION

This section focuses on the child care assistance program. Lead Agencies are asked to describe their efforts to inform parents about the CCDF subsidy program and application policies and procedures, eligibility criteria, sliding fee scale, payment rate policies and procedures, and how Lead Agencies ensure continuity of care and parental choice of high quality settings for families.

2.1. Administration of the Program

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b), §98.11(a))

2.1.1. Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? Identify the level at which the following CCDF program rules and policies are established.

- Eligibility rules and policies (e.g., income limits) are set by the:
 - State/Territory
 - Local entity. If checked, identify the type of policies the local entity(ies) can set _____
 - Other. Describe: _____
- Sliding fee scale is set by the:
 - State/Territory
 - Local entity. If checked, identify the type of policies the local entity(ies) can set _____
 - Other. Describe: _____
- Payment rates are set by the:
 - State/Territory
 - Local entity. If checked, identify the type of policies the local entity(ies) can set _____
 - Other. Describe: _____

2.1.2. How is the CCDF program operated in your State/Territory? In the table below, identify which agency(ies) performs these CCDF services and activities.

Implementation of CCDF Services/Activities	Agency (Check all that apply)
<p>Who determines eligibility?</p> <p>Note: If different for families receiving TANF benefits and families</p>	<input type="checkbox"/> CCDF Lead Agency <input checked="" type="checkbox"/> TANF agency <input type="checkbox"/> Other State/Territory agency. Describe. _____ <input type="checkbox"/> Local government agencies such as county welfare or social services departments <input type="checkbox"/> Child care resource and referral agencies

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Implementation of CCDF Services/Activities	Agency (Check all that apply)
not receiving TANF benefits, please describe: _____	<input type="checkbox"/> Community-based organizations <input type="checkbox"/> Other. Describe. _____
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/> CCDF Lead Agency <input checked="" type="checkbox"/> TANF agency <input type="checkbox"/> Other State/Territory agency. Describe. _____ <input checked="" type="checkbox"/> Local government agencies such as county welfare or social services departments <input checked="" type="checkbox"/> Child care resource and referral agencies <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Other. Describe. <u>Michigan utilizes a 24/7 online database to connect families with child care and early education facilities in their area. Various entities utilize this website to assist families in locating child care and early education program. Great Start CONNECT can be found at www.greatstartconnect.com.</u>
Who issues payments?	<input type="checkbox"/> CCDF Lead Agency <input type="checkbox"/> TANF agency <input checked="" type="checkbox"/> Other State/Territory agency. Describe. <u>The Michigan Department of Treasury issues provider payments utilizing CCDF funds that have been appropriated to the lead agency.</u> <input type="checkbox"/> Local government agencies such as county welfare or social services departments <input type="checkbox"/> Child care resource and referral agencies <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Other. Describe. _____
Describe to whom is the payment issued (e.g., parent or provider) and how are payments distributed (e.g., electronically, cash, etc)	Payments are distributed to the provider via warrants (checks) or Electronic Funds Transfer (EFT), except in the case of unlicensed child care providers. Payments for unlicensed child care providers are issued to the parent of the child(ren) in care via warrants.
Other. List and describe: _____	

2.2. Family Outreach and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a)-(e). **Note** - For any information in questions 2.2.1 through 2.2.10 that differs or will differ for families receiving TANF, please describe in 2.2.11.

2.2.1. By whom and how are parents informed of the availability of child care assistance services under CCDF? (658E(c)(2)(A), §98.30(a)) Check all agencies and strategies that will be used in your State/Territory.

- CCDF Lead Agency
- TANF offices
- Other government offices
- Child care resource and referral agencies
- Contractors
- Community-based organizations
- Public schools

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- Internet (provide website): www.michigan.gov/childcare and www.greatstartconnect.com
- Promotional materials
- Community outreach meetings, workshops or other in-person meetings
- Radio and/or television
- Print media
- Other. Describe: _____

2.2.2. How can parents apply for CCDF services? Check all application methods that your State/Territory has chosen to implement.

- In person interview or orientation
- By mail
- By Phone/Fax
- Through the Internet (provide website) www.michigan.gov/mibridges
- By Email
- Through a State/Territory Agency
- Through an organization contracted by the State/Territory
- Other. Describe: In-person application drop off at the DHS local office.

2.2.3. Describe how the Lead Agency provides consumer education to parents applying for CCDF assistance to promote informed choices about the quality of care provided by various providers in their communities.

Lead Agencies must certify that the State/Territory will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices(658E (c)(2)(G), §98.33).

For example, memorandums of understanding with resource and referral agencies to provide consumer education to families applying for CCDF assistance, providing parents with provider lists showing licensing history and/or Quality Rating and Improvement System (QRIS) ratings, or informational brochures that address importance of quality and different care options available.

-CONNECTIONS Newsletter.

-DHS-BCAL Website & Great Start CONNECT allows for parents to view license history.

-Information section on Great Start CONNECT with links to relevant materials.

-Social Media Sites:

--Great Start CONNECT:

<https://www.facebook.com/#!/greatstartCONNECT?fref=ts>

--Office of Great Start: <https://www.facebook.com/migreatstart>

2.2.4. Describe how the Lead Agency will support child care programs to increase the likelihood that CCDF-served children receive higher quality care as defined in your State/Territory. For example, methods used to promote upward movement in quality rating and improvement system, methods used to encourage high quality programs to participate in the subsidy program such

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as tiered reimbursement, or incentives used to support high quality programs in rural, suburban, urban, and low-income communities.

-The required seven hour health and safety training for unlicensed providers is offered free of charge.

-Unlicensed providers who complete 10 annual hours of training receive a higher reimbursement rate.

-Early Learning Enhancement Grants have been awarded to **X** high-quality providers to to create continuity of care in a full time, full year setting for CCDF-eligible children.

2.2.5. Describe how the Lead Agency promotes access to the CCDF subsidy program? Check the strategies implemented by your State/Territory.

- Provide access to program office/workers such as:
 - Providing extended office hours
 - Accepting applications at multiple office locations
 - Providing a toll-free number for clients
 - Email/online communication
 - Other. Describe: _____
- Using a simplified eligibility determination process such as:
 - Simplifying the application form (such as eliminating unnecessary questions, lowering the reading level)
 - Developing a single application for multiple programs
 - Developing web-based and/or phone-based application procedures
 - Coordinating eligibility policies across programs. List the program names _____
 - Streamlining verification procedures, such as linking to other program data systems
 - Providing information multi-lingually
 - Including temporary periods of unemployment in eligibility criteria (job search, seasonal unemployment). Length of time _____ (Note: this period of unemployment should be included in the Lead Agency's definition of working, or job training/educational program at 2.3.3).
 - Other. Describe: _____
- Other. Describe: Great Start CONNECT will provide information to families regarding all programs and services that may be available to them, depending on their household income information.
- None

2.2.6. Describe the Lead Agency's policies to promote continuity of care for children and stability for families. Check the strategies, if any, that your State/Territory has chosen to implement.

- Provide CCDF assistance during periods of job search. Length of time _____

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- Establish two-tiered income eligibility to allow families to continue to receive child care subsidies if they experience an increase in income but still remain below 85% of State median income (SMI)
- Synchronize review date across programs. List programs:
Child Development and Care (CCDF)
Food Assistance Programs (SNAP)
Family Independence Program (TANF)
Medicaid
- Longer eligibility re-determination periods (e.g., 1 year). Describe Michigan uses a one year redetermination period. This may be completed earlier depending on other program redetermination dates (synchronized review dates).
- Extend periods of eligibility for families who are also enrolled in either Early Head Start or Head Start and pre-k programs. Describe _____
- Extend periods of eligibility for school-age children under age 13 to cover the school year. Describe _____
- Minimize reporting requirements for changes in family's circumstances that do not impact families' eligibility, such as changes in income below a certain threshold or change in employment
- Individualized case management to help families find and keep stable child care arrangements. Describe _____
- Using non-CCDF Funds to continue subsidy for families who no longer meet eligibility, such as for children who turn 13 years of age during the middle of a program year
- Other. Describe Early Learning Enhancement Grants have been awarded to high-quality providers to to create continuity of care in a full time, full year setting for CCDF-eligible children.
- None

2.2.7. How will the Lead Agency provide outreach and services to eligible families with limited English proficiency? Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Outreach Worker
- Other: Assistance with application completion is provided at partner offices, however applications must still be submitted to a DHS office for processing.
- None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the languages offered Most CDC program materials are available in Spanish.

2.2.8. How will the Lead Agency overcome language barriers with providers? Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Other: _____
- None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the languages offered Non-English languages offered include Spanish and Arabic. Local offices utilize additional community resources for additional languages when necessary.

2.2.9. Describe how the Lead Agency documents and verifies applicant information using the table below. (§98.20(a)) Check the strategies that will be implemented by your State/Territory. **Attach** a copy of your parent application for the child care subsidy program(s) as **Attachment 2.2.9** or provide a web address, if available http://www.michigan.gov/dhs/0,1607,7-124-5455_7338---.00.html

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes. (ACYF-PI-CC-98-08) States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing *in loco parentis*, or other household members have not provided information regarding their immigration status.

The Lead Agency requires documentation of:	Describe how the Lead Agency documents and verifies applicant information:
<input checked="" type="checkbox"/> Applicant identity	<p><u>The data match with the Social Security Administration (SSA) is sufficient to verify identity and should be completed prior to requesting verification from a recipient.</u></p> <p><u>Other acceptable verifications include:</u></p> <ul style="list-style-type: none"> • <u>Current, valid driver's license with a photograph of the individual.</u>

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	<ul style="list-style-type: none"> • <u>Federal, state, or local government issued identification card with the same information included on a driver’s license.</u> • <u>School-issued identification with a photograph.</u> • <u>U.S. military card or draft record.</u> • <u>Benefit award letter or other document indicating an individual’s receipt of benefits under a program that requires verification of identity (for example, SSI, RSDI).</u> • <u>A cross match with a federal or state governmental, public assistance, law enforcement, or correction agency’s data system (for example, the SSA cross match in Bridges).</u> • <u>A U.S. passport.</u> • <u>A Certification of Naturalization (Department of Homeland Security, (DHS) Forms N-550 or N-570).</u> • <u>A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561).</u> • <u>Military dependent’s identification card.</u> • <u>Certificate of Degree of Indian Blood, or other U.S. American Indian/Alaska Native tribal document.</u> • <u>U.S. Coast Guard Merchant Mariner card.</u> • <u>School records, such as report cards, are acceptable for children age 16-18.</u> • <u>Three or more corroborating documents such as marriage licenses, divorce decrees, high school diplomas, college degrees, or employer ID cards.</u> <p><u>This option is only available to individuals who submitted second or third tier proof of U.S. citizenship, not fourth tier; see BEM 225 for citizenship tiers. When this is used for proof of identity, choose other acceptable as the verification source on citizenship/residency screen in the individual demographics logical unit of work (LUW).</u></p> <ul style="list-style-type: none"> • <u>Disabled individuals in residential care facilities may have their identity attested to by the facility director or administrator when the individual does not have or cannot get any document from the preceding list. The affidavit is signed under penalty of perjury but does not need to be notarized.</u> <p><u>Examples of acceptable verification of identity when questionable for non-US citizens include:</u></p> <ul style="list-style-type: none"> • <u>Immigration document.</u> • <u>Refugee resettlement agency document.</u> • <u>Passport/VISA.</u>
<input checked="" type="checkbox"/> Household composition	<p><u>Household composition is documented on the client's application. Additional verification is not required, unless the presence of children is</u></p>

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	<p><u>questionable.</u></p> <p><u>Example: If a collateral contact provides information that children may not be in the household, verification of household composition would be required.</u></p>
<input checked="" type="checkbox"/> Applicant's relationship to the child	<p><u>The applicant's relationship to the child(ren) is documented on the client's application. Additional verification is required only if questionable.</u></p> <p><u>Example: If a collateral contact provides information that the children may not be in the applicant's household or that the applicant is not the legal and/or biological parent to the child, verification of the relationship would be required.</u></p>
<input checked="" type="checkbox"/> Child's information for determining eligibility (e.g., identity, age, etc.)	<p><u>The child's identity, age, etc. is documented on the client's application. Additional verification is required only if questionable.</u></p> <p><u>Example: If a collateral contact provides information that a child's age was potential misrepresented on the application, verification of the child's age would be required.</u></p>
<input checked="" type="checkbox"/> Work, Job Training or Educational Program	<ul style="list-style-type: none"> • <u>Letters of employment; self-employment bookkeeping records</u> • <u>Work schedules</u> • <u>School registration records</u> • <u>Forms (DHS 38 – Verification of Employment; DHS 4575 – Family Preservation Need Verification; DHS 4578 – Education/Training Verification).</u>
<input checked="" type="checkbox"/> Income	<ul style="list-style-type: none"> • <u>Pay stubs</u> • <u>Income tax records</u> • <u>Child support enforcement records.</u>
<input checked="" type="checkbox"/> Other. Describe <u>Residence</u>	<ul style="list-style-type: none"> • <u>Driver's license</u> • <u>Other ID which provides a name and address.</u> • <u>Mortgage or rent receipt</u> • <u>Utility bill</u> • <u>Collateral contact with a person who knows the individual's living arrangement.</u>

2.2.10. Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

- Time limit for making eligibility determinations. Describe length of time **45 days. This will be changed to 30 days effective July 1, 2013.**
- Track and monitor the eligibility determination process

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- Other. Describe _____
 None

2.2.11. Are the policies, strategies or processes provided in questions 2.2.1. through 2.1.10 different for families receiving TANF? (658E(c)(2)(H) & (3)(D), §§98.16(g)(4), 98.33(b), 98.50(e))

- Yes. If yes, describe: _____
 No.

2.2.12. Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement

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. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State TANF agency in accordance with section 407(e)(2) of the Social Security Act.

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. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

- a) Identify the TANF agency that established these criteria or definitions:
State/Territory TANF Agency Michigan Department of Human Services
- b) Provide the following definitions established by the TANF agency.
- "appropriate child care": Care is appropriate to the child's age, disabilities and other conditions
 - "reasonable distance": The total commuting time to and from work and child care facilities does not exceed three hours per day.
 - "unsuitability of informal child care": Providers not meeting BCAL licensing requirements and not meeting DHS enrollment requirements.
 - "affordable child care arrangements": The child care is provided at a rate of pay or reimbursement set by the Michigan legislature.
- c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

- In writing
 Verbally

Other: _____

2.3. Eligibility Criteria for Child Care

In order to be eligible for services, children must (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income is less than 85 percent of the State's median income for a family of the same size; and (3) reside with a parent or parents who is working or attending job training or an educational program; or (4) be receiving or needs to receive protective services. (658P(3), §98.20(a))

2.3.1. How does the Lead Agency define the following eligibility terms?

residing with - Living in the same household as the parent, except for temporary absences, during the time period for which services are offered.

in loco parentis – A person living with the child needing child care services who is:

---a non-custodial parent,

---another related person who acts as a caretaker (responsible for the care) of the child,

---a legal guardian,

---an unrelated adult who is at least age 21 and whose petition for legal guardianship of the child is pending.

---an unrelated adult with whom DHS Children's Services has placed a child subsequent to a court order identifying DHS as a responsible for the child's care and supervision.

2.3.2. Eligibility Criteria Based Upon Age

a) The Lead Agency serves children from 0 weeks to 12 years (may not equal or exceed age 13).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

Yes, and the upper age is 18 (may not equal or exceed age 19). Provide the Lead Agency definition of *physical or mental incapacity* – a court order or a physician's statement verifies that a child is:

---age 13 but under age 19 and

---requires constant care due to a physical, mental or psychological condition; and/or

-- supervision has been ordered by the court; or age 18 and requires constant care due to a physical, mental or psychological condition; or a court order, and is a full-time high school student and is reasonably expected to complete high school before reaching age 19.

No.

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c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

- Yes, and the upper age is 18 (may not equal or exceed age 19)
 No.

2.3.3. Eligibility Criteria Based Upon Work, Job Training or Educational Program

a) How does the Lead Agency define “working” for the purposes of eligibility? Provide a narrative description below, including allowable activities and if a minimum number of hours is required.

Reminder – Lead Agencies have the flexibility to include any work-related activities in its definition of working including periods of job search and travel time. (§§98.16(f)(3), 98.20(b))

- working – employment is defined as: clients who are employed or self-employed and receive money wages, self-employment profits or sales commissions within six months of the beginning of their employment. There is no minimum number of hours required.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program? (§§98.16(g)(5), 98.20(b))

- Yes. If yes, how does the Lead Agency define “attending job training or educational program” for the purposes of eligibility? Provide a narrative description below.

Reminder – Lead Agencies have the flexibility to include any training or education-related activities in its definition of job training or education, including study time and travel time.

- attending job training or educational program – Participation in an employment preparation and/or training activity or a post-secondary education program is allowed. Michigan allows up to one hour of study time for each hour of class or lab time, if requested.

No.

2.3.4. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

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- Yes. If yes, how does the Lead Agency define “protective services” for the purposes of eligibility? Provide a narrative description below.

Reminder – Lead Agencies have the flexibility to define protective services beyond formal child welfare or foster care cases. Lead Agencies may elect to include homeless children and other vulnerable populations in the definition of protective services.

Note – If the Lead Agency elects 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 for CCDF purposes these children are considered to be in protective services and should be included in this definition.

- protective services – Child care eligibility for families with open protective services cases is determined on a case by case basis. CDC payments may only be made for child care services for family preservation and only if it is required by a protective services case plan.

No.

b) Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes.
 No.

2.3.5. Income Eligibility Criteria

a) How does the Lead Agency define “income” for the purposes of eligibility? Provide the Lead Agency’s definition of “income” for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

- income – Income means benefits or payments measured in money:

Earned income means income received from another person or organization or from self-employment for duties that were performed for remuneration or profit.

Unearned income means all income that is not earned income.

b) Which of the following sources of income, if any, will the Lead Agency exclude or deduct from calculations of total family income for the purposes of

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eligibility determination? Check any income the Lead Agency chooses to exclude or deduct, if any.

- Adoption subsidies
- Foster care payments
- Alimony received or paid
- Child support received
- Child support paid
- Federal nutrition programs
- Federal tax credits
- State/Territory tax credits
- Housing allotments, Low-Income Energy Assistance Program (LIHEAP) or energy assistance
- Medical expenses or health insurance related expenses
- Military housing or other allotment/bonuses
- Scholarships, education loans, grants, income from work study
- Social Security Income
- Supplemental Security Income (SSI)
- Veteran's benefits
- Unemployment Insurance
- Temporary Assistance for Needy Families (TANF)
- Worker Compensation
- Other types of income not listed above TANF and SSI are excluded only for the child or adult receiving the TANF/SSI.
- None

c) Whose income will be excluded, if any, for purposes of eligibility determination? Check anyone the Lead Agency chooses to exclude, if any.

- Children under age 18
- Children age 18 and over – still attending school
- Teen parents
- Unrelated members of household
- All members of household except for parents/legal guardians
- Other Income is excluded for children under 18 only if they are still attending school. If a child under 18 is not attending school their income would be countable.
- Income is excluded for children in the household age 18 and older, who are not attending school, unless the individual is the parent or legal guardian of the child needing care.
- None

d) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

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Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			Income Level if lower than 85% SMI	
			(c) \$/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	<u>3,161</u>	<u>2,678</u>	<u>1,607</u>	<u>51%</u>
2	<u>4,133</u>	<u>3,513</u>	<u>1,607</u>	<u>39%</u>
3	<u>5,106</u>	<u>4,340</u>	<u>1,990</u>	<u>39%</u>
4	<u>6,078</u>	<u>5,166</u>	<u>2,367</u>	<u>39%</u>
5	<u>7,051</u>	<u>5,993</u>	<u>2,746</u>	<u>39%</u>

Reminder - Income limits must be provided in terms of State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. (§98.20(a)(2)). FY 2013 poverty guidelines are available at <http://aspe.hhs.gov/poverty/13poverty.cfm>

e) Will the Lead Agency have “tiered eligibility” (i.e., a separate income limit at re-determination to remain eligible for the CCDF program)?

- Yes. If yes, **provide** the requested information from the table in 2.3.5d and **describe** _____.
- Note:** This information can be included in a separate table, or by placing a “/” between the entry and exit levels in the above table.
- No.

f) SMI Year 2013 and SMI Source U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, Division of Energy Assistance

g) These eligibility limits in column (c) became or will become effective on: February 1, 2003

2.3.6. Eligibility Re-determination

a) Does the State/Territory follow OCC’s 12 month re-determination recommendation? (See Program Instruction on Continuity of Care <http://www.acf.hhs.gov/programs/occ/resource/im2011-06>)

- Yes
- No. If no, what is the re-determination period in place for most families?
- 6 months
- 24 months
- Other. Describe _____
- Length of eligibility varies by county or other jurisdiction. Describe _____

b) **Does the Lead Agency coordinate or align re-determination periods with other programs?**

Yes.

No. If no, **check programs that the Lead Agency aligns eligibility periods with and describe the redetermination period for each.**

Head Start and/or Early Head Start Programs. Re-determination period _____

Pre-kindergarten programs. Re-determination period _____

TANF. Re-determination period _____

SNAP. Re-determination period _____

Medicaid. Re-determination period _____

SCHIP. Re-determination period _____

Other. Describe _____

c) Describe under what circumstances, if any, a family's eligibility would be reviewed prior to redetermination. For example, regularly scheduled interim assessments, or a requirement for families to report changes. Families must report changes in circumstance that potentially affect eligibility or benefit amount. Changes must be reported by the family within 10 days after becoming aware of them.

d) Describe any action(s) the State/Territory would take in response to any change in a family's eligibility circumstances prior to re-determination The family's eligibility is re-assessed when changes in circumstances are reported. If the change makes the family ineligible, the provider's ability to bill will be immediately ended and the client's case will be closed after the family receives notice.

e) Describe how these policies are implemented in a family-friendly manner that promotes access and continuity of care for children. (See Information Memorandum on Continuity of Care for examples <http://www.acf.hhs.gov/programs/occ/resource/im2011-06>). Reviews are not only extended to 12 months, but are coordinated with required reviews for other assistance programs, if the family is receiving other assistance. Any changes that result in case closure require the family be given a negative action period of 12 days to provide the family a period in which to act to negate the action or request a hearing if they disagree with the action. Changes that increase the family's benefit amount are implemented immediately and trigger supplemental benefit issuance if the change affects benefits previously issued.

f) Does the Lead Agency use a simplified process at re-determination?

Yes. If yes, describe A simplified form is utilized and no interview is required at the point of redetermination.

No.

2.3.7. Waiting Lists

Describe the Lead Agency's waiting list status. Select **ONE** of these options.

- Lead Agency currently does not have a waiting list and:
 - All eligible families *who apply* will be served under State/Territory eligibility rules
 - Not all eligible families *who apply* will be served under State/Territory eligibility rules
- Lead Agency has an active waiting list for:
 - Any eligible family who applies when they cannot be served at the time of application
 - Only certain eligible families. Describe those families: _____
- Waiting lists are a county/local decision. Describe _____
- Other. Describe _____

2.3.8. Appeal Process for Eligibility Determinations

Describe the process for families to appeal eligibility determinations Applicants/Clients have the right to contest a Department decision affecting eligibility or benefit levels whenever they believe the decision is incorrect. The Department provides an administrative hearing to review the decision and determine its appropriateness.

Upon receipt of a hearing request, attempt to schedule a prehearing conference with the client or authorized hearing representative and conduct a supervisory review, in order to resolve disagreements and misunderstandings quickly at the lowest possible level to avoid unnecessary hearings.

A hearing (with an administrative law judge) will take place if the local office and the client or authorized hearing representative have been unable to resolve the issue(s) which prompted the hearing request.

2.4. Sliding Fee Scale and Family Contribution

The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care (658E(c)(3)(B) §98.42).

2.4.1. Attach a copy of the sliding fee scale as Attachment 2.4.1. Will the attached sliding fee scale be used in all parts of the State/Territory?

- Yes. Effective Date February 1, 2003
- No. If no, attach other sliding fee scales and their effective date(s) as **Attachment 2.4.1a, 2.4.1b**, etc.

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2.4.2. What income source and year will be used in creating the sliding fee scale? (658E(c)(3)(B)) Check only one option.

- State Median Income, Year: _____
- Federal Poverty Level, Year: _____
- Income source and year varies by geographic region. Describe income source and year: _____
- Other. Describe income source and year: Sliding fee scale is based on legislative appropriation and was last updated 2/1/03. The level of legislative appropriation is based on funding availability.

2.4.3. How will the family's contribution be calculated and to whom will it be applied? Check all that the Lead Agency has chosen to use. (§98.42(b))

- Fee is a dollar amount and
 - Fee is per child with the same fee for each child
 - Fee is per child and discounted fee for two or more children
 - Fee is per child up to a maximum per family
 - No additional fee charged after certain number of children
 - Fee is per family
- Fee is a percent of income and
 - Fee is per child with the same percentage applied for each child
 - Fee is per child and discounted percentage applied for two or more children
 - No additional percentage applied charged after certain number of children
 - Fee is per family
- Contribution schedule varies by geographic area. Describe: _____
- Other. Describe Fee is a percentage of the lead agency payment/rate.

If the Lead Agency checked more than one of the options above, describe _____

2.4.4. Will the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

- Yes, and describe those additional factors:
- No.

2.4.5. 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)). Select **ONE** of these options.

Reminder – Lead Agencies are reminded that the co-payments may be waived for only two circumstances - for families at or below the poverty level or on a case-by-case basis for children falling under the definition of “protective services” (as defined in 2.3.4.a).

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- ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
- NO families with income at or below the poverty level for a family of the same size ARE required to pay a fee. The poverty level used by the Lead Agency for a family of 3 is: \$ _____
- SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The Lead Agency waives the fee for the following families:
Co-payments are waived for families eligible under the following categories:
 - Family Independence Program (FIP) Related -- the child needing care or the parent/substitute parent of the child needing care:
 - Is receiving FIP (cash assistance) or SSI benefits or received FIP within the last 6 CDC biweekly pay periods and transitioned off due to excess income.
 - Is applying for FIP through DHS and needs child care for an approved training activity.
 - Protective Services -- on a case by case basis, when the child needing care is a member of a family who has an active DHS protective services case and needs child care for family preservation as determined on a case by case basis.
 - Foster Care -- on a case by case basis, when the child needing care has an active DHS foster care case and needs child care.

2.5. Prioritizing Services for Eligible Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B), §98.44)

2.5.1. How will the Lead Agency prioritize child care services to children with special needs or in families with very low incomes? (658E(c)(3)(B), §98.44) Lead Agencies have the discretion to define *children with special needs* and *children in families with very low incomes*. Lead Agencies are not limited in defining *children with special needs* to only those children with physical or mental disabilities (e.g., with a formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act (IDEA)). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children as examples of *children with special needs*.

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How will the Lead Agency prioritize CCDF services for:	Eligibility Priority (Check only one)	Is there a time limit on the eligibility priority or guarantee?	Other Priority Rules
<p>Children with special needs</p> <p>Provide the Lead Agency definition of <i>Children with Special Needs</i> <u>Any child age 13, but under age 18 who meets the definition of physical or mental incapacity.</u></p>	<p><input type="checkbox"/> Priority over other CCDF-eligible families</p> <p><input type="checkbox"/> Same priority as other CCDF-eligible families</p> <p><input checked="" type="checkbox"/> Guaranteed subsidy eligibility</p> <p><input type="checkbox"/> Other. Describe _____</p>	<p><input type="checkbox"/> Yes. The time limit is: _____</p> <p><input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Different eligibility thresholds. Describe _____</p> <p><input type="checkbox"/> Higher rates for providers caring for children with special needs requiring additional care</p> <p><input type="checkbox"/> Prioritizes quality funds for providers serving these children</p> <p><input type="checkbox"/> Other. Describe _____</p>
<p>Children in families with very low incomes</p> <p>Provide the Lead Agency definition of <i>Children in Families with Very Low Incomes</i> <u>Families earning less than or equal to the maximum earnings a family can receive and still remain eligible for the Family Independence Program or Food Assistance Program benefits through DHS.</u></p>	<p><input type="checkbox"/> Priority over other CCDF-eligible families</p> <p><input type="checkbox"/> Same priority as other CCDF-eligible families</p> <p><input checked="" type="checkbox"/> Guaranteed subsidy eligibility</p> <p><input type="checkbox"/> Other. Describe _____</p>	<p><input type="checkbox"/> Yes. The time limit is: _____</p> <p><input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Different eligibility thresholds. Describe _____</p> <p><input type="checkbox"/> Waiving co-payments for families with incomes at or below the Federal Poverty Level</p> <p><input type="checkbox"/> Other. Describe _____</p>

2.5.2. How will CCDF funds be used to provide child care assistance 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))

Reminder - CCDF requires that not less than 70 percent of CCDF Mandatory and Matching funds be used to provide child care assistance for 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.

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- Use priority rules to meet the needs of TANF families (describe in 2.5.1 or 2.5.3.)
- Waive fees (co-payments) for some or all TANF families who are below poverty level
- Coordinate with other entities (i.e. TANF office, other State/Territory agencies, and contractors)
- Other: _____

2.5.3. List and define any other eligibility conditions, priority rules and definitions that will be established by the Lead Agency. (658E(c)(3)(B), §98.16(g)(5), §98.20(b)) **Reminder** – Lead Agencies are reminded that any eligibility criteria and terms provided below must comply with the eligibility requirements of §98.20 and provided in section 2.2. Any priority rules provided must comply with the priority requirements of §98.44 and provided in section 2.4.1.

Term(s)	Definition(s)
Foster Care	<u>The child needing care has an active DHS-paid foster care case and needs child care.</u> <u>Guaranteed subsidy eligibility and copayments are waived for children approved under this eligibility category.</u>

2.6. Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receives or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A), §98.15(a)).

2.6.1. Child Care Certificates

a) When is the child care certificate (also referred to as voucher or authorization) issued to parents? (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

- Before parent has selected a provider
- After parent has selected a provider
- Other. Describe _____

b) How does the Lead Agency inform parents that the child care certificate permits them to choose from a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers? (§98.30(e)(2))

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- Certificate form provides information about choice of providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- Consumer education materials (flyers, forms, brochures)
- Referral to child care resource and referral agencies
- Verbal communication at the time of application
- Public Services Announcement
- Agency Website: www.michigan.gov/childcare
- Community outreach meetings, workshops, other in person activities
- Multiple points of communication throughout the eligibility and renew process
- Other. Describe _____

c) What information is included on the child care certificate? **Attach a copy of the child care certificate as Attachment 2.6.1.** (658E(c)(2)(A)(iii))

- Authorized provider(s)
- Authorized payment rate(s)
- Authorized hours
- Co-payment amount
- Authorization period
- Other. Describe Departmental Pay Percentage (100% minus Departmental Pay Percentage equates to the Parental Co-payment Percentage).

d) What is the estimated proportion of services that will be available for child care services through certificates? >99%

2.6.2. Child Care Services Available through Grants or Contracts

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b)). **Note:** Do not check “yes” if every provider is simply required to sign an agreement in order to be paid in the certificate program.

- Yes. If yes, **describe** the type(s) of child care services available through grants or contracts, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: Early Learning Enhancement Grants have been awarded to high-quality providers to to create continuity of care in a full time, full year setting for CCDF-eligible children. An RFP was released in March 2013 for this pilot opportunity. To qualify providers must offer Head Start, Early Head Start or state-funded Prekindergarten and offer wrap around child care for the full day, full year. Additionally providers must have achieved 3 stars or higher in

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Great Start to Quality, Michigan's Tiered Quality Rating and Improvement System.

No. If no, skip to 2.6.3.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following? Check the strategies, if any, that your State/Territory chooses to implement.

- Increase the supply of specific types of care
 - Programs to serve children with special needs
 - Wrap-around or integrated child care in Head Start, Early Head Start, pre-k, summer or other programs
 - Programs to serve infant/toddler
 - School-age programs
 - Center-based providers
 - Family child care providers
 - Group-home providers
 - Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other. Describe _____
- Support programs in providing higher quality services
- Support programs in providing comprehensive services
- Serve underserved families. Specify: _____
- Other. Describe _____

c) Are child care services provided through grants or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

- Yes.
- No, and **identify** the localities (political subdivisions) and services that are not offered: _____

d) How are payment rates for child care services provided through grants/contracts determined? The Department convened a workgroup that helped us explore the guidelines for this pilot. The rates were determined by looking at current billing processes for CDC as well as current rates. It was decided that the rates for this pilot would be slightly higher than the current subsidy rates.

e) What is the estimated proportion of direct services that will be available for child care services through grants/contracts? <1%

2.6.3. How will the Lead Agency inform parents and providers of policies and procedures 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) Check the strategies that will be implemented by your State/Territory.

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- Signed declaration
- Parent Application
- Parent Orientation
- Provider Agreement
- Provider Orientation
- Other. Describe: Parents are given a copy of the rule book for licensed and registered home based providers.

Unlicensed providers are informed through the Child Development and Care Unlicensed Provider Application and all subsidy eligible families/providers are also informed through the DHS-4025, Child Development and Care Provider Verification.

2.6.4. The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. (§§98.16(g)(2), 98.30(e)(1)(iv)) Will the Lead Agency limit the use of in-home care in any way?

- No
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all limits the Lead Agency will establish.
 - Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act
 - Restricted based on provider meeting a minimum age requirement
 - Restricted based on hours of care (certain number of hours, non-traditional work hours)
 - Restricted to care by relatives
 - Restricted to care for children with special needs or medical condition
 - Restricted to in-home providers that meet some basic health and safety requirements
 - Other. Describe _____

2.6.5. Describe how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32)
Complaints that are substantiated are posted on the BCAL website (www.michigan.gov/michildcare) and on Great Start CONNECT (www.greatstartconnect.com) for a period of two years. They are also available through the Freedom of Information Act.

2.7. Payment Rates for Child Care Services

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

2.7.1 Attach a copy of your payment rates as Attachment 2.7.1. Will the attached payment rates be used in all parts of the State/Territory?

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- Yes. Effective Date: October 9, 2011
 No. If no, attach other payment rates and their effective date(s) as **Attachment 2.7.1a, 2.7.1b**, etc.

2.7.2. Which strategies, if any, will the Lead Agency use to ensure the timeliness of payments?

- Policy on length of time for making payments. Describe length of time _____
 Track and monitor the payment process
 Other. Describe _____
 None

2.7.3. Market Rate Survey

Lead Agencies must complete a local Market Rate Survey (MRS) no earlier than two years prior to the effective date of the Plan (no earlier than October 1, 2011). The MRS must be completed prior to the submission of the CCDF Plan (see Program Instruction CCDF-ACF-PI-2009-02 <http://www.acf.hhs.gov/programs/occ/resource/pi-2009-02> for more information on the MRS deadline).

- a) Provide the month and year when the local Market Rate Survey(s) was completed (§98.43(b)(2)): February-March, 2013.
b) Provide a **summary of the results** of the survey. The summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings. In accordance with the CCDF regulations, the Michigan Department of Education (MDE) conducted its most recent market rate survey, on-line, during the month of February/March 2013.

As in the past, the 2013 survey of licensed/registered child care providers (i.e., child care centers, family homes and group homes) and unlicensed providers (i.e., day care aides and relative care providers) was designed to gather the following information:

- Determine availability of services (e.g., weekend, day time, evenings, etc.).
- Determine rates charged for providing care to children in three age groups: birth to 2 1/2 years; 2 1/2 years to 5 years, not yet in kindergarten; and 5 years to 12 years, kindergarten or beyond during the regular school year.
- Determine the market rate at the seventy-fifth (75th) percentile by child's age and by provider type.

Methodology

As of February 8, 2013, there were 20,756 licensed/registered and unlicensed child care providers , statewide, identified through Michigan Department of Human Services (DHS) administrative data. Like the 2011 survey, the 2013 survey was designed to be a census survey, with all 20,756 providers invited to

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take part. Of these, 1,929 (9.3%) completed the 2013 Market Rate Survey. After data cleaning, 1,923 valid surveys were used in the analysis.

Findings

Statewide Hourly Rates (75th Percentile; in dollars) by Provider Type

Provider Type	Hourly Rate \$ (75 th Percentile)					
	Birth to 2 ½ years (30 months)		2 ½ years to 5 years (not yet enrolled in Kindergarten)		5 years to 12 years (kindergarten or higher)	
	\$	n	\$	n	\$	n
Child Care Centers	5.00	63	5.00	93	4.58	112
Family Child Care Homes	4.00	220	3.50	220	3.50	214
Group Child Care Homes	3.50	141	3.25	141	3.50	146
Unlicensed Providers	2.75	171	2.00	179	2.00	238

Statewide Daily Rates (75th Percentile; in dollars) by Provider Type

Provider Type	Daily Rate \$ (75 th Percentile)					
	Birth to 2 ½ years (30 months)		2 ½ years to 5 years (not yet enrolled in Kindergarten)		5 years to 12 years (kindergarten or higher)	
	\$	n	\$	n	\$	n
Child Care Centers	50.75	180	42.00	235	32.00	187
Family Child Care Homes	35.00	257	30.00	257	30.00	203
Group Child Care Homes	35.00	150	32.75	152	30.00	129

Statewide Weekly Rates (75th Percentile; in dollars) by Provider Type

Provider Type	Weekly Rate \$ (75 th Percentile)					
	Birth to 2 ½ years (30 months)		2 ½ years to 5 years (not yet enrolled in Kindergarten)		5 years to 12 years (kindergarten or higher)	
	\$	n	\$	n	\$	n
Child Care Centers	218.00	241	182.00	277	150.00	202
Family Child Care Homes	150.00	284	140.00	283	130.00	200
Group Child Care Homes	151.25	182	150.00	182	140.00	140

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Statewide Monthly Rates (75th Percentile; in dollars) by Provider Type

Provider Type	Monthly Rate \$ (75 th Percentile)					
	Birth to 2 ½ years (30 months)		2 ½ years to 5 years (not yet enrolled in Kindergarten)		5 years to 12 years (kindergarten or higher)	
	\$	n	\$	n	\$	n
Child Care Centers	1,218.75	32	823.33	87	643.75	24
Family Child Care Homes	715.00	7	607.50	9	433.75	6
Group Child Care Homes	1,360.00	4	1,145.00	6	1,140.00	2

2.7.4. Describe the payment rate ceilings in relation to the current MRS using the tables below.

Because of the flexibility that Lead Agencies have in setting payment rate ceilings, the following tables have been developed to simplify Lead Agency reporting on how their payment rate ceilings compare to their most recent MRS. These tables are not meant to collect comprehensive payment rate ceilings within a State/Territory and ACF recognizes that Lead Agencies are not required to set their payment rate ceilings at the 75th percentile. These tables allow Lead Agencies to use a common metric – the 75th percentile – as a reference point against which the Lead Agency can report their percentiles for three selected age groups in two geographic areas for licensed child care centers and licensed family child care homes.

In table 2.7.4a and 2.7.4b, *highest rate area* refers to the State or Territory’s area or geographic region with the highest maximum payment rate ceiling for child care centers (2.7.4a) and family child care homes (2.7.4b). Identify the highest rate area in the box provided. In column (a), provide the full-time monthly rate at the 75th percentile from the most recent MRS, even if the most recent MRS is not used to set rates. In column (b), provide the maximum monthly payment rate ceiling from your CCDF payment rate table. Complete column (c) ONLY IF the percentile for the monthly maximum payment rate ceiling is lower than the 75th percentile of the most recent MRS.

Note - Report the “base” maximum reimbursement rate ceiling, not including any rate add-ons or tiered reimbursements. For example, if maximum reimbursement rate ceilings are tiered based on level of quality (e.g., accreditation, or rating within a quality rating system such as gold, silver and bronze), report the rates for the lowest level in the tables below (e.g., bronze), **only** if there is no lower “base” rate paid for child care services by providers **not** participating in the quality rating system.

If your State/Territory has hourly, daily and/or weekly maximum payment rate ceiling, Lead Agencies can use the following assumptions to calculate monthly maximum payment rate ceiling for column (b) – 9 hours a day, 5 days per week, 4.33 weeks per month.

OCC recognizes that States and Territories use a wide variety of age ranges and categories in setting payment rate ceilings. In these charts, report rates for the

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following ages only – 11 months, 59 months, and 84 months of age – regardless of what that age category may be called in your State/Territory.

2.7.4a – Highest Rate Area (Centers)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling*	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed Center Infants (11 months)	\$1,017.55	\$649.50	15.5%
Full-Time Licensed Center Preschool (59 months)	\$844.35	\$433.00	8.5%
Full-Time Licensed Center School-Age (84 months)	\$730.69	\$433.00	30.5%

* Calculated using 40 hours per week, 4.33 months per year.

2.7.4b – Lowest Rate Area (Centers)	(a) Monthly Payment Rate at the 75th percentile of the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling*	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed Center Infants (11 months)	\$1,017.55	\$649.50	15.5%
Full-Time Licensed Center Preschool (59 months)	\$844.35	\$433.00	8.5%
Full-Time Licensed Center School-Age (84 months)	\$730.69	\$433.00	30.5%

* Calculated using 40 hours per week, 4.33 months per year.

In table 2.7.4c and 2.7.4d, *lowest rate area* refers to the State or Territory’s area or geographic region with the lowest maximum payment rate ceiling for child care centers and family child care homes. Identify the lowest rate area in the box provided. In column (a), provide the full-time monthly rate at the 75th percentile from the most recent MRS, even if the most recent MRS is not used to set rates. In column (b), provide the maximum monthly payment rate ceiling from your CCDF payment rate table. Complete column (c) ONLY IF the percentile for the monthly

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maximum payment rate ceiling is lower than the 75th percentile of the most recent MRS.

Note - Report the “base” maximum reimbursement rate ceilings, not including any rate add-ons or tiered reimbursement. For example, if maximum reimbursement rate ceilings are tiered based on level of quality (e.g., accreditation, or rating within a quality rating system such as gold, silver and bronze), report the rates for the lowest level in the tables below (e.g., bronze), **only** if there is no lower “base” rate paid for child care services by providers **not** participating in the quality rating system.

If your State/Territory has hourly, daily and/or weekly maximum payment rate ceiling, Lead Agencies can use the following assumptions to calculate monthly maximum payment rate ceiling for column (b) – 9 hours a day, 5 days per week, 4.33 weeks per month.

OCC recognizes that States and Territories use a wide variety of age ranges and categories in setting payment rate ceilings. In these charts, report rates for the following ages only – 11 months, 59 months, and 84 months of age – regardless of what that age category may be called in your State/Territory.

2.7.4c – Highest Rate Area (FCC)	(a) Monthly Payment Rate at the 75th percentile of the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling*	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed FCC Infants (11 months)	\$681.98	\$502.25	13.4%
Full-Time Licensed FCC Preschool (59 months)	\$649.50	\$415.68	3.4%
Full-Time Licensed FCC School-Age (84 months)	\$633.26	\$415.68	14.1%

* Calculated using 40 hours per week, 4.33 months per year.

2.7.4d – Lowest Rate Area (FCC)	(a) Monthly Payment Rate at the 75th percentile of the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling*	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed FCC Infants (11 months)	\$681.98	\$502.25	13.4%
Full-Time Licensed FCC Preschool (59 months)	\$649.50	\$415.68	3.4%
Full-Time Licensed FCC School-Age (84 months)	\$633.26	\$415.68	14.1%

* Calculated using 40 hours per week, 4.33 months per year.

2.7.5. How are payment rate ceilings for license-exempt providers set?

- a) Describe how license-exempt center payment rates are set: License-exempt centers are paid the licensed center rate.
- b) Describe how license-exempt family child care home payment rates are set: License-exempt family child care homes are paid the registered family child care home rate.
- c) Describe how license-exempt group family child care home payment rates are set: License-exempt group child care homes are paid the licensed group child care home rate.
- d) Describe how in-home care payment rates are set: In-home care providers are paid the unlicensed provider rate set by the Michigan Legislature based on available funding.

2.7.6 Will the Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for children receiving CCDF subsidies? Check which types of tiered reimbursement, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates and amount and also indicate if the rates were set based on the MRS or another process.

- Differential rate for nontraditional hours. Describe _____
- Differential rate for children with special needs as defined by the State/Territory. Describe _____
- Differential rate for infants and toddlers. Describe _____
- Differential rate for school-age programs. Describe _____
- Differential rate for higher quality as defined by the State/Territory. Describe Higher incentive rate for unlicensed providers who complete 10 annual hours of training.
- Other differential rate. Describe _____
- None.

Reminder - CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. In the next three questions, Lead Agencies are asked to describe how their payment policies reflect the affordable copayments for families' provision of equal access (i.e., minimizing additional fees to parents), how payment practices are implemented consistent with the general child care market to be fair to providers (see Information Memorandum on Continuity of Care for examples <http://www.acf.hhs.gov/programs/occ/resource/im2011-06>), and the

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summary of facts describing how payment rates are adequate to ensure equal access to the full range of providers.

2.7.7. What policies does the Lead Agency have regarding any additional fees that providers may charge CCDF parents? The Lead Agency...

- Allows providers to charge the difference between the maximum reimbursement rate and their private pay rate
- Pays for provider fees (e.g., registration, meals, and supplies). Describe _____
- Policies vary across region, counties and or geographic areas. Describe _____
- Other. Describe _____

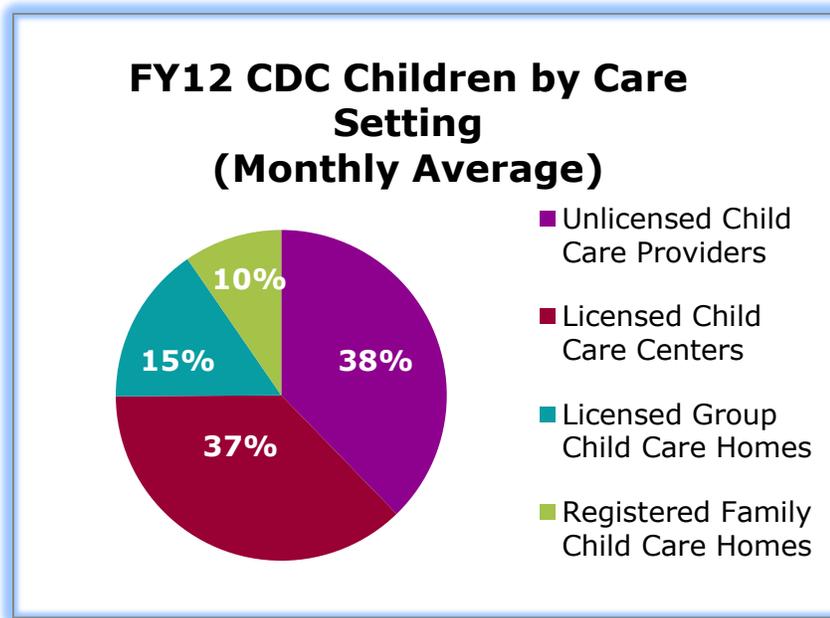
2.7.8 What specific policies and practices does the Lead Agency have regarding the following:

- a) Number of absent days allowed. Describe 208 hours of child absences are allowable if the child would have normally been in care during those hours.
- b) Paying based on enrollment. Describe Providers are paid for hours the child is in care, as well as the 208 hours allowed for child absences.
- c) Paying on the same schedule that providers charge private pay families (e.g., hourly, weekly, monthly) All payments are made on an hourly basis based on the provider's biweekly billing.
- d) Using electronic tools (automated billing, direct deposit, EBT cards, etc.) to make provider payments. Describe Providers bill for each biweekly pay period through an internet billing system called I-Billing.

2.7.9. Describe how payment rates are adequate to ensure equal access to the full range of providers based on the Market Rate Survey.

CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. To demonstrate equal access, the Lead Agency shall provide at a minimum a summary of facts describing: (§98.43(a))

- a) How a choice of the full range of providers, e.g., child care centers, family child care homes, group child care homes and in-home care, is made available (§98.43(a)(1)) At enrollment the parent chooses a child care provider from the full range of options. On average, in Fiscal Year 2012, 38% of children were in the care of an unlicensed (relative or in-home) child care provider each month, while the remaining 62% were in the care of a licensed or registered provider. A detailed breakdown of the monthly care settings is provided below.



The diversity of child care choices made by Michigan families indicates the availability of the full range of providers.

b) How payment rates are adequate based on the most recent local MRS (§98.43(a)(2)) Approximately 87% of providers completing the market rate survey in Michigan indicated that they accept subsidy children.

c) How family co-payments based on a sliding fee scale are affordable (§98.43(a)(3)) Attachment 2.4.1 shows Michigan's current sliding fee scale. The income eligibility scale, as required by regulation, provides for cost sharing by families that receive CCDF services. The scale is based on income and family size. The majority of CDC families pay a 5% co-payment or less toward child care expenses.

d) Any additional facts the Lead Agency considered to determine that its payment rates ensure equal access, including how the quality of child care providers is taken into account when setting rates and whether any other methodologies (e.g., cost estimation models) are used in setting payment rates N/A

2.8 Goals for the next Biennium – In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

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What are the Lead Agency’s goals for the administration of the CCDF subsidy program in the coming Biennium? For example, what progress does the State/Territory expect to make on continuing improved services to parents and providers, continuity of care for children, improving outreach to parents and providers, building or expanding information technology systems, or revising rate setting policies or practices).

Note – When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

Goal 1 – <u>Implement the Early Learning Enhancement Grants pilot opportunity.</u>
Goal 2 – <u>Explore policy changes that make the CDC program more family friendly.</u>
Goal 3 – <u>Increase awareness of the program to potentially eligible families.</u>
Goal 4 - _____
Goal 5 - _____

PART 3

HEALTH AND SAFETY AND QUALITY IMPROVEMENT ACTIVITIES

In this section, Lead Agencies are asked to describe their goals and plans for implementation of child care quality improvement activities. Under the Child Care and Development Block Grant Act, Lead Agencies have significant responsibility for ensuring the health and safety of children in child care through the State/Territory's child care licensing system and establishing health and safety standards for children who receive CCDF funds. Health and safety is the foundation of quality, but is not adequate to ensure that programs and staff are competent in supporting all areas of child development and promoting school success.

Quality investments and support systems to promote continuous quality improvement of both programs and the staff who work in them are a core element of CCDF. Lead Agencies have been reporting on their efforts to support program quality improvement and professional development since their initial Plans in 1999. This section allows Lead Agencies to continue to describe the steps that they are taking toward continuous quality improvement with a goal of having high quality child care options across settings for all families. While one of the key goals for CCDF is helping more low-income children access higher quality care, the Lead Agency has the flexibility to consider its goals and strategic plans for a child care quality improvement system for all families, not just those receiving assistance under CCDF.

Part 3 is organized around a template of four key components of quality which encompass most of the quality investments and initiatives undertaken by Lead Agencies over the past decade:

1. Ensuring health and safety of children through **licensing and health and safety standards**
2. Establishing **early learning guidelines**
3. Creating pathways to excellence for child care programs through **program quality improvement activities**
4. Creating pathways to an effective, well-supported child care workforce through **professional development systems and workforce initiatives.**

For each component, Lead Agencies are asked to conduct a three-step process. First, in this section, Lead Agencies will conduct a self-assessment of their programs by responding to the questions in Part 3 that describe the current status of their efforts, using common practices and best practices to list characteristics that build off those that have been reported in previous plans. Second, Lead Agencies then are asked to identify goals for making progress during the FY 2014-2015 biennium and describe their data, performance measure and evaluation capacity for each component. Third, Lead Agencies will report progress on their goals using the Quality Performance Report which is included and described in Appendix 1. The QPR will not be

submitted until December 31, 2014.

Based on information reported in past plans, it is expected that the Lead Agency will describe in these first two steps how they will continue to make systematic investments towards child care quality improvement across its early childhood and school-age spectrum – including all settings, geographic coverage and age range – that will help show progress toward these outcomes and goals. Ultimately, these child care quality improvement elements should be fully implemented and integrated. Each State/Territory is expected to fall on a continuum of progress as a result of these first two steps. Lead Agency's individual progress will be reported using the Quality Performance Report.

3.1. Activities to Ensure the Health and Safety of Children in Child Care (Component #1)

This section is intended to collect information on how Lead Agencies meet the statutory and regulatory provisions related to licensing and health and safety requirements. The CCDBG statute and the CCDF regulations address health and safety primarily in two ways.

First, Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i)). Lead Agencies must describe those licensing requirements and how they are effectively enforced. Questions related to licensing requirements are in sections 3.1.1 and 3.1.2. Second, Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Questions related to CCDF Health and Safety requirements are in sections 3.1.3 and 3.1.4.

3.1.1. Compliance with Applicable State/Territory and Local Regulatory Requirements on Licensing

Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i)). Lead Agencies must describe those licensing requirements and how they are effectively enforced.

Definition: Licensing requirements are defined as regulatory requirements, including registration or certification requirements established under State, local, or tribal law, necessary for a provider to legally operate and provide child care services in a State or locality (§98.2). This does not include registration or certification requirements solely for child care providers to be eligible to participate in the CCDF program. Those requirements will be addressed in 3.1.2.

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The relationship between licensing requirements and health and safety requirements varies by State/Territory depending on how comprehensive the licensing system is. In some States and Territories, licensing may apply to the majority of CCDF-eligible providers and the licensing standards cover the three CCDF health and safety requirements so the State/Territory has few, if any, providers for whom they need to establish additional CCDF health and safety requirements. In other cases, States and Territories have elected to exempt large numbers of providers from licensing which means that those exempted providers who care for children receiving assistance from CCDF will have to meet to the CCDF health and safety requirements through an alternative process outside of licensing as defined by the State/Territory. The State/Territory may also elect to impose more stringent standards and licensing or regulatory requirements on child care providers of services for which assistance is provided under the CCDF than the standards or requirements imposed on other child care providers. (§98.40(b)(1)) (658E(c)(2)(F), §98.41).

a) Is the Lead Agency responsible for child care licensing? (§98.11(a))

- Yes.
- No. Please identify the State or local (if applicable) entity/agency responsible for licensing Michigan Department of Human Services (DHS)

b) Provide a brief overview of the relationship between the licensing requirements and CCDF health and safety requirements in your State/Territory.

Michigan’s licensing regulations set a minimum baseline for CCDF health and safety requirements. Rules for both homes and centers include provisions regarding the prevention and control of infectious diseases, building and physical plan safety, and health and safety training requirements for all caregivers.

c) Do the State/Territory’s licensing requirements serve as the CCDF health and safety requirements?

	Center-Based Child Care	Group Home Child Care <input type="checkbox"/> N/A. Check if your State/Territory does not have group home child care.	Family Child Care	In-Home Care <input checked="" type="checkbox"/> N/A. Check if in-home care is not subject to licensing in your State/Territory.
Yes, for all providers in this category	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, for some providers in	Describe _____	Describe _____	Describe <u>Only family home</u>	Describe _____

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this category			<u>providers who are registered by DHS.</u>	
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	Describe	Describe	Describe	Describe

d) CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below. For each CCDF category of care, please identify which types of providers are subject to licensing and which providers are exempt from licensing in your State/Territory in the chart below. **Note: OCC recognizes that each State/Territory identifies and defines its own categories of care. OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care but consistent with your reported 801 data.**

CCDF Category of Care	CCDF Definition (§98.2)	Which providers in your State/Territory are subject to licensing under this CCDF category?	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?
Center-Based Child Care	Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.	Describe which types of center-based settings are subject to licensing in your State/Territory <u>PA 116 defines a child care center as a facility, other than a private residence, receiving 1 or more preschool or school-age children for care for periods of less than 24 hours a day, where the parents or guardians are not immediately available to the child. Child care center includes a facility that provides care for not less than 2 consecutive weeks, regardless of the number of hours of care per day.</u>	Describe which types of center-based settings are exempt from licensing in your State/Territory For example, some jurisdictions exempt school-based centers, centers operated by religious organizations, summer camps, or Head Start programs. <u>Special Education preschool programs, programs on federal land and those where the parents are on-site and immediately available.</u>
Group Home Child Care	Group home child care provider is defined as two or more individuals who	Describe which types of group homes are subject to licensing	Describe which types of group homes are exempt from licensing

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CCDF Category of Care	CCDF Definition (§98.2)	Which providers in your State/Territory are subject to licensing under this CCDF category?	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?
<input type="checkbox"/> N/A. Check if your State/Territory does not have group home child care.	<p>provide child care services for fewer than 24 hours per day per child, in a private residence other than the child’s residence, unless care in excess of 24 hours is due to the nature of the parent(s)’ work.</p>	<p><u>PA 116 defines a group child care home as a private home in which more than 6 but not more than 12 minor children are given care and supervision for periods of less than 24 hours a day unattended by a parent or legal guardian, except children related to an adult member of the family by blood, marriage, or adoption. Group child care home includes a home in which care is given to an unrelated minor child for more than 4 weeks during a calendar year.</u></p>	<p><u>Homes on federal land and those where the parents are on-site and immediately available.</u></p>
<p>Family Child Care</p>	<p>Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child’s residence, unless care in excess of 24 hours is due to the nature of the parent(s)’s work. Reminder - Do not check if family child care home providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.</p>	<p>Describe which types of family child care home providers are subject to licensing</p> <p><u>PA 116 defines a family child care home as private home in which 1 but fewer than 7 minor children are received for care and supervision for compensation for periods of less than 24 hours a day, unattended by a parent or legal guardian, except children related to an adult member of the family by blood, marriage, or adoption. Family child care home includes a home in which care is given to an unrelated minor child for more than 4 weeks during a calendar year.</u></p>	<p>Describe which types of family child care home providers are exempt from licensing</p> <p><u>Providers earning less than \$600 per year. Homes where the provider is related to the children in care and no more than 4 children are in care at one time (6 children if all are siblings or living at the same address). Homes on federal land and those where the parents are on-site and immediately available.</u></p>

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CCDF Category of Care	CCDF Definition (§98.2)	Which providers in your State/Territory are subject to licensing under this CCDF category?	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?
In-Home Care	In-home child care provider is defined as an individual who provides child care services in the child's own home. Reminder - Do not respond if in-home child care providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.	<input checked="" type="checkbox"/> N/A. Check if in-home care is not subject to licensing in your State/Territory. Describe which in-home providers are subject to licensing	Describe which types of in-home child care providers are exempt from licensing <u>N/A</u>

Note: In lieu of submitting or attaching licensing regulations to certify the requirements of §98.40(a)(1), Lead Agencies may provide their licensing regulations to the National Resource Center for Health and Safety in Child Care and Early Education. Please check the NRCKid's website at <http://nrckids.org/CFOC3> to verify the accuracy of your licensing regulations and provide any updates to the National Resource Center. **Check this box to indicate that the licensing requirements were submitted and verified at NRCKid's.**

e) **Indicate** whether your State/Territory licensing requirements include any of the following four indicators for each category of care*.

* American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011) *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. 3rd Edition.* Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Available online: <http://nrckids.org/CFOC3>

Indicator	For each indicator, check all requirements for licensing that apply, if any.			
	Center-Based Child Care	Group Home Child Care <input type="checkbox"/> N/A. Check if your State/Territory does not have	Family Child Care	In-Home Care <input checked="" type="checkbox"/> N/A if the State/Territory does not license in-home care (i.e., care in the

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		group home child care.		child's own home)
<p>Do the licensing requirements include child: staff ratios and group sizes?</p> <p>If yes, provide the ratio for age specified.</p>	<p><input checked="" type="checkbox"/> Yes, Child: staff ratio requirement</p> <p>Infant ratio (11 months): 4:1</p> <p>Toddler ratio (35 months): 4:1 through 29 months 8:1 for children 30-35 months</p> <p>Preschool ratio (59 months): 10:1 for children age 3. 12:1 for children age 4</p> <p><input type="checkbox"/> No ratio requirements.</p> <p><input checked="" type="checkbox"/> Yes, Group size requirement Infant group size (11 months): 12</p> <p>Toddler group size (35 months): 12 through 29 months. 16 for children 30-35 months.</p> <p>Preschool group size (59 months): N/A</p> <p><input type="checkbox"/> No group size</p>	<p><input checked="" type="checkbox"/> Yes, Child: staff ratio requirement</p> <p>Infant ratio (11 months): 6:1</p> <p>Toddler ratio (35 months): 6:1</p> <p>Preschool ratio (59 months): 6:1</p> <p><input type="checkbox"/> No ratio requirements.</p> <p><input type="checkbox"/> Yes, Group size requirement Infant group size (11 months):</p> <p>Toddler group size (35 months):</p> <p>Preschool group size (59 months):</p> <p><input checked="" type="checkbox"/> No group size requirements.</p>	<p><input checked="" type="checkbox"/> Yes, Child: staff ratio requirement. List ratio requirement by age group: 6:1</p> <p><input type="checkbox"/> No ratio requirements.</p> <p><input type="checkbox"/> Yes, Group size requirement. List ratio requirement by age group</p> <p><input checked="" type="checkbox"/> No group size requirements.</p>	<p><input type="checkbox"/> Yes, Child: staff ratio requirement. List ratio requirement by age group:</p> <p><input type="checkbox"/> No ratio requirements.</p> <p><input type="checkbox"/> Yes, Group size requirement. List ratio requirement by age group</p> <p><input type="checkbox"/> No group size requirements.</p>

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	requirements.			
Do the licensing requirements identify specific educational credentials for child care directors?	<input checked="" type="checkbox"/> High school/GED <input checked="" type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/Territory Credential <input checked="" type="checkbox"/> Associate's degree <input checked="" type="checkbox"/> Bachelor's degree <input type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:	<input type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:
Do the licensing requirements identify specific educational credentials for child care teachers?	<input checked="" type="checkbox"/> High school/GED <input checked="" type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/Territory Credential <input checked="" type="checkbox"/> Associate's degree <input checked="" type="checkbox"/> Bachelor's degree <input type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:	<input type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input checked="" type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:	<input type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input checked="" type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:	<input type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:
Do the licensing requirements specify that directors and caregivers must attain a specific number of training hours per year?	<input type="checkbox"/> At least 30 training hours required in first year <input type="checkbox"/> At least 24 training hours per year after first year <input type="checkbox"/> No training requirement <input checked="" type="checkbox"/> Other: 12 clock hours	<input type="checkbox"/> At least 30 training hours required in first year <input type="checkbox"/> At least 24 training hours per year after first year <input type="checkbox"/> No training requirement <input checked="" type="checkbox"/> Other: 10 clock hours	<input type="checkbox"/> At least 30 training hours required in first year <input type="checkbox"/> At least 24 training hours per year after first year <input type="checkbox"/> No training requirement <input checked="" type="checkbox"/> Other: 10 clock hours	<input type="checkbox"/> At least 30 training hours required in first year <input type="checkbox"/> At least 24 training hours per year after first year <input type="checkbox"/> No training requirement <input type="checkbox"/> Other:

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	annually.	annually for licensee; 5 clock hours annually for assistant caregivers.	annually for licensee; 5 clock hours annually for assistant caregivers.	
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e) Do you expect the licensing requirements for child care providers to change in FY2014-2015?

- Yes. Describe Child Care Center rules only.
 No

3.1.2 Enforcement of Licensing Requirements

Each Lead Agency is required to provide a detailed description of the State/Territory’s licensing requirements and how its licensing requirements are effectively enforced. (658E(c)(2)(E), §98.40(a)(2)) The Lead Agency is also required to certify that that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(G), §98.41(d))

Describe the State/Territory’s policies for effective enforcement of the licensing requirements using questions 3.1.2a through 3.1.2e below. This description includes whether and how the State/Territory uses visits (announced and unannounced), background checks, and any other enforcement policies and practices for the licensing requirements.

a) Does your State/Territory include **announced** and/or **unannounced** visits in its policies as a way to effectively enforce the licensing requirements?

- Yes. If “Yes” please refer to the chart below and check all that apply.
 No

CCDF Categories of Care	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
<input checked="" type="checkbox"/> Center-Based Child Care	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe _____	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe _____
<input checked="" type="checkbox"/> Group Home Child Care	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe _____	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe _____

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<input checked="" type="checkbox"/> Family Child Care Home	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe _____	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe <u>10% of family child care homes are visited annually (unannounced).</u>
<input type="checkbox"/> In-Home Child Care <input checked="" type="checkbox"/> N/A. Check if In-Home Child Care is not subject to licensing in your State/Territory (skip to 3.1.2b)	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe _____	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe _____

b) Does your State/Territory have any of the following procedures in place for effective enforcement of the licensing requirements? If procedures differ based on the category of care, please indicate how in the “Describe” box.

- Yes. If “Yes” please refer to the chart below and check all that apply.
 No

Licensing Procedures	Describe which procedures are used by the State/Territory for enforcement of the licensing requirements.
The State/Territory requires providers to attend or participate in training relating to opening a child care facility prior to issuing a license.	<input checked="" type="checkbox"/> Yes. Describe <u>Licensed group and registered family home providers must attend an orientation training related to opening a child care facility prior to the state issuing a license.</u> <input type="checkbox"/> No. <input type="checkbox"/> Other. Describe _____
The State/Territory has procedures in place for licensing staff to inspect centers and family child care homes prior to issuing a license.	<input type="checkbox"/> An on-site inspection is conducted. <input type="checkbox"/> Programs self-certify. Describe _____ <input type="checkbox"/> No procedures in place. <input checked="" type="checkbox"/> Other. Describe <u>An on site inspection is required for child care centers and group child care homes prior to issuing a license. Registered family homes self-certify and are visited within 90 days of the registration issuance to ensure the accuracy of the self-certification.</u>
Licensing staff has procedures in place to address violations found in an inspection.	<input checked="" type="checkbox"/> Providers are required to submit plans to correct violations cited during inspections. <input checked="" type="checkbox"/> Licensing staff approve the plans of correction submitted by providers. <input checked="" type="checkbox"/> Licensing staff verify correction of violation.

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Licensing Procedures	Describe which procedures are used by the State/Territory for enforcement of the licensing requirements.
	<input checked="" type="checkbox"/> Licensing staff provide technical assistance regarding how to comply with a regulation.
	<input type="checkbox"/> No procedures in place.
	<input type="checkbox"/> Other. Describe _____
Licensing staff has procedures in place to issue a sanction to a noncompliant facility.	<input checked="" type="checkbox"/> Provisional or probationary license
	<input checked="" type="checkbox"/> License revocation or non-renewal
	<input checked="" type="checkbox"/> Injunctions through court
	<input checked="" type="checkbox"/> Emergency or immediate closure not through court action
	<input type="checkbox"/> Fines for regulatory violations
	<input type="checkbox"/> No procedures in place.
	<input type="checkbox"/> Other. Describe _____
The State/Territory has procedures in place to respond to illegally operating child care facilities.	<input type="checkbox"/> Cease and desist action
	<input checked="" type="checkbox"/> Injunction
	<input type="checkbox"/> Emergency or immediate closure not through court action
	<input type="checkbox"/> Fines
	<input type="checkbox"/> No procedures in place.
	<input type="checkbox"/> Other. Describe _____
The State/Territory has procedures in place for providers to appeal licensing enforcement actions.	<input checked="" type="checkbox"/> Yes. Describe <u>Providers may request an administrative hearing to appeal licensing enforcement actions. Administrative hearing decisions may be appealed to circuit court.</u>
	<input type="checkbox"/> No.
	<input type="checkbox"/> Other. Describe _____

c) Does your State/Territory use **background checks as a way to effectively enforce the licensing requirements?**

Yes. If “Yes” please refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency.

No

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CCDF Categories of Care	Types of Background Check	Frequency	Who is Subject to Background Checks?
<input checked="" type="checkbox"/> Center-Based Child Care	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>Ongoing weekly checks</u>	<input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Teaching staff <input checked="" type="checkbox"/> Non-teaching staff <input checked="" type="checkbox"/> Volunteers <input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> State/Territory Criminal Background <input checked="" type="checkbox"/> Check if State/Territory background check includes fingerprints	<input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>Immediately for licensees/directors through rap back information.</u>	<input type="checkbox"/> Director <input checked="" type="checkbox"/> Teaching staff <input checked="" type="checkbox"/> Non-teaching staff <input type="checkbox"/> Volunteers <input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe _____	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Teaching staff <input type="checkbox"/> Non-teaching staff <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Other <u>Licensee</u>
	<input checked="" type="checkbox"/> Sex Offender Registry	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe _____	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Teaching staff <input type="checkbox"/> Non-teaching staff <input type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Other <u>Licensee</u>
<input checked="" type="checkbox"/> Group Child Care Homes <input type="checkbox"/> N/A. Check if your State/Territory does not have group home child care.	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>Ongoing weekly</u>	<input checked="" type="checkbox"/> Provider <input checked="" type="checkbox"/> Non-provider residents of the home _____
	<input checked="" type="checkbox"/> State/Territory Criminal Background <input checked="" type="checkbox"/> Check if the State/Territory	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>Immediately through</u>	<input type="checkbox"/> Provider <input checked="" type="checkbox"/> Non-provider residents of the home _____

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CCDF Categories of Care	Types of Background Check	Frequency	Who is Subject to Background Checks?
	background check includes fingerprints	<u>rap back information.</u>	
	<input checked="" type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe	<input checked="" type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home
	<input checked="" type="checkbox"/> Sex Offender Registry	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>At every license renewal, the household members/address is checked against the sex offender registry.</u>	<input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home <u>Address is cleared.</u>
<input checked="" type="checkbox"/> Family Child Care Homes	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>Ongoing weekly checks</u>	<input checked="" type="checkbox"/> Provider <input checked="" type="checkbox"/> Non-provider residents of the home
	<input checked="" type="checkbox"/> State/Territory Criminal Background <input checked="" type="checkbox"/> Check if the State/Territory background check includes fingerprints	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>immediately through rap back information.</u>	<input type="checkbox"/> Provider <input checked="" type="checkbox"/> Non-provider residents of the home
	<input checked="" type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe	<input checked="" type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home

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CCDF Categories of Care	Types of Background Check	Frequency	Who is Subject to Background Checks?
	<input checked="" type="checkbox"/> Sex Offender Registry	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe <u>At every registration renewal, the household members/address is checked against the sex offender registry.</u>	<input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home _____ <u>Address is cleared.</u>
<input type="checkbox"/> In-Home Child Care Providers <input checked="" type="checkbox"/> N/A. Check if In-Home Child Care is not subject to licensing in your State/Territory (skip to 3.1.2e)	<input type="checkbox"/> Child Abuse Registry	<input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe _____	<input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home _____
	<input type="checkbox"/> State/Territory Criminal Background <input type="checkbox"/> Check if the State/Territory background check includes fingerprints	<input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe _____	<input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home _____
	<input type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe _____	<input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home _____
	<input type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe _____	<input type="checkbox"/> Provider <input type="checkbox"/> Non-provider residents of the home _____

d) Please **provide a brief overview** of the State/Territory’s process for conducting background checks for child care. In this brief overview, include the following:

d -1) The cost associated with each type of background check conducted

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Child Abuse Registry: No cost

State Criminal Background: \$10 per check. This fee is waived for non-profit organizations.

FBI Criminal Background: \$58.50 for fingerprint scan.

Sex Offender Registry: No cost

d-2) Who pays for background checks

The home or center applicant is responsible for the cost of the FBI Criminal Background check. Program directors in child care centers must pay for their FBI Criminal Background check. Child care centers pay for the state background checks of employees, but may pass the cost on to the individuals being cleared. The state has an agreement with the Michigan State Police to do state criminal background checks on adult household members in group and family homes at no cost.

d-3) What types of violations would make providers ineligible for CCDF? Describe

In addition to violations that would prevent licensing, the state utilizes a crime codes exhibit to assess the suitability of child care providers receiving CCDF. This crime code exhibit (with terminable charges) can be found at

<http://www.mfia.state.mi.us/olmweb/ex/CrimeCodesExhibit/CrimeCodesExhibit.pdf>

d-4) The process for providers to appeal the Lead Agency's decision based on the background check findings. Describe

Providers who have been denied or closed for CCDF payments as a result of a criminal conviction or pending charge may request an administrative review by following the instructions on the DHS-759, Request for Administrative Review of the Denial or Termination of Provider Enrollment.

To request an administrative review, all of the following documentation must be submitted to the Michigan Department of Education:

If the provider or provider applicant is the person with the charge or conviction:

-A newly completed Child Development and Care Unlicensed Provider Application and proof of identity, residence and age and a copy of your Social Security card.

-A copy of the police report for each conviction and/or pending charge, if available.

-A written statement that includes:

---Your Provider ID number, full name and address.

---A detailed explanation of circumstances surrounding each offense and all rehabilitation measures since the offense(s).

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---An explanation of how each offense does/does not relate to caring for children.

---An explanation of why you believe you are suitable to be a child care provider.

If the provider or provider applicant's adult household member is the person with the charge or conviction:

-A newly completed Child Development and Care Unlicensed Provider Application and proof of identity, residence and age and a copy of your Social Security card, and one of the following:

-Documentation that either you or the adult household member have moved and no longer share a residence, OR

-A statement written by the household member with the charge or conviction that includes:

---His/her full name and address.

---A detailed explanation of circumstances surrounding each offense and all rehabilitation measures since the offense(s).

---An explanation of how each offense does/does not relate to the health and safety of the children in your care.

When there is an adverse licensing action (revocation, refusal to renew) taken by the Division of Child Care Licensing based on a negative background check, the provider has the right to appeal the action through the administrative hearing process. Administrative hearing decisions may be appealed to circuit court.

e) If not performing visits (announced or unannounced) or background checks, describe how the State/Territory will ensure that its licensing requirements are effectively enforced per the CCDF regulations? N/A (658E(c)(2)(E), §98.40(a)(2))

f) Does the State/Territory disseminate information to parents and the public, including the use of on-line tools or other “search tools,” about child care program licensing status and compliance records?

Yes. Describe BCAL website and Great Start CONNECT (www.greatstartconnect.com) both have search criteria for all licensed and registered programs. Licensing reports available here as well (www.michigan.gov/michildcare).

No

3.1.3. Compliance with Applicable State/Territory and Local Regulatory Requirements on Health and Safety

Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Such

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requirements shall include the prevention and control of infectious diseases (including immunization), building and physical premises safety, and minimum health and safety training appropriate to the provider setting. These health and safety requirements apply to all providers caring for children receiving CCDF services and which also may be covered by the licensing requirements. (658E(c)(2)(F), §98.41)

Check if the Lead Agency certifies that there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))

a) **Describe** the Lead Agency’s health and safety requirements for prevention and control of infectious disease in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(i), §98.41(a)(1))

The Lead Agency requires:	For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.			
	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
<input checked="" type="checkbox"/> Physical exam or health statement for providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical exam or health statement for children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tuberculosis check for providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuberculosis check for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Provider immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Child immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Hand-washing policy for providers and children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Diapering policy and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providers to submit a self-certification or complete health and safety checklist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other. Describe <u>Health Care Plan</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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b) **Describe** the Lead Agency’s health and safety requirements for building and physical premises safety, including policies and practices to protect from environmental hazards, in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(ii), §98.41(a)(2))

The Lead Agency requires:	For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.			
	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
<input checked="" type="checkbox"/> Fire inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Building inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Health inspection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Inaccessibility of toxic substances policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Safe sleep policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tobacco exposure reduction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Transportation policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providers to submit a self-certification or complete health and safety checklist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other. Describe <u>Lead and radon testing and furnace inspection.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

c) **Describe** the Lead Agency’s health and safety requirements for health and safety training in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(iii), §98.41(a)(3)). Note: While Lead Agencies have the flexibility to define these terms, for this question, pre-service refers to any training that happens prior to a person starting or shortly thereafter (first week, etc). “On-going” would be some type of routine occurrence (e.g., maintain qualifications each year).

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
Child Care Centers	First Aid	<u>N/A</u>	<u>The Child Care Organizations Act (1973 PA 116) requires that</u>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
			<u>First Aid be updated/renewed every 36 months.</u>
	CPR	<u>N/A</u>	<u>The Child Care Organizations Act (1973 PA 116) requires that CPR be updated/renewed every 12 months.</u>
	Medication Administration Policies and Practices	<u>N/A</u>	<u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including medication administration.</u>
	Poison Prevention and Safety	<u>N/A</u>	<u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including poison prevention and safety.</u>
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	<u>The licensee shall assure that caregivers for infants and toddlers have training that includes information about safe sleep prior to care for infants and toddlers.</u>	<u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including safe sleep practices including Sudden Infant Death Syndrome (SIDS) prevention.</u>
	Shaken Baby Syndrome and abusive head trauma prevention	<u>The licensee shall assure that caregivers for infants and</u>	<u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne</u>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
		<u>toddlers have training that includes information about Shaken Baby Syndrome prior to care for infants and toddlers.</u>	<u>pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including Shaken Baby Syndrome and abusive head trauma prevention.</u>
	Age appropriate nutrition, feeding, including support for breastfeeding		<u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne pathogen training. Nutrition is approved training topic and providers can choose from specific topics within this category.</u>
	Physical Activities	N/A	<u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including physical activities.</u>
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	N/A	<u>Each caregiver must complete bloodborne pathogen training within 6 months of his/her initial hire.</u>
	Recognition and mandatory reporting of suspected child abuse and neglect	N/A	<u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne pathogen training. Child discipline is approved training topic and providers can choose from specific topics within this category, including child abuse and neglect/mandated reporting</u>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	Emergency preparedness and planning response procedures	<u>N/A</u>	<p><u>requirements.</u></p> <p><u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne pathogen training. Licensing rules for child care centers is approved training topic and providers can choose from specific topics within this category, including emergency preparedness and planning response procedures.</u></p> <p><u>Additionally, all caregivers must be informed of their duties and a responsibility if an emergency occurs. Emergency procedures must be reviewed with staff at least twice a year.</u></p>
	Management of common childhood illnesses, including food intolerances and allergies	<u>N/A</u>	<p><u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including management of common childhood illnesses, including food intolerances and allergies.</u></p>
	Transportation and child passenger safety (if applicable)	<u>N/A</u>	<p><u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including</u></p>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
			<u>transportation and child passenger safety.</u>
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	<u>N/A</u>	<u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne pathogen training. Caring for Children with Special Needs is approved training topic and providers can choose from specific topics within this category.</u>
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	<u>N/A</u>	<u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne pathogen training. Child Development is approved training topic and providers can choose from specific topics within this category.</u>
	Supervision of children	<u>N/A</u>	<u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne pathogen training. Licensing Rules for Centers is approved training topic and providers can choose from specific topics within this category, including training on supervision requirements.</u>
	Behavior management	<u>N/A</u>	<u>All caregivers shall complete 12 clock hours of annual training, not including CPR, first aid, and blood borne pathogen training. Child discipline is approved training topic and providers can choose from specific topics within this category, including behavior</u>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	Other. Describe		<u>management.</u>
Group Home Child Care	First Aid	<u>N/A</u>	<u>The Child Care Organizations Act (1973 PA 116) requires that First Aid be updated/renewed every 36 months.</u>
	CPR	<u>N/A</u>	<u>The Child Care Organizations Act (1973 PA 116) requires that CPR be updated/renewed every 12 months.</u>
	Medication Administration Policies and Practices	<u>N/A</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including medication administration.</u>
	Poison Prevention and Safety	<u>N/A</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category,</u>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
			<u>including poison prevention and safety.</u>
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	<u>Training on Safe Sleep (SIDS) is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including safe sleep practices including Sudden Infant Death Syndrome (SIDS) prevention.</u>
	Shaken Baby Syndrome and abusive head trauma prevention	<u>Training on Shaken Baby Syndrome is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including Shaken Baby Syndrome and abusive head trauma prevention.</u>
	Age appropriate nutrition, feeding, including support for breastfeeding	<u>N/A</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Nutrition for Young Children is approved</u>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
			<u>training topic and providers can choose from specific topics within this category.</u>
	Physical Activities	N/A	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including physical activities.</u>
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	<u>Training on blood borne pathogens is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods</u>
	Recognition and mandatory reporting of suspected child abuse and neglect	<u>Training on the mandatory reporting of child abuse and neglect is provided at the statutorily mandated orientation</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Child</u>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
		<p><u>through the DHS Bureau of Children and Adult Licensing (BCAL).</u></p>	<p><u>Discipline and Health & Safety are approved training topics and providers can choose from specific topics within this category, including child abuse and neglect/mandated reporting requirements.</u></p>
	<p>Emergency preparedness and planning response procedures</p>	<p><u>Training on emergency preparedness is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).</u></p>	<p><u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Licensing rules for child care centers is approved training topic and providers can choose from specific topics within this category, including emergency preparedness and planning response procedures.</u></p> <p><u>Additionally, all caregivers must be informed of their duties and a responsibility if an emergency occurs. Emergency procedures must be reviewed with staff at least twice a year.</u></p>
	<p>Management of common childhood illnesses, including food intolerances and allergies</p>	<p><u>N/A</u></p>	<p><u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from</u></p>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
			<u>specific topics within this category, including management of common childhood illnesses, including food intolerances and allergies.</u>
	Transportation and child passenger safety (if applicable)	<u>N/A</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including transportation and child passenger safety.</u>
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	<u>N/A</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Caring for Children with Special Needs is approved training topic and providers can choose from specific topics within this category.</u>
	Child development including knowledge of developmental stages and milestones appropriate for	<u>N/A</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid,</u>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	the ages of children receiving services.		<u>and blood borne pathogen training. Child Development is approved training topic and providers can choose from specific topics within this category.</u>
	Supervision of children	<u>N/A</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Programming for Various Age Groups is approved training topic and providers can choose from specific topics within this category, including supervision of children.</u>
	Behavior management	<u>Training on behavior management is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Managing Children's Behavior is approved training topic and providers can choose from specific topics within this category.</u>
	Other. Describe		
Family Child Care	First Aid	<u>N/A</u>	<u>The Child Care Organizations Act (1973</u>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
Providers			<u>PA 116) requires that First Aid be updated/renewed every 36 months.</u>
	CPR	<u>N/A</u>	<u>The Child Care Organizations Act (1973 PA 116) requires that CPR be updated/renewed every 12 months.</u>
	Medication Administration Policies and Practices	<u>N/A</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including medication administration.</u>
	Poison Prevention and Safety	<u>N/A</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including poison prevention and safety.</u>
	Safe Sleep Practices including Sudden	<u>Training on Safe Sleep (SIDS) is provided</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training</u>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	Infant Death Syndrome (SIDS) Prevention	<u>at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).</u>	<u>and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including safe sleep practices including Sudden Infant Death Syndrome (SIDS) prevention.</u>
	Shaken Baby Syndrome and abusive head trauma prevention	<u>Training on Shaken Baby Syndrome is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including Shaken Baby Syndrome and abusive head trauma prevention.</u>
	Age appropriate nutrition, feeding, including support for breastfeeding	N/A	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Nutrition for Young Children is approved training topic and providers can choose from specific topics within this category.</u>
	Physical Activities	N/A	<u>The licensee/caregiver</u>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
			<p><u>shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including physical activities.</u></p>
	<p>Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods</p>	<p><u>Training on blood borne pathogens is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).</u></p>	<p><u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods</u></p>
	<p>Recognition and mandatory reporting of suspected child abuse and neglect</p>	<p><u>Training on the mandatory reporting of child abuse and neglect is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing</u></p>	<p><u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Child Discipline and Health & Safety are approved training topics and providers can choose from specific topics</u></p>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
		<u>(BCAL).</u>	<u>within this category, including child abuse and neglect/mandated reporting requirements.</u>
	Emergency preparedness and planning response procedures	<u>Training on emergency preparedness is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).</u>	<p><u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Licensing rules for child care centers is approved training topic and providers can choose from specific topics within this category, including emergency preparedness and planning response procedures.</u></p> <p><u>Additionally, all caregivers must be informed of their duties and a responsibility if an emergency occurs. Emergency procedures must be reviewed with staff at least twice a year.</u></p>
	Management of common childhood illnesses, including food intolerances and allergies		<p><u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including management of common childhood illnesses, including food intolerances and</u></p>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	Transportation and child passenger safety (if applicable)		<p><u>allergies.</u></p> <p><u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Health and safety is approved training topic and providers can choose from specific topics within this category, including transportation and child passenger safety.</u></p>
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	N/A	<p><u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Caring for Children with Special Needs is approved training topic and providers can choose from specific topics within this category.</u></p>
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	N/A	<p><u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Child Development is approved training topic and providers can</u></p>

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
			<u>choose from specific topics within this category.</u>
	Supervision of children	<u>N/A</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Programming for Various Age Groups is approved training topic and providers can choose from specific topics within this category, including supervision of children.</u>
	Behavior management	<u>Training on behavior management is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).</u>	<u>The licensee/caregiver shall complete 10 clock hours of annual training and assistant caregivers shall complete 5 annual hours of training, not including CPR, first aid, and blood borne pathogen training. Managing Children's Behavior is approved training topic and providers can choose from specific topics within this category.</u>
	<u>Other. Describe</u>		
In-Home Child Care Providers	First Aid		
	CPR		
	Medication Administration Policies and Practices		
	Poison Prevention and Safety		

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention		
	Shaken Baby Syndrome and abusive head trauma prevention		
	Age appropriate nutrition, feeding, including support for breastfeeding		
	Physical Activities		
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods		
	Recognition and mandatory reporting of suspected child abuse and neglect		
	Emergency preparedness and planning response procedures		
	Management of common childhood illnesses, including food intolerances and allergies		
	Transportation and child passenger safety (if applicable)		
	Caring for children with special health care needs, mental health needs, and developmental		

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CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	disabilities in compliance with the Americans with Disabilities (ADA) Act		
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.		
	Supervision of children		
	Behavior management		
	Other. Describe		

d) CCDF allows Lead Agencies to exempt relative providers (grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from these health and safety requirements. What are the Lead Agency’s requirements for relative providers? (§98.41(A)(ii)(A))

- All relative providers are subject to the same health and safety requirements as described in 3.1.2a-c, as appropriate; there are no exceptions for relatives.
- Relative providers are NOT required to meet any health and safety requirements as described in 3.1.2a-c, as appropriate.
- Relative providers are subject to certain requirements. Describe the different requirements A seven hour basic health and safety orientation is required for both relatives and in-home providers who are not licensed as a condition of eligibility for Department payment.

e) Provide a web address for the State/Territory’s health and safety requirements, if available: For licensed and registered providers--
http://www.michigan.gov/dhs/0,1607,7-124-5455_49572_50051--_00.html.

For unlicensed providers (in-home and relative providers)-
<http://www.mfia.state.mi.us/olmweb/ex/bem/704.pdf>.

3.1.4 Effective enforcement of the CCDF health and safety requirements.

For providers who care for children receiving CCDF assistance and who are NOT subject to the enforcement procedures described in 3.1.2 for licensed providers, please describe how the Lead Agency enforces the CCDF health and safety enforcement requirements. Comprehensive background clearances are conducted prior to enrollment and on an ongoing basis for all CCDF eligible providers, licensed and unlicensed. Additionally, all unlicensed providers must complete a required seven-hour Great Start to Quality Orientation training that includes First Aid, CPR and other health and safety topics. Unlicensed providers participating in the Child and Adult Care Food Program are visited and any health and safety issues found are reported to the CDC program office immediately for follow-up.

- a) Describe whether and how the Lead Agency uses on-site visits (announced and unannounced) On-site visits are not conducted for unlicensed child care providers.
- b) Describe whether the Lead Agency uses background checks Background checks are conducted prior to enrollment and on an ongoing basis.
- c) Does the Lead Agency permit providers to self-certify compliance with applicable health and safety standards?
 Yes. If yes, what documentation, if any, is required? Describe _____
 No
- d) Describe whether the Lead Agency uses any other enforcement policies and practices for the health and safety requirements A seven hour basic health and safety orientation is required for both relatives and in-home providers who are not licensed as a condition of eligibility for Department payment.

Check if the Lead Agency certifies that procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))

3.1.5. Does the State/Territory encourage or require child care programs to conduct developmental screening and referral for children participating in child care programs?

Lead Agencies are not required to conduct developmental screenings of children, but are encouraged to work with child care providers to promote screening in the areas of physical health (including vision and hearing), mental health, oral health, and developmental disabilities.

Yes. Describe Programs are encouraged to make developmental screening referrals for children in child care programs, when appropriate. The Great Start to Quality Resource Centers coordinate and provide Ages and Stages and Ages as well as Stages-SE workforce development for early learning and

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development providers. Great Start to Quality standards also reflect programs at higher levels of quality conducting developmental screenings.

No

a) If yes, are training, resources and supports offered to programs to assist them in ensuring that children receive appropriate developmental screenings?

Yes. Describe The Great Start Collaboratives (GSCs) work with families to provide linkages to local supports in their communities. Additional the Great Start to Quality Resource Centers connect and refer providers to their local resources through the GSCs.

No

Other. Describe _____

b) If yes, are resources and supports provided to programs to help them understand how families are referred to indicated services and how to work with the health, mental health, and developmental disabilities agencies to support children when follow-up to screening is needed?

Yes. Describe _____

No

Other. Describe _____

c) Does the State/Territory use developmental screening and referral tools?

Yes. If Yes, provide the name of the tool(s) _____

No

Other. Describe _____

3.1.6 Data & Performance Measures on Licensing and Health and Safety Compliance – What data elements, if any, does the State/Territory currently have access to related to licensing compliance? What, if any, performance measures does the Lead Agency use for ensuring health and safety? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) Data on licensing and health and safety. Indicate if the Lead Agency or another agency has access to data on:

Number of licensed programs. Describe (optional) _____

Numbers of programs operating that are legally exempt from

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licensing. Describe (optional) only those who are receiving state subsidy.

- Number of programs whose licenses were suspended or revoked due to non-compliance. Describe (optional) _____
- Number of injuries in child care as defined by the State/Territory. Describe (optional) _____
- Number of fatalities in child care as defined by the State/Territory. Describe (optional) _____
- Number of monitoring visits received by programs. Describe (optional) _____
- Caseload of licensing staff. Describe (optional) _____
- Number of programs revoked from CCDF due to non-compliance with health and safety requirements. Describe (optional) _____
- Other. Describe _____
- None

b) **Performance measurement.** What, if any, performance measures does the State/Territory use in its licensing system to monitor compliance with CCDF health and safety requirements? Decrease in the number of critical violations and licensing revocations.

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to licensing and health and safety? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically. Health and safety evaluation will be done through licensing inspections, as well as Self Assessment Survey (SAS) and Program Quality Assessment (PQA) scores/feedback gathered from programs.

3.1.7 Goals for the next Biennium - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to establish a goal for each sub-section of 3.1. Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the Lead Agency's goals for the licensing and health and safety system in the coming biennium? What progress does the State/Territory expect to make on core areas (e.g. licensing standards, monitoring visits or other effective enforcement, improved technical assistance, or fewer serious non-compliances?)

Note – When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g.,

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Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

Goal 1 – <u>Development of a comprehensive, outcomes-focused MOU between MDE and DHS related to child care licensing activities and coordination with the OGS.</u>
Goal 2 - <u>Promulgation of child care center rules with enhancements to health and safety requirements.</u>
Goal 3 – <u>Enhanced coordination between licensing and Great Start to Quality.</u>
Goal 4 - _____
Goal 5 - _____

 New!

CCDF has a number of performance measures that are used to track progress for key aspects of the program at the national level. These performance measures are included in budget materials submitted to Congress and other documents. Please follow this link <http://www.acf.hhs.gov/programs/occ/resource/government-performance-and-results-act-gpra-measures> to see the CCDF performance measures. A number of these performance measures rely on information reported in

the State and Territorial Plans as a data source. We have added a ruler icon  in Section 3.2 through 3.4 in order to identify the specific questions used in the performance measures. When answering these questions, Lead Agencies should ensure that their answers are accurate and complete in order to promote the usefulness and integrity of the performance measures.

3.2 Establishing Voluntary Early Learning Guidelines (Component #2)

For purposes of this section, voluntary early learning guidelines (also referred to as early learning and development standards) include the expectations for what children should know (content) and be able to do (skills) at different levels of development. These standards provide guidelines, articulate developmental milestones, and set expectations for the healthy growth and development of young children. The term *early learning guidelines* (ELGs) refers to age-appropriate developmental learning guidelines for infants and toddlers and school-age children. These early learning guidelines are voluntary because States/Territories are not required to develop such guidelines or implement them in a specified manner.

 **3.2.1 Has the State/Territory developed voluntary early learning guidelines for children? Check any early learning guidelines the State/Territory has developed.**

- Birth-to-three
- Three-to-five
- Five years and older
- None. **Skip to 3.2.6.**

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If yes, insert web addresses, where possible:

http://www.michigan.gov/documents/mde/ECSQ-IT_Final_180649_7.pdf
http://www.michigan.gov/documents/Early_Childhood_Standards_of_Quality_160470_7.PDF
http://www.michigan.gov/mde/0,1607,7-140-28753_33232---,00.html
 (scroll to kindergarten)

Which State/Territory agency is the lead for the early learning guidelines?
Michigan Department of Education



3.2.2 Do the early learning guidelines cover a range of domains across physical, cognitive, and social and emotional development? Check all that apply for each age group as applicable in the chart below. Because States vary in their domain names and which domains to include, we have used the domains identified in the Head Start Child Development and Early Learning Framework for reference purposes.

Domains	Birth-to-Three ELGs	Three-to-Five ELGs	Five and Older ELGs
Physical development and health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social and emotional development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Approaches to learning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Logic and reasoning (e.g., problem-solving)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Language development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Literacy knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mathematics knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Science knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Creative arts expression (e.g., music, art, drama)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social studies knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
English language development (for dual language learners)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
List any domains not covered in the above _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. Describe <u>Technology</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3.2.3 To whom are the early learning guidelines disseminated and in what manner? Check all audiences and methods that your State/Territory has chosen to use in the chart below.

	Information Dissemination	Voluntary Training	Mandatory Training
Parents in the child care subsidy system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parents using child care more broadly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in child care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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centers			
Providers in family child care homes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in Head Start	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in Early Head Start	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in public Pre-K program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in elementary schools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other. List _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3.2.4 Are voluntary early learning guidelines incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its early learning guidelines into other parts of the child care system.

- To define the content of training required to meet licensing requirements
- To define the content of training required for program quality improvement standards (e.g., QRIS standards)
- To define the content of training required for the career lattice or professional credential
- To require programs in licensing standards to develop curriculum/learning activities based on the voluntary ELGs
- To require programs in quality improvement standards to develop curriculum/learning activities based on the voluntary ELGs
- To develop State-/Territory –approved curricula
- Other. List State funded Pre-K
- None.



3.2.5 Are voluntary early learning guidelines and development standards aligned with into other parts of the child care system? Check the standards, if any, with which the State/Territory aligns its early learning guidelines.

- Cross-walked to align with Head Start Child Development and Early Learning Framework
- Cross-walked to align with K-12 content standards
- Cross-walked to align with State/Territory pre-k standards
- Cross-walked with accreditation standards
- Other. List _____
- None.

3.2.6 Describe how your State/Territory uses ongoing assessments and measures of school readiness assessment using the following series of questions. In this section, assessment is framed with two distinct purposes/tools –

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1) ongoing assessment of children’s progress within the classroom to improve and individualize instruction (this corresponds to 3.2.6a) and 2) assessments conducted within pre-kindergarten and/or at kindergarten entry to inform policymakers about the school readiness of children across the State on a broad range of domains, used to guide program initiatives (this corresponds to 3.2.6b).

In the description for each Yes response, please include a) who administers, and b) how often assessments are conducted, and c) what assessment tools are used.

a) Are programs required to conduct ongoing assessments of children’s progress of children using valid, reliable and age-appropriate tools aligned with the early learning guidelines or other child standards?

Yes. Describe Required for State funded Pre-K, Early Childhood Special Education, Head Start, and QRIS participants.

a-1) If yes, are programs encouraged to use information from ongoing assessments to improve practice and individual children’s needs?

Yes. Describe State funded pre-kindergarten programs develop and submit annual goals based on aggregate child assessment scores.

No

Other. Describe _____

a-2) If yes, is information on child’s progress reported to parents?

Yes. Describe State funded pre-kindergarten and early childhood special education report this information to parents.

No

Other. Describe _____

No

Other. Describe _____

b) Does the State/Territory use tools that are valid, reliable and age-appropriate to track the readiness of children within pre-kindergarten and/or as they enter kindergarten?

Yes. Describe _____

b-1) If yes, do the tools cover the developmental domains identified in 3.2.2?

Yes. Describe _____

No

Other. Describe _____

b-2) If yes, are the tools used on all children or samples of children?

All children. Describe _____

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- Samples of children. Describe _____
- Other. Describe _____

b-3) If yes, is the information from the school readiness measures used to target program quality improvement activities?

- Yes. Describe _____
- No
- Other. Describe _____

- No
- Other. Describe Kindergarten Status Assessment implementation is in progress.

c) Is school readiness information linked to the statewide longitudinal data system (SLDS, program of the Department of Education)?

- Yes. Describe _____
- No
- Not applicable. State does not have an SLDS.

3.2.7 Data & Performance Measures on Voluntary Early Learning

Guidelines – What data elements, if any, does the State/Territory have access to on the dissemination of, implementation of, or children’s attainment of the early learning guidelines? What, if any, performance measures does the State/Territory use for dissemination and implementation of the early learning guidelines? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) **Data on voluntary early learning guidelines.** Indicate if the Lead Agency or another agency has access to data on:

- Number/percentage of child care providers trained on ELG’s for preschool aged children. Describe (optional) _____
- Number/percentage of child care providers trained on ELG’s for infants and toddlers. Describe (optional) _____
- Number of programs using ELG’s in planning for their work. Describe (optional) _____
- Number of parents trained on or served in family support programs that use ELG’s. Describe (optional) _____
- Other. Describe _____
- None

b) **Performance measurement.** What, if any, are the Lead Agency’s

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performance measures related to dissemination and implementation of the early learning guidelines? That the parent guides and professional development modules are developed - guides - posted online, and modules - available in every resource center

c) **Evaluation.** What are the State/Territory’s plans, if any, for evaluation related to early learning guidelines and the progress of children in child care? Evaluation can include efforts related to monitoring implementation of an initiative validation of standards or program assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically. Michigan will track the interest in ELG and determine how the resource center adjusted availability in accordance with the determined interest.

3.2.8 Goals for the next Biennium - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agency’s goals for using voluntary early learning guidelines in the coming biennium? What progress does the Lead Agency expect to make related to early learning guidelines?

Goal 1 – <u>Increase awareness of ELG content.</u>
Goal 2 – <u>Begin utilizing ELG modules.</u>
Goal 3 – <u>Expand number of programs required to use ELGs</u>
Goal 4 – <u>Investigate common standards for training and curriculum approval.</u>
Goal 5 -

3.3 Creating Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3)

Many States have chosen to use targeted quality funds and other resources to develop a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs (i.e. QRIS). States and Territories will provide a self-assessment on current program quality improvement activities by responding to questions in this section and then describe their goals for the upcoming Biennium.

For purposes of this section, States and Territories will respond according to a Quality Rating and Improvement System (QRIS) framework. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality

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3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

While not all States and Territories have developed or implemented a formal QRIS, all are pursuing quality improvement strategies that can be described within this framework (based upon previous CCDF Plans). Using this framework to organize this section allows States/Territories to report on their quality improvement activities systematically whether they have a QRIS or not. Over time, States and Territories are encouraged to work on linking their quality improvement initiatives and strategies across all of these elements, culminating in a comprehensive Quality Rating and Improvement System with adequate support for providers to attain higher levels of quality and transparency for parents and the community regarding the quality of child care.

a) Describe which entities are involved in planning and administering the program quality improvement activities in 3.3, including State/Territory entities and local or community level entities. The Office of Great Start is the lead entity for Great Start to Quality and the Early Childhood Investment Corporation implements Great Start to Quality. The state has a co-lead Core Advisory Team that helps advise the Office of Great Start and the Early Childhood Investment Corporation on the implementation of the Great Start to Quality. This group is comprised of MDE, ECIC, BCAL, MiAEYC, HSCO, MAISA, CACFP, RC, Michigan Head Start Association, Community College, four-year university, and DCH.

3.3.1 Element 1 – Program Standards

Definition – For purposes of this section, program standards refers to the expectations for quality, or quality indicators, which identify different levels of and pathways to improved quality. Minimum licensing standards and health and safety requirements provided in section 3.1 are also program standards but in this section, we focus on those standards that build upon and go beyond those minimum requirements.

 a) Does your State/Territory's have quality improvement standards that include indicators covering the following areas beyond what is required for licensing? Check any indicators, if any, that your State/Territory has chosen to establish.

- Ratios and group size
- Health, nutrition and safety
- Learning environment and curriculum
- Staff/Provider qualifications and professional development
- Teacher/providers-child relationships
- Teacher/provider instructional practices
- Family partnerships and family strengthening
- Community relationships
- Administration and management
- Developmental screenings

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- Child assessment for the purposes of individualizing instruction and/or targeting program improvement
- Cultural competence
- Other. Describe _____
- None. If checked, skip to 3.3.2.

b) Does your State/Territory have quality improvement standards with provisions about the care of any of these groups of children? Check any provisions your State/Territory has chosen to establish.

- Children with special needs as defined by your State/Territory
- Infants and toddlers
- School-age children
- Children who are dual language learners
- None

c) How do your State/Territory's quality standards link to State/Territory licensing requirements? Check any links between your State/Territory's quality standards and licensing requirements.

- Licensing is a pre-requisite for participation
- Licensing is the first tier of the quality levels
- State/Territory license is a "rated" license.
- Other. Describe _____
- Not linked.

d) Do your State/Territory's quality improvement standards align with or have reciprocity with any of the following standards? Check any alignment, if any, between your State/Territory's quality standards and other standards.

- Programs that meet State/Territory pre-k standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between pre-k and the quality improvement system)
- Programs that meet Federal Head Start Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between Head Start and the quality improvement system)
- Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or an alternative pathway to meeting the standards)
- Other. Describe _____
- None

3.3.2 Element 2 –Supports to Programs to Improve Quality

Definition – For purposes of this section, supports to programs to improve quality refers to such activities as technical assistance and consultation services for

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programs to assist in meeting child care quality improvement standards.



a) Check which types of and for what purposes the State/Territory uses supports to child care programs, if any, in the following chart. If none, skip to 3.3.3.

Types and Purposes of Support	Information or Written Materials	Training	On-Site Consultation
<input checked="" type="checkbox"/> Attaining and maintaining licensing compliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Attaining and maintaining quality improvement standards beyond licensing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Attaining and maintaining accreditation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Providing targeted technical assistance in specialized content areas:			
Health and safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Infant/toddler care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School-age care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclusion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Teaching dual language learners	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Business management practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other. Describe <u>The High Scope Program Quality Assessment (PQA) will be used to determine supports.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> None. Skip to 3.3.3.			

b) Methods used to customize quality improvement supports to the needs of individual programs include:

- Program improvement plans
- Technical assistance on the use of program assessment tools
- Other. Describe _____

c) Is technical assistance linked to entering the QRIS or targeted to help programs forward on QRIS?

- Yes. Describe Quality improvements consultants will offer support to help providers increase their level of quality.
- No

Other. Describe _____

3.3.3 Element 3 – Financial Incentives and Supports

Definition – For purposes of this section, financial incentives refers to the types of monetary supports offered to programs in meeting and sustaining licensing and QRIS or other child care quality improvement standards for programs.



a) Identify which types of financial incentives are offered and to which providers in the following chart. Check which incentives and supports, if any, the State/Territory chooses to offer. If none, skip to 3.3.4.

Types of Financial Incentives and Supports for Programs	Child Care Centers	Child Care Homes	License-Exempt Providers
<input type="checkbox"/> Grants to programs to meet or maintain licensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grants to programs to meet QRIS or similar quality level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> One-time awards or bonuses on completion of quality standard attainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tiered reimbursement tied to quality for children receiving subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-going, periodic grants or stipends tied to improving/maintaining quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tax credits tied to meeting program quality standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other. Describe <u>Only unlicensed (in home and relative) providers have a tiered reimbursement rate at this time.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None. Skip to 3.3.4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3.4 – Element 4 - Quality Assurance and Monitoring

Definition – For purposes of this section, quality assurance and monitoring refers to the ways that the State/Territory measures program quality for the purposes of its QRIS or other quality improvement system and the methods for measuring that the child care quality improvement standards for programs are met initially and maintained over time.



a) What tools, if any, does the State/Territory use to measure and monitor the quality of programs? Check all that apply and briefly describe using the chart below, including which programs are required to participate and the frequency of assessments. **If none, skip to 3.3.5.**

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Types of Program Quality Assessment Tools	Child Care Centers	Child Care Homes	License-Exempt Providers
<input type="checkbox"/> Environment Rating Scales (e.g., ECERS, ITERS, SACERS, FDCRS) Describe, including frequency of assessments.	<input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-Age	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Classroom Assessment Scoring System (CLASS) Describe, including frequency of assessments. <u>Based on tri-annual performance review for Head Start grantees.</u>	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<input type="checkbox"/> Program Administration Scale (PAS) for child care centers or Business Administration Scale (BAS) for family child care homes Describe, including frequency of assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Customized instrument, including submission of written documentation, developed for State/Territory quality improvement system. This may include instruments developed for quality improvements in 21 st Century Learning Center programs Describe, including frequency of assessments. <u>PQA ratings last 2 years. Providers would need to have an assessment done at this frequency to maintain their rating.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe <u>Family Program Quality Assessment is used with unlicensed subsidized providers if requested.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> None. Skip to 3.3.5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) What steps, if any, has the State/Territory taken to align quality assurance and monitoring across funding streams and sectors in order to minimize duplication?

- Have a mechanism to track different quality assessments/monitoring activities to avoid duplication
- Include QRIS or other quality reviews as part of licensing enforcement
- Have compliance monitoring in one sector (e.g., Head Start/Early Head Start, State/Territory pre-k) serve as validation for compliance with quality improvement system (e.g., QRIS) without further review
- Have monitoring for meeting accreditation standards serve as validation for compliance with quality improvement system (e.g.,

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- QRIS) without further review
 Other. Describe _____
 None

3.3.5 – Element 5 - Outreach and Consumer Education

Definition – For purposes of this section, outreach and consumer education refers to the strategies used to promote the child care quality improvement standards to parents, programs and the general public.



a) Does the State/Territory use symbols or simple icons to communicate levels of quality for child care programs beyond what may communicated to parents about licensing status and licensing compliance as reported in 3.1.3? (e.g. stars, or gold/silver/bronze levels).

- Yes. If yes, how is it used?
 Resource and referral/consumer education services use with parents seeking care
 Parents enrolling in child care subsidy are educated about the system and the quality level of the provider that they are selecting
 Searchable database on the web
 Voluntarily, visibly posted in programs
 Mandatory to post visibly in programs
 Used in marketing and public awareness campaigns
 Other. Describe _____
- No. If no, skip to 3.3.6.

b) Does the State/Territory use any forms of media to reach parents and the public to communicate about levels of quality for child care programs? Check which forms, if any, the State/Territory uses to communicate levels of quality for child care programs.

- Print
 Radio
 Television
 Web
 Telephone
 Social Marketing
 Other. Describe _____
 None

c) Describe any targeted outreach for culturally and linguistically diverse families. Print materials are available in Spanish and Arabic. Web-based materials are available in multiple languages through Google® translate.

3.3.6. Quality Rating and Improvement System (QRIS)

-  a) **Based on the five key elements of a QRIS described above in 3.3.1 through 3.3.5**, does your State/Territory have a quality rating and improvement system (QRIS) or similar quality improvement system in place?
- Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating State/Territory-wide.
 - Participation is voluntary for _____
 - Participation is mandatory for all licensed and registered providers/programs in Michigan. Participating beyond a blank star (given to licensed providers/programs who have not completed a Self Assessment Survey (SAS)) is voluntary.
 - Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating as a pilot or in a few localities but not State/Territory-wide.
 - No, the State/Territory does not have a QRIS or similar quality improvement system that includes linked activities in all five elements.
 - State/Territory is in the development phase
 - State/Territory has no plans for development
 - Other. Describe _____

 b) If yes to 3.3.6a, **CHECK** the types of providers eligible to participate in the QRIS:

- Child care centers
- Group child care homes
- Family child care homes
- In-home child care
- License exempt providers
- Early Head Start programs
- Head Start programs
- Pre-kindergarten programs
- School-age programs
- Other. Describe _____

3.3.7. If the State/Territory has or will have any quality improvement strategies for targeted groups of providers (e.g., relative caregivers or caregivers who are legally exempt from licensing) that are not described in your responses to any question in section 3.3 above, please describe The TQRIS for unlicensed (relatives and in-home) providers consists of three levels that allow providers to engage in training and an individualized quality improvement plan.

This system has one required level and two voluntary levels that providers can choose to achieve. Providers can move up a level by meeting specific quality measures, including training hours, high school/GED completion courses and

licensing preparation.

Level One– Required

Great Start to Quality Orientation Training includes:

- First Aid
- CPR
- Basic Health and Safety
- Nutrition
- Child Abuse and Neglect
- Safe Sleep Practices
- Shaken Baby Syndrome
- Child Development

Level Two– Optional

A minimum of 10 hours of training per year in the topics below:

Core training topics

- What are children like at each age?
- Children’s Behavior
- Activities to help children learn
- Relationships
- Advanced Health and Safety
- Other approved training topics
- Caring for children with special needs
- Communicating with children
- Using community resources
- Child abuse and neglect
- Learning through play
- Finance basics

Level Three– Optional

Involves working with a coach/mentor on any of the following options (as indicated in the provider's individualized quality improvement plan):

- 10 hours of focused/age-specific training per year in the topics approved for Level 2.
- Participation in high school or GED completion courses.
- Becoming licensed and starting a business.

3.3.8 Data & Performance Measures on Program Quality – What data elements, if any, does the State/Territory currently have access to related to the quality of programs? What, if any, does the State/Territory use for performance measures on program quality improvement? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed

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programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) **Data on program quality.** Indicate if the Lead Agency or another agency has access to data on:

- Data on the quality level for individual programs (e.g. QRIS level) as defined by your State/Territory. Describe (optional) _____
- Number of programs that move program quality levels annually (up or down). Describe (optional) _____
- Program scores on program assessment instruments. List instruments: PQA Describe (optional) _____
- Classroom scores on program assessment instruments. List instruments: _____ Describe (optional) _____
- Qualifications for teachers or caregivers within each program. Describe (optional) _____
- Number/Percentage of children receiving CCDF assistance in licensed care. Describe (optional) _____
- Number/percentage of children receiving CCDF assistance who attend care at each of the tiers of the quality as defined by the State/Territory
- Number/Percentage of programs receiving financial assistance to meet higher program standards. Describe (optional) _____
- Other. Describe _____
- None

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures on program quality? Programs rated at each level, overall participation level (subtract out empty stars), QIP plans, and data from parents using CONNECT to search and see ratings.

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to program quality? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically. The Regional Education Laboratory (REL) is conducting an evaluation of Great Start to Quality. Through this we hope to be able to evaluate the variation in data from version 1.0 to version 2.0 of Great Start to Quality and our success at hitting metric benchmarks we set for participation and raising quality.

3.3.9 Goals for the next Biennium - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-

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section in 3.3. What are the State/Territory's goals for the program quality improvement system in the coming biennium? What progress does the State/Territory expect to make across the five key elements for quality improvement systems?

Goal 1 – <u>Increase in number of programs participating</u>
Goal 2 – <u>Assess quality improvement based on program's Quality Improvement Plans</u>
Goal 3 – <u>Continue assessment of accredited programs/montessori programs to determine how they can participate</u>
Goal 4 – <u>Research and evaluate the ability to include school-age programs</u>
Goal 5 -

3.4 Pathways to Excellence for the Workforce – Professional Development Systems and Workforce Initiatives (Component #4)

Pathways to excellence for the workforce builds on the significant investments States and Territories have made in the area of professional development systems to ensure a well-qualified workforce with opportunities for growth from entry level through master teacher, with an increasing emphasis on the many additional roles in the child care system (e.g. adult educators such as consultants, technical assistance providers, trainers, and higher education faculty). In this section, States and Territories provide a self-assessment on current professional development and workforce activities and describe their goals for the upcoming Biennium.

For purposes of this section, States and Territories will respond according to five key elements for workforce systems:

- 1) Core Knowledge and Competencies
- 2) Career Pathways (or Career Lattice)
- 3) Professional Development Capacity
- 4) Access to Professional Development
- 5) Compensation, Benefits and Workforce Conditions
 - a) Describe which entities are involved in planning and administering the activities in Section 3.4, including State/Territory entities and local or community level entities. The Great Start Professional Development Stakeholder Group convened by MDE and ECIC also includes representative(s) from BCAL, MASP, DCH, MiAEYC, T.E.A.C.H., the Michigan Head Start Association, Great Start to Quality Resource Center, community colleges, four-year universities, Michigan Association of Intermediate School Administrators, Head Start TA Network, Regional Educational Service Agency, and a Child and Adult Care Food Program sponsor.

3.4.1 Workforce Element 1 - Core Knowledge and Competencies

Definition – For purposes of this section, core knowledge and competencies (CKCs) refers to the expectations for what the workforce should know (content) and

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be able to do (skills) in their role working with and/or on behalf of children and their families. These CKCs provide a foundation for professional development design (including instructional practices) and other quality improvement efforts.



a) Has the State/Territory developed core knowledge and competencies (CKCs) for practitioners working with and/or on behalf of children?

- Yes
- No, the State/Territory has not developed core knowledge and competencies. Skip to question 3.4.2.
- Other. Describe _____

If yes, insert web addresses, where possible:

<http://www.miaeyc.org/documents/MICoreKnowledgeCoreCompetencies.pdf>

b) Check which of the following teaching and learning topics, if any, are covered in the CKCs.

- Child growth, development and learning
- Health, nutrition, and safety
- Learning environment and curriculum
- Interactions with children
- Family and community relationships
- Professionalism and leadership
- Observation and assessment
- Program planning and management
- Diversity
- Other. Describe _____
- None

c) Are the CKCs incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its CKCs into other parts of the child care system.

- To define the content of training required to meet licensing requirements
- To define the content of training required for program quality improvement standards (as reported in section 3.3)
- To define the content of training required for the career lattice or credential
- To correspond to the early learning guidelines
- To define curriculum and degree requirements at institutions of higher education
- Other. Describe _____
- None

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d) Are the CKCs aligned with other State/Territory or national standards? Check which ways, if any, the State/Territory aligns its CKCs with other standards.

- Cross-walked with the Child Development Associate (CDA) competencies
- Cross-walked with national teacher preparation standards (e.g., NAEYC standards for early childhood professional preparation, National Board of Professional Teaching Standards, National Council for Accreditation of Teacher Education/Council for the Accreditation of Educator Preparation, Head Start SOLAR staff skills indicators)
- Cross-walked with apprenticeship competencies
- Other. Describe _____
- None

e) Check for which roles, if any, the State/Territory developed supplemental or specialized competencies.

- Staff working directly with children in centers, including aides, assistants, teachers, master teachers. Describe _____
- Providers working directly with children in family child care homes, including aides and assistants. Describe _____
- Administrators in centers (including educational coordinators, directors). Describe _____
- Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.). Describe _____
- Education and training staff (such as trainers, CCR&R staff, faculty). Describe _____
- Other. Describe _____
- None

f) Check if the State/Territory has developed any supplemental or specialized competencies for practitioners/providers working with the following ages.

- Birth-to-three
- Three-to-five
- Five and older
- Other. Describe _____
- None

3.4.2 Workforce Element 2 - Career Pathways

Definition – For purposes of this section, career pathways (or career lattice) defines the options and sequence of qualifications and ongoing professional development to work with children. Career pathways assist professionals in understanding their career options and identify steps for advancement for the workforce recognizing and rewarding higher levels of preparation and mastery of practice to promote higher quality services for children.

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a) Does the State/Territory have a career pathway which defines the sequence of qualifications related to professional development (education, training and technical assistance) and experience required to work with children?

- Yes. Describe _____
 No, the State/Territory has not developed a career pathway. Skip to question 3.4.3.

Insert web addresses, where possible:

http://web.grcc.edu/FreyPDS/pdf_msdocs/CoreKnowledge_0103.pdf

b) Check for which roles, if any, the career pathways include qualifications, specializations or credentials.

- Staff working directly with children in centers, including aides, assistants, teachers, master teachers. Describe Qualifications only. The career pathway lists qualifications of licensed providers.
 Providers working directly with children in family child care homes, including aides and assistants. Describe Qualifications only.
 Administrators in centers (including educational coordinators, directors). Describe Qualifications only.
 Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.). Describe _____
 Education and training staff (such as trainers, CCR&R staff, faculty). Describe _____
 Other. Describe _____
 None

c) Does the career pathways (or lattice) include specializations or credentials, if any, for working with any of the following children?

- Infants and toddlers
 Preschoolers
 School-age children
 Dual language learners
 Children with disabilities, children with developmental delays, and children with other special needs
 Other. Describe _____
 None

d) In what ways, if any, is the career pathway (or lattice) used?

- Voluntary guide and planning resource
 Required placement for all practitioners and providers working in programs that are licensed or regulated in the State/Territory to serve children birth to 13
 Required placement for all practitioners working in programs that

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receive public funds to serve children birth to 13

Required placement for adult educators (i.e., those that provide training, education and/or technical assistance)

Required placement for participation in scholarship and/or other incentive and support programs

Required placement for participation in the QRIS or other quality improvement system

Other. Describe _____

None

e) Are individuals' qualifications, professional development, and work experience verified prior to placement on the career pathway (or lattice)?

Yes. If yes, describe _____

No

3.4.3 Workforce Element 3 – Professional Development Capacity

Definition – For purposes of this section, professional development incorporates higher education, training and technical assistance. Higher education capacity refers to capability of the higher education system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Training and technical assistance capacity refers to capability of the training and technical assistance system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Early childhood includes infants, toddlers and preschoolers.



a) Has the State/Territory assessed the availability of degree programs in early-childhood education, school-age care or youth development, and related fields in the State/Territory (e.g., both physical location and distance-based, accessibility to practitioners, etc.)?

Yes. If yes, describe Through the TEACH program an assessment has taken place. Availability of programs is listed at the following website: <http://www.miaeyc.org/TEACH>.

No



b) Has the State/Territory assessed the availability of early-childhood and school-age and related training and technical assistance programs in the State/Territory (e.g., both physical location and distance-based, degree level, etc.)?

Yes. If yes, describe Each Great Start to Quality Resource Center (RC) has a regional quality improvement team, composed of community partners who identified the current capacity and availability of workforce development opportunities and trainings for early learning and care providers. The team also identified gaps in

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workforce development opportunities and trainings. Great Start CONNECT allows us to more accurately pinpoint not only the capacity and availability of workforce development and trainings; it also accurately depicts the most utilized opportunities.

No

c) What quality assurance mechanisms, if any, are in place for the degree programs and courses offered by the State/Territory institutions?

- Standards set by the institution
- Standards set by the State/Territory higher education board
- Standards set by program accreditors
- Standards set by State/Territory departments of education
- Standards set by national teacher preparation accrediting agencies
- Other. Describe _____
- None

d) What quality assurance mechanisms, if any, are in place for the training and technical assistance programs offered by the State/Territory?

- Training approval process. Describe The training approval process is done at the local level by the RCs
- Trainer approval process. Describe The trainer approval process is done at the local level by the RCs.
- Training and/or technical assistance evaluations. Describe _____
- Other. Describe _____
- None

e) Does the State/Territory have articulation agreements in place across and within institutions of higher education?

- Yes. If yes, describe Through the TEACH program articulation agreements are in place with certain four year colleges. They are listed at the following site: <http://www.miaeyc.org/TEACH/colleges.htm>.
- No

f) Does the State/Territory have articulation agreements that translate training and/or technical assistance into higher education credit?

- Yes. If yes, describe Some RCs have articulation agreements with community colleges for workforce development and training opportunities.
- No

3.4.4 Workforce Element 4 – Access to Professional Development

Definition – For purposes of this section, access to professional development (training, education and technical assistance) refers to the degree to which

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practitioners are made aware of, and receive supports and assistance to utilize, professional development opportunities.



a) Does the State/Territory have professional development opportunities accessible for professionals in various or all sectors of the early childhood and school-age field?

- Yes. If yes, for which sectors?
 - Child care
 - Head Start/Early Head Start
 - Pre-Kindergarten
 - Public schools
 - Early intervention/special education
 - Other. Describe _____
- No

b) Does the State/Territory have a State/Territory-wide, coordinated and easily accessible clearinghouse of information about professional development opportunities available to all members of the early childhood and school-age workforce? Lead Agencies are not required to have a professional development system, but States/Territories may develop such clearinghouses to promote access to professional development opportunities.

- Yes. If yes, describe Great Start CONNECT houses the licensed and registered child care provider search database, child care provider profiles, the child care provider professional development registry, connections to resources across the state, and consumer education information about quality child care and child development. Great Start CONNECT will evolve to accommodate licensed child care provider reporting requirements, the quality rating improvement system and the professional development registry. This system also connects program profiles to Great Start to Quality and ratings are displayed on greatstartCONNECT.org.
- No

Insert web addresses, where possible: www.greatstartCONNECT.org

c) What supports, if any, does the State/Territory provide to promote access to training and education activities?

- Scholarships. Describe T.E.A.C.H. offers scholarships for higher education and CDA. The RCs offer scholarships for providers to attend the MIAEYC conference.
- Free training and education. Describe Required orientation training for unlicensed providers is free.
- Reimbursement for training and education expenses. Describe _____

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- Grants. Describe _____
- Loans. Describe _____
- Loan forgiveness programs. Describe _____
- Substitute pools. Describe _____
- Release time. Describe T.E.A.C.H. incorporates release time for scholarship recipients.
- Other. Describe _____
- None

d) Does the State/Territory have career advisors for early childhood and school-age practitioners?

- Yes. If yes, describe _____
- No

e) Does the State/Territory have mentors, coaches, consultants, and/or other specialists available to provide technical assistance to the workforce? \

- Yes. If yes, describe Quality Improvement Consultants work with early learning and care programs to improve staff qualifications and professional development and improve quality, through the successful achievement of quality improvement plans.
- No

3.4.5 Workforce Element 5- Compensation, Benefits and Workforce Conditions

Definition – For purposes of this section, rewards for education and training refers to any financial supports provided to practitioners for participating in and completing education or training or for increasing compensation.

 a) Does the State/Territory have a salary or wage scale for various professional roles?

- Yes. If yes, describe _____
- No

 b) Does the State/Territory provide financial rewards for participation in professional development, such as one-time salary bonuses for completing a training or education program?

- Yes. If yes, describe T.E.A.C.H. offers supports for licensed and registered early learning and care providers to continue their education through tuition scholarships and financial supports. T.E.A.C.H. is a partner in the professional development system building and coordinates efforts with the RCs.
- No



c) Does the State/Territory provide sustained financial support on a periodic, predictable basis, such as annual wage supplements, based on the highest level of training and education achieved?

- Yes. If yes, describe _____
 No

d) Does the State/Territory have a program to offer or facilitate benefits (e.g. health insurance coverage, retirement, etc.) to the workforce?

- Yes. If yes, describe _____
 No

3.4.6 Data & Performance Measures on the Child Care Workforce – What data elements, if any, does the State/Territory currently have access to related to the child care workforce? What, if any, does the State/Territory use for performance measures on professional development and workforce initiatives? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) **Data on the child care workforce.** Indicate if the Lead Agency or another agency has access to data on:

- Data on the size of the child care workforce. Describe (optional) _____
- Data on the demographic characteristics of practitioners or providers working directly with children. Describe (optional) _____
- Records of individual teachers or caregivers and their qualifications. Describe (optional) _____
- Retention rates. Describe (optional) _____
- Records of individual professional development specialists and their qualifications. Describe (optional) _____
- Qualifications of teachers or caregivers linked to the programs in which they teach. Describe (optional) _____
- Number of scholarships awarded . Describe (optional) T.E.A.C.H. only
- Number of individuals receiving bonuses or other financial rewards or incentives. Describe (optional) T.E.A.C.H. only
- Number of credentials and degrees conferred annually. Describe (optional) _____
- Data on T/TA completion or attrition rates. Describe (optional) _____

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- Data on degree completion or attrition rates. Describe (optional)
- Other. Describe greatstartCONNECT.org tracks individual early learning and care staff professional development and training completed.
- None

b) Does the State/Territory have a workforce data system, such as a workforce registry, which tracks workforce demographics, compensation, and qualifications and ongoing professional development for practitioners working with children birth to age 13?

Definition– For purposes of this section, a workforce data system refers to a system, such as a workforce registry, that tracks the size and characteristics of the child care workforce, including longitudinal data to monitor changes over time. The data system also can produce records to validate and verify qualifications or ongoing professional development for licensing, accreditation, QRIS, wage incentives, and credentials.

Yes.

b-1) If yes, which roles are included in the workforce data system? For each role checked, indicate in your description whether participation is voluntary or mandatory.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers. Describe _____

Providers working directly with children in family child care homes, including aides and assistants. Describe _____

Administrators in centers (including educational coordinators, directors). Describe Program director for a center—educational qualifications and ongoing professional development.

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.). Describe _____

Education and training staff (such as trainers, CCR&R staff, faculty). Describe _____

Other. Describe _____

None

b-2) Does the workforce data system apply to:

all practitioners working in programs that are licensed or regulated by the State/Territory to serve children birth to 13?

all practitioners working in programs that receive public funds to serve children birth to age 13?

No

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- c) **Performance measurement.** What, if any, performance measures does the State/Territory use related to its workforce and professional development systems? Compilation of needed items identified by the Great Start Professional Development Stakeholder Group's assessment of items currently in existence and catalog of items needing creation/updates.

- d) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to its workforce and professional development systems? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically. The Great Start Professional Development Stakeholder Group created a timeline/priorities for the compilation of needed items identified through the assessment. This will be used by the Stakeholder Group and Workstreams to monitor and evaluate the success of the project.

3.4.7 Goals for the next Biennium - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to establish a goal for each sub-section in 3.4. Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the State/Territory's goals for the building the professional development system and improving conditions for the workforce in the coming biennium? What progress does the State/Territory expect to make across the five key elements for the workforce and professional development system described above?

Note – When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

Goal 1 – <u>Core Knowledge and Core Competencies document revised and endorsed by the State Board of Education</u>
Goal 2 – <u>Trainer approval process developed</u>
Goal 3 – <u>Training approval process developed</u>
Goal 4 – <u>Identification of professional development registry needs with plan developed for implementation</u>
Goal 5 – <u>Continued work on articulation</u>

CHILD DEVELOPMENT AND CARE 2013 MARKET RATE SURVEY RESULTS

Executive Summary

**Data Prepared for
Child Development and Care - Office of Great Start
Michigan Department of Education**

**Data Prepared by
Center for Transformation – Data Analysis
and Information Management Unit
Michigan Department of Human Services**

April 2013

EXECUTIVE SUMMARY

45 CFR, Parts 98 and 99, of the CCDF (Child Care and Development Fund) Final Rule, as found in the August 1998 *Federal Register*¹, provide the regulatory framework for the market rate surveys. In accordance with these regulations, the Michigan Department of Education (MDE) conducted its most recent market rate survey, on-line, during the month of February/March 2013.

As in the past, the 2013 survey of licensed/registered child care providers (i.e., child care centers, family homes and group homes) and unlicensed providers was designed to gather the following information:

- Determine availability of services (e.g., weekend, day time, evenings, etc.).
- Determine rates charged for providing care to children in three age groups: birth to 2 ½ years; 2 ½ years to 5 years, not yet in kindergarten; and 5 years to 12 years, kindergarten or beyond during the regular school year.
- Determine the market rate at the seventy-fifth (75th) percentile by child's age and by provider type.

Methodology

As of February 8, 2013, there were 20,756 licensed/registered and unlicensed child care providers, statewide, identified through Michigan Department of Human Services (DHS) administrative data.² Like the 2011 survey, the 2013 survey was designed to be a census survey, with all 20,756 providers invited to take part. Of these, 1,929 (9.3%) completed the 2013 Market Rate Survey. After data cleaning, 1,923 valid surveys were used in the analysis.

Preliminary Results

The following exhibits summarize some of the key findings from the survey:

- Exhibit ES-1: General Survey Findings (Statewide) – Licensed/Registered Providers.
- Exhibit ES-1A: General Survey Findings (Statewide) – Unlicensed Providers.
- Exhibit ES-1B: General Survey Findings (Statewide) – Head Start/Early Head Start Programs and Great Start Readiness Programs.
- Exhibit ES-2: Maximum Child Development and Care Hourly Rates.
- Exhibit ES-3: Market Rate Survey Results - Statewide Hourly Rates by Provider Type (75th Percentile; in dollars).

¹ Section 98.43 Equal Access, July 24, 1998 DDHS/ACF Federal Register 45 CFR, Parts 98 and 99, Child Care and Development Fund, Final Rule.

² Data pulled from the BR-02U DHS Case and Payment Information Data Universe in Business Objects InfoView.

- Exhibit ES-3A: Market Rate Survey Results – Statewide Daily, Weekly and Monthly Rates (75th Percentile; in dollars; Licensed/Registered Providers only).
- Exhibit ES-4: Licensed/Registered Providers - Maximum Child Development and Care Hourly Rates as a Percent of Market Rate Survey Hourly Rates (75th percentile; in dollars).
- Exhibit ES-4A: Unlicensed Providers - Maximum Child Development and Care Hourly Rates as a Percent of Market Rate Survey Hourly Rates (75th percentile; in dollars).
- Exhibit ES-5: Percentage Charging Current Maximum Child Development and Care Hourly Payment Rate or Less

**Exhibit ES-1: General Survey Findings (Statewide)
Licensed/Registered Providers – 2013 MRS**

Data Profile	Child Care Centers	Family Homes	Group Homes
• Population (N)	4,433	4,424	2,203
• Valid number of respondents (n)	685	538	343
• Respondents (as a percent of provider type population)	15.5	12.2	15.6
• Percent participating in Child and Adult Care Food Prog	37.4	73.0	88.3
• Percent operating Fee/Tuition-Based programs	80.0	na	na
• Percent operating Head Start/Early Head Start Programs	13.4	na	na
• Percent operating Great Start Readiness Programs	26.4	na	na
<i>The following information was gathered from those operating a fee/tuition program</i>			
Age Groups Served:	CCC (n=519)	FH (n=538)	GH (n=343)
• Percent “birth to 2 ½ years” (30 months)	65.3	95.8	96.5
• Percent “2 ½ years to 5 years” (not in Kindergarten)	94.8	98.3	99.4
• Percent “5 years to 12 years” (Kindergarten or higher)	68.6	76.9	86.6
Slots (average number of slots)	CCC	FH	GH
• Birth to 2 ½ years (30 months)	24.7	2.9	5.0
• 2 ½ years to 5 years (not in Kindergarten)	49.7	3.5	6.7
• 5 years to 12 years (Kindergarten or higher)	33.4	3.1	5.9
Current Enrollment (average number of slots filled)	CCC	FH	GH
• Birth to 2 ½ years (30 months)	20.8	2.2	3.6
• 2 ½ years to 5 years (not in Kindergarten)	40.4	2.6	4.7
• 5 years to 12 years (Kindergarten or higher)	24.6	1.7	3.6
Percent who provide child care during the following times:	CCC	FH	GH
• Day time care	99.8	97.8	98.8
• Evening care (after 6:00 p.m.)	7.5	23.4	33.5
• Overnight care	0.8	8.9	16.0
• Weekend care	2.9	14.1	19.8
• Summer or other school breaks	60.3	52.8	55.4
Percent charging a higher hourly rate (per child) than usual for times listed (evening care, overnight care, weekend care, summer/other school breaks):	CCC	FH	GH
• Percent charging a higher rate for any of the times listed	9.1	14.5	11.9
• Do NOT charge a higher rate for any of the times listed above	90.9	85.5	88.1
Miscellaneous	CCC	FH	GH
• Percent offering discount on rates to families who enroll more than one child in program	78.8	60.3	63.5
• Percent accepting state subsidized children in their program	89.8	81.1	91.5

**Exhibit ES-1A: General Survey Findings (Statewide)
Unlicensed Providers - 2013 MRS**

Data Profile	Unlicensed Providers
• Population (N)	9,696
• Valid Number of respondents (n)	357
• Respondents (as a percent of provider type population)	3.7
• Percent participating in the Child and Adult Care Food Program (asked only of those “providing care in their home”)	22.2
• Percent who have considered becoming a licensed child care provider	51.7
Age Groups Served:	Unlicensed Providers
• Percent “birth to 2 ½ years” (30 months)	51.6
• Percent “2 ½ years to 5 years” (not in Kindergarten)	55.5
• Percent “5 years to 12 years” (Kindergarten or higher)	74.2
Current Enrollment - Average Number of Children	Unlicensed Providers
• Birth to 2 ½ years (30 months)	1.6
• 2 ½ years to 5 years (not in Kindergarten)	1.5
• 5 years to 12 years (Kindergarten or higher)	2.3
Percent who provide child care during the following times:	Unlicensed Providers
• Day time care	70.9
• Evening care (after 6:00 p.m.)	98.9
• Overnight care	73.1
• Weekend care	56.9
• Summer or other school breaks	61.9

**Exhibit ES-1B: General Survey Findings (Statewide)
Head Start/Early Head Start Programs and Great Start Readiness
Programs (GSRP) – 2013 MRS**

Data Profile	Head Start	GSRP
• Number of respondents (n)	92	181
• Respondents (as a percent of responding child care centers)	13.4	26.4
• Percentage offering wraparound ³ (WA) child care	48.9	55.7
• Percent participating in Child and Adult Care Food Program	73.9	40.9
Program Operation: Head Start/Early Head Start	Head Start	GSRP
• Percentage operating part day (A.M.) Head Start	70.7	na
• Percentage operating part day (P.M.) Head Start	63.0	na
• Percentage operating full day Head Start	45.7	na
• Percentage operating part day (A.M.) Early Head Start	8.7	na
• Percentage operating part day (P.M.) Early Head Start	3.3	na
• Percentage operating full day Early Head Start	17.4	na
• Percentage operating home-based Early Head Start	15.2	na
Program Operation: GSRP	Head Start	GSRP
• Percentage operating school day GSRP	na	50.3
• Percentage operating part day (A.M.) GSRP	na	63.0
• Percentage operating part day (P.M.) GSRP	na	54.7

NOTE: Forty-seven centers reported operating both Head Start/Early Head Start Programs and Great Start Readiness Programs.

³ For purposes of the survey, wraparound was defined as: care for Head Start/GSRP children provided outside of state funded programming, in order to meet the needs of working families.

**Exhibit ES-2: Maximum Child Development and Care (CDC)
Hourly Rates⁴ (effective October 9, 2011)**

Maximum CDC Hourly Rates - Statewide							
Child Care Centers		Family and Group Homes		Unlicensed Providers (Tier 1)		Unlicensed Providers (Tier 2)	
Child's Age		Child's Age		Child's Age		Child's Age	
0 - 2½ yrs	2½ yrs +	0 - 2½ yrs	2½ yrs +	0 - 2½ yrs	2½ yrs +	0 - 2½ yrs	2½ yrs +
\$3.75	\$2.50	\$2.90	\$2.40	\$1.35	\$1.35	\$2.20	\$1.85

Unlicensed Provider Training Requirements

Tier 1 (required)

Unlicensed providers are required to complete a basic training requirement which is a seven-hour Great Start to Quality Orientation. This seven-hour training is free and covers the following topics:

- American Heart Association first aid and CPR certification course.
- Nutrition.
- Health and safety.
- Shaken Baby Syndrome.
- Safe Sleep practices.
- Child Development

Tier 2 (optional)

There is an opportunity for unlicensed providers to earn an extra \$.50-\$.85 per hour by completing ten more hours of approved training per year. Information and a list of approved additional training topics are provided in binders that are given to providers upon attending the seven-hour Great Start to Quality Orientation (Tier 1).

⁴ Data source: RFT-270 (Department of Human Service Policy Manuals).

Exhibit ES-3: Market Rate Survey Results – Statewide Hourly Rates (75th Percentile; in dollars)

Statewide Hourly Rates (75th Percentile; in dollars) by Provider Type

Provider Type	Hourly Rate \$ (75 th Percentile)					
	Birth to 2 ½ years (30 months)		2 ½ years to 5 years (not yet enrolled in Kindergarten)		5 years to 12 years (kindergarten or higher)	
	\$	n	\$	n	\$	n
Child Care Centers	5.00	63	5.00	93	4.58	112
Family Child Care Homes	4.00	220	3.50	220	3.50	214
Group Child Care Homes	3.50	141	3.25	141	3.50	146
Unlicensed Providers	2.75	171	2.00	179	2.00	238

In completing the survey, respondents were asked to identify themselves via their provider ID number. The 357 valid unlicensed survey respondents were cross checked against a CDC training file⁵ resulting in the further identification of 295 respondents as Tier 1 providers and thirty-four respondents as Tier 2.

Unlicensed Providers: Tier 1 v Tier 2 Hourly Rates

Provider Type	Hourly Rate \$ (75 th Percentile)					
	Birth to 2 ½ years (30 months)		2 ½ years to 5 years (not yet enrolled in Kindergarten)		5 years to 12 years (kindergarten or higher)	
	\$	n	\$	n	\$	n
Tier 1	2.20	129	1.85	144	1.85	199
Tier 2	2.50	23	2.00	19	2.13	25

⁵ Provider ID numbers: cross checking of files revealed that some individuals provided invalid ID's, some were closed to care, some were returned as another provider type (e.g., home help provider; licensed center), and some, while open, had not yet completed training.

Exhibit ES-3A: Market Rate Survey Results – Statewide Daily, Weekly and Monthly Rates⁶ (75th Percentile; in dollars)

Statewide Daily Rates (75th Percentile; in dollars) by Provider Type

Provider Type	Daily Rate \$ (75 th Percentile)					
	Birth to 2 ½ years (30 months)		2 ½ years to 5 years (not yet enrolled in Kindergarten)		5 years to 12 years (kindergarten or higher)	
	\$	n	\$	n	\$	n
Child Care Centers	50.75	180	42.00	235	32.00	187
Family Child Care Homes	35.00	257	30.00	257	30.00	203
Group Child Care Homes	35.00	150	32.75	152	30.00	129

Statewide Weekly Rates (75th Percentile; in dollars) by Provider Type

Provider Type	Weekly Rate \$ (75 th Percentile)					
	Birth to 2 ½ years (30 months)		2 ½ years to 5 years (not yet enrolled in Kindergarten)		5 years to 12 years (kindergarten or higher)	
	\$	n	\$	n	\$	n
Child Care Centers	218.00	241	182.00	277	150.00	202
Family Child Care Homes	150.00	284	140.00	283	130.00	200
Group Child Care Homes	151.25	182	150.00	182	140.00	140

Statewide Monthly Rates (75th Percentile; in dollars) by Provider Type

Provider Type	Monthly Rate \$ (75 th Percentile)					
	Birth to 2 ½ years (30 months)		2 ½ years to 5 years (not yet enrolled in Kindergarten)		5 years to 12 years (kindergarten or higher)	
	\$	n	\$	n	\$	n
Child Care Centers	1,218.75	32	823.33	87	643.75	24
Family Child Care Homes	715.00	7	607.50	9	433.75	6
Group Child Care Homes	1,360.00	4	1,145.00	6	1,140.00	2

⁶ Daily, weekly and monthly rates, when applicable, were obtained from licensed/registered providers only. Not asked of unlicensed providers.

**Exhibit ES-4: LICENSED/REGISTERED Providers
Maximum Child Development and Care (CDC) Hourly Rates as a
Percent of Market Rate Survey Hourly Rates
(75th percentile; in dollars)**

**Licensed/Registered Providers:
Hourly Rates for Children Age Birth to 2 ½ Years**

Provider Type	Child's Age: Birth to 2 ½ Years (30 months)		
	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 th percentile)	CDC as a percent of MRS
Child Care Centers	3.75	5.00	75.0%
Family Child Care Homes	2.90	4.00	72.5%
Group Child Care Homes	2.90	3.50	82.9%

Licensed/Registered Providers: Hourly Rates for Children Age 2 ½ Years to 5 Years (not yet enrolled in Kindergarten)

Provider Type	Child's Age: 2 ½ Years to 5 Years (not yet enrolled in Kindergarten)		
	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 th percentile)	CDC as a percent of MRS
Child Care Centers	2.50	5.00	50.0%
Family Child Care Homes	2.40	3.50	68.6%
Group Child Care Homes	2.40	3.25	73.8%

Licensed/Registered Providers: Hourly Rates for Children Age 5 Years to 12 Years (Kindergarten or higher during regular school year)

Provider Type	Child's Age: 5 Years to 12 Years (Kindergarten or higher)		
	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 th percentile)	CDC as a percent of MRS
Child Care Centers	2.50	4.58	54.6%
Family Child Care Homes	2.40	3.50	68.6%
Group Child Care Homes	2.40	3.50	68.6%

**Exhibit ES-4A: UNLICENSED Providers
Maximum Child Development and Care (CDC) Hourly Rates as a
Percent of Market Rate Survey Hourly Rates
(75th percentile; in dollars)**

Unlicensed Providers: Hourly Rates for Children Age Birth to 2 ½ Years

Provider Type	Child's Age: Birth to 2 ½ Years (30 months)		
	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 th percentile)	CDC as a percent of MRS
Tier 1	1.35	2.20	61.4%
Tier 2	2.20	2.50	88.0%

**Unlicensed Providers: Hourly Rates for Children Age 2 ½ Years to 5 Years
(not yet enrolled in Kindergarten)**

Provider Type	Child's Age: 2 ½ Years to 5 Years (not yet enrolled in Kindergarten)		
	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 th percentile)	CDC as a percent of MRS
Tier 1	1.35	1.85	73.0%
Tier 2	1.85	2.00	92.5%

**Unlicensed Providers: Hourly Rates for Children Age 5 Years to 12 Years
(Kindergarten or higher during regular school year)**

Provider Type	Child's Age: 5 Years to 12 Years (Kindergarten or higher)		
	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 th percentile)	CDC as a percent of MRS
Tier 1	1.35	1.85	73.0%
Tier 2	1.85	2.13	86.9%

Exhibit ES-5: Percentage of Survey Respondents Charging Current CDC Hourly Payment Rate⁷ or Less

Provider Type	Percentage of Survey Respondents Charging Current CDC Hourly Payment Rates or Less (by provider type & child age group)		
	0 - 2½ years (CDC Rate \$3.75)	2½ years to 5 years (not yet enrolled in Kindergarten) (CDC Rate \$2.50)	5 years to 12 years (not yet enrolled in Kindergarten) (CDC Rate \$2.50)
Child Care Centers	36.5	5.4	4.5
	0 - 2½ years (CDC Rate \$2.90)	2½ years to 5 years (not yet enrolled in Kindergarten) (CDC Rate \$2.40)	5 years to 12 years (not yet enrolled in Kindergarten) (CDC Rate \$2.40)
Family Homes	25.5	7.7	9.3
Group Homes	29.8	11.3	11.6
	0 - 2½ years (CDC Rate \$1.35)	2½ years to 5 years (not yet enrolled in Kindergarten) (CDC Rate \$1.35)	5 years to 12 years (not yet enrolled in Kindergarten) (CDC Rate \$1.35)
Unlicensed (Tier 1)	64.3	66.0	65.8
	0 - 2½ years (CDC Rate \$2.20)	2½ years to 5 years (not yet enrolled in Kindergarten) (CDC Rate \$1.85)	5 years to 12 years (not yet enrolled in Kindergarten) (CDC Rate \$1.85)
Unlicensed (Tier 2)	65.2	73.7	72.0

⁷ Maximum Child Development and Care (CDC) Hourly Rates (effective October 9, 2011).