

Child Care and Development Fund (CCDF) Plan
For

Michigan
FFY 2012-2013

**PART 1
ADMINISTRATION**

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 \(MDE\)](#)

Address of Lead Agency: [608 W. Allegan Street P.O. Box 30008 Lansing, MI 48909](#)

Name and Title of the Lead Agency's Chief Executive Officer: [Michael P Flanagan, Superintendent of Public Instruction](#)

Phone Number: [517-373-3324](#)

Fax Number: [517-241-8125](#)

E-Mail Address: FlanaganM@michigan.gov

Web Address for Lead Agency (if any): <http://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, Office of Early Education and Care](#)

Address of CCDF Administrator: [608 W. Allegan Street P.O. Box 30008 Lansing, MI 48909](#)

Phone Number: [517-373-4116](#)

Fax Number: [517-241-8125](#)

E-Mail Address: brewer-walravenl@michigan.gov

Web Address for Lead Agency (if any): www.michigan.gov/childcare

Phone Number for CCDF program information

(for the public) (if any): [866-990-3227](tel: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): <http://www.mfia.state.mi.us/olmweb/ex/html/>

Web Address for CCDF program administrative rules

(if any):

http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=40005001&Dpt=HS&RngHigh=

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 2012 - FY 2013 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, 2011 through September 30, 2012. (§98.13(a)).

FY 2012 Federal CCDF allocation (Discretionary, Mandatory and Matching): \$ [151,576,192](#)

Federal TANF Transfer to CCDF: \$ [0](#)

Direct Federal TANF Spending on Child Care: \$ [29,140,800](#)

State CCDF Maintenance-of-Effort Funds: \$ [24,411,364](#)

State Matching Funds: \$ [30,674,819](#)

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 FY2012 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

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. Additionally, state general funds are used to support a billing reconciliation unit within the lead agency.

If known, identify the estimated amount of public funds the Lead Agency will receive:

Private Donated Funds to meet the CCDF Matching Fund requirement. Only private 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:

The Michigan Department of Education requires that each applicant for either the competitive funding stream (for non-profit agencies) or the state school aid funding stream (for local school districts and charter schools) for the state pre-kindergarten program, the Great Start Readiness Program (GSRP), conduct a needs assessment to make sure that the pre-kindergarten program aligns with the child care options in the local area. Each grantee is required to coordinate with the local Great Start Collaborative in assessing community needs for early learning and families' needs for child care. Priority is given in

each GSRP funding stream to those applicants who propose wraparound child care either within the program or by coordinating with local child care providers. GSRP has expanded options in the last several years to allow both districts and agencies to combine two slots for one child, to make a school-day program. Priority is still given to those grantees who offer a work day (child care day 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 to monitor geographic distribution. The data collected can be aggregated by county.

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for Matching Funds requirement: **\$ 9.2 Million**

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

The Great Start Readiness Program (GSRP), including competitive and state aid funding streams, provides preschool programs to a maximum of 28,904 four-year-old children at risk of school failure who do not qualify for services in other state or federally funded programs. GSRP provides a high-quality preschool experience to Michigan children for a minimum of 3 hours per day, 4 days per week, 30 weeks per year. Children enrolled in the full-day option receive a minimum of a school-day length program (about 6 ½ hours/day, depending on local scheduling), 4 days per week, 30 weeks per year. These children count as filling two of the available “slots.” Head Start programs can also blend a GSRP “slot” with a Head Start “slot” to provide a school day program meeting the requirements of both funding streams all day. Scientifically based research indicates that children who are provided with the 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.

The pre-kindergarten program serves the child development 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 live with families whose income is below 300% of poverty. This level of income was chosen to better serve the needs of low-income working families. The State Board of Education recently adopted new language outlining a prioritization system for determining eligibility for GSRP. The prioritization targets Michigan’s most vulnerable children, beginning with those whose families’ incomes are below the poverty level. The collaborative efforts underway to connect children attending GSRP will continue so children will continue their preschool day in a quality child care setting.

The Michigan Department of Education, while limited by state policy to provide funding for part-day or school-day education and care, gives preference to grantee applicants who assure that the full-day care needs of families will be met. Many programs offer “wrap-around” child care, funded by tuition and child care subsidy funds. Programs may also refer and/or transport children to other child care providers to meet family preferences. All public school programs provide referrals and/or transportation for wrap-around care (if not on-site care), and many competitive GSRP agencies offer wrap-around care on-site.

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 fund requirement, describe how the State will coordinate its pre-k and child care services to expand the availability of child care:

The Michigan Department of Education requires that each applicant for either the competitive funding stream (for non-profit agencies) or the state school aid funding stream (for local school districts and charter schools) for the state pre-kindergarten program, the Great Start Readiness Program (GSRP), conduct a needs assessment to make sure that the pre-kindergarten program aligns with the child care options in the local area. Each grantee is required to coordinate with the local Great Start Collaborative in assessing community needs for early learning and families' needs for child care. Priority is given in each GSRP funding stream to those applicants who propose wraparound child care either within the program or by coordinating with local child care providers. GSRP has expanded options in the last several years to allow both districts and agencies to combine two slots for one child, to make a school-day program. Priority is still given to those grantees who offer a work day (child care day 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 to monitor geographic distribution. The data collected can be aggregated by county.

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:

The Great Start Readiness Program (GSRP), including competitive and state aid funding streams, provides preschool programs to a maximum of 28,904 four-year-old children at risk of school failure who do not qualify for services in other state or federally funded programs. GSRP provides a high-quality preschool experience to Michigan children for a minimum of 3 hours per day, 4 days per week, 30 weeks per year. Children enrolled in the full-day option receive a minimum of a school-day length program (about 6 ½ hours/day, depending on local scheduling), 4 days per week, 30 weeks per year. These children count as filling two of the available "slots." Scientifically based research indicates that children who are provided with the 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. The Michigan Department of Human Services collaborates with the Michigan Department of Education in providing and analyzing data about the pre-kindergarten program, and in monitoring state trends and needs.

The program serves the child development 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 live with families whose income is below 300% of poverty. This level of income was chosen to better serve the needs of low-income working families. The State Board of Education recently adopted new language outlining a prioritization system for determining eligibility for GSRP. The prioritization targets Michigan's most vulnerable children starting with those whose families' incomes are below the poverty level. The collaborative efforts underway to connect children attending GSRP will continue so children will continue their preschool day in a quality child care setting.

The Michigan Department of Education, while limited by state policy to provide funding for part-day or

school-day education and care, gives preference to grantee applicants who assure that the full-day care needs of families will be met. Many programs offer “wrap-around” child care, funded by tuition and child care subsidy funds. Programs may also refer and/or transport children to other child care providers to meet family preferences. All public school programs provide referrals and/or transportation for wrap-around care (if not on-site care), and many competitive GSRP agencies offer wrap-around care on-site.

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 2012. In as much detail possible, list 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 (indicate if targeted funds will be used)	Purpose	Projected Impact and Anticipated Results
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<p>Great Start Regional Child Care Resource Centers</p> <p>Great Start CONNECT</p> <p>T.E.A.C.H(Teacher Education And Compensation Helps)</p> <p>Quality Rating and Improvement System/Quality Development Continuum</p>	<p>Great Start Regional Child Care Resource Centers: \$8.75 million --Targeted Funds will be used to fund this activity, in part.</p> <p>Great Start CONNECT: \$700,000 --Targeted Funds will be used to fund this activity, in part.</p>	<p>Great Start Regional Child Care Resource Centers: The core work of the regional resource centers is to implement the regional child care quality improvement plan by providing and coordinating supports and services for early learning and care providers across settings, and for families who use child care. The regional resource centers improve child care quality and strengthen the early learning and care workforce by creating a culture of quality. The scope of work includes providing and/or coordinating:</p>	<p>·Providers across provider types will embrace the culture of quality and understand a common language through their participation in the Great Start Child Care Quality Program.</p> <p>·Coordinated efforts among early childhood partners to support the early learning and care system.</p>
	<p>T.E.A.C.H(Teacher Education And Compensation Helps): \$1.4 million --Targeted Funds will be used to fund this activity, in part.</p>	<p>-Professional development and resources for licensed and registered providers -Professional development and resources for unlicensed but publicly funded providers -Resources for families, including personal consultations to find quality child care if needed -Communication and outreach plan -Implementation of QRIS/QDC demonstration projects -Continue to engage and connect with Great Start Collaboratives, Great Start Parent Coalitions, and early childhood partners http://greatstartforkids.org/content/connect-regional-resources</p>	<p>·Increased numbers of families making informed choices about early learning and care, and choosing care based on quality factors and need.</p>
	<p>Quality Rating and Improvement System/Quality Development Continuum: \$1.25 million --Targeted Funds will be used to fund this activity, in part.</p>	<p>Great Start CONNECT: Great Start CONNECT houses the licensed child care and preschool provider search database, provider profiles, the provider workforce development registry, connections to resources across the state, consumer education information</p>	

about quality early learning and care, and child development. Great Start CONNECT will evolve to accommodate licensed child care provider reporting requirements, and coordinate with the quality rating and improvement system. Great Start CONNECT additionally houses the early learning publication, CONNECTions.
<http://greatstartforkids.org/connect/>

T.E.A.C.H. (Teacher Education And Compensation Helps): T.E.A.C.H. offers supports for licensed 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 workforce development system building and coordinates efforts with the Great Start Regional Child Care Resource Centers.
<http://www.miaeyc.org/TEACH.htm>

Quality Rating and Improvement System/Quality Development Continuum: Michigans Quality Assurance System includes all early learning and care providers statewide. The Quality Rating Improvement System supports licensed early learning and care providers to assess and improve quality and the Quality Development Continuum supports unlicensed providers to improve quality.
<http://greatstartforkids.org/content/great-start-quality-rating-and-improvement-system>

1.2.4 Will the Lead Agency distribute quality funds to counties or local entities?

No, the Lead Agency will manage all quality funds directly

Yes, the Lead Agency will manage some quality funds directly and distribute a portion to local entities. Estimated amount or percentage to be distributed to localities

Yes, all quality funds will be distributed to local entities

Other.

Describe:

The Early Childhood Investment Corporation (ECIC) manages all targeted quality funds and a portion of the state's discretionary quality funds. Additional discretionary quality funds are managed by the Department of Human Services (DHS) for licensing activities. All quality funds are managed under the supervision of the lead agency.

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.

Describe:

Enhancing the integrity of the program is critical to the overall success of the Department and the CDC program. In recognition of this, a comprehensive seven-point plan has been developed to reform the CDC program which addresses errors, program noncompliance and fraud. The plan links process changes, enhanced oversight through the use of measurable performance indicators, and creates a system for continued feedback from our child care partners. Most importantly, the plan reflects a Department-wide collaborative commitment to strengthen policy and procedures that will support program integrity, and provide for continuous monitoring to ensure accountability. The plan is detailed below.

Conduct 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.

In April 2007, the Department began to widen the scope of background checks for unlicensed providers. Prior to this time, background checks consisted of weekly Central Registry checks and monthly Internet Criminal History Access Tool checks, and were conducted for the provider only. Effective April 2007, the checks were required prior to enrollment and were expanded to include four additional databases --- Offender Tracking Information System for incarceration and parole information; Public Sex Offender Registry for public sex offender registry information; and National Public Sex Offender Registry for national sex offender registry information; and Federal Inmate Locator, for federal crimes and incarceration. Additionally, this comprehensive pre-enrollment background check is now conducted on all identified members of the provider's household prior to the provider's enrollment.

In addition to the aforementioned pre-enrollment background checks, the Department continues to conduct subsequent daily Central Registry checks and monthly automated criminal background checks on the unlicensed enrolled providers.

The Department took another step in November 2008 when inactive providers were added to the automated criminal background checks, thus enabling us to ensure that inactive providers are coded appropriately to prevent re-enrollment when appropriate.

Currently the Department is creating an automated criminal background check interface process through the Bridges application. This application will reduce the workload for local office staff by automatically conducting the initial background checks on both unlicensed providers and adult household members prior to enrollment without the local office staff having to go to six different criminal background check websites. The criminal background check interface is expected to be operational in August 2011.

Improve Payment and Billing Verification to Strengthen Internal Controls and Reduce Fraud

In April 2009, the internet billing system and telephone billing system were expanded to help ensure payment accuracy.

In December 2009 the Department began impacting high risk provider payments. The 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 FY10, the Department monitored the billings of nearly 3,500 providers. As a result of these efforts:

- Recoupment in the amount of \$204,313.80 was established.
- 61 fraud referrals were generated and sent to the Office of Inspector General for further investigation.
- 302 providers were disenrolled for non-compliance with program rules.

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.

The unit has played a vital role in addressing parent and provider concerns. Between October 1, 2009 and September 30, 2010, 139,693 calls were handled by the staff of this unit. Additionally, the unit resolved 2,971 inquiries, many of which originated at the governor's or legislative offices.

Review High Risk Child Development and Care Cases

In May 2008, a case review project was initiated to help improve case record documentation. By October 2008, this effort was expanded across the state. This project was implemented to measure accurate and complete documentation in the client and provider CDC case record file. Each DHS local office was required to develop a corrective action plan that outlined how they will address their individual office

errors. All Corrective Action Plans (CAPs) were approved by a team comprised of representatives from DHS field Operations and the Child Development and Care program area. Follow-up reviews were conducted in order to ensure progress and compliance with the corrective action plans.

In order to finalize the baseline data, the unit not only focused on follow-up case reviews in fiscal year 2010, but streamlined the review process to ensure consistency with federal review requirements. The unit reviewed a total of 1,858 cases with the error rate being reduced in 83% of the counties. In order to ensure that we are addressing high error areas the local office receives a preliminary finding in which they must review and address within an allotted time frame. Review findings now become final after this review period. In addition, the unit became a Correction Action Resource for the local offices in order to facilitate corrections and the reduction of errors.

In FY10, the Department conducted an additional 278 case reviews to meet federal Improper Payment Act requirements. In July 2010 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. For example, in FY10 the DHS Field Operations Administration worked with the Child Development and Care program area to require field staff to complete five of the nine CDC training modules created to address the most common errors to help improve the accuracy of authorizations.

Investigate Improper Payment Cases and Seek Prosecution

The DHS Office of Inspector General (OIG) is a integral part of the Department's seven point plan. In FY10, approximately 34 percent of the OIG's investigative hours were spent on the CDC program. Prosecution referrals in the time dropped nearly 23 percent.

The chart below demonstrates the investigative performance of the Office of Inspector General related to the CDC program in Fiscal Years 2008 through 2010:

Child Development and Care Investigations	FY08	FY09	FY10
Number of referrals accepted during the period	1,911	1,650	1,146
Investigative dispositions during the period	1,805	1,878	1,269
Amount of alleged fraud found	\$9.6M	\$11.4M	\$9.6M
Referred for prosecution	960	895	691
Amount of restitution ordered	\$8.6M	\$7.8M	\$6.8M

Please note: 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.

All figures include both provider and client investigations. Referrals include OIG generated and other referrals.

Provider Time and Attendance Record Review

Since March 2007, the DHS OIG-Office of Monitoring and Internal Controls (OMIC) has reviewed time

and attendance records of unlicensed enrolled aide and relative care providers to determine if providers followed the requirements detailed in the Child Development and Care Handbook and Reporting Instructions for Child Care Providers. In general, time and attendance records maintained by the providers reviewed did not meet these requirements.

In total, 14,500 time and attendance records have been reviewed. In FY10, 5,323 records were requested. It was determined that:

Providers	%	Category
1,989	37.4%	Maintained adequate records
2088	39.2%	Did not respond to request for records
1093	20.5%	Inadequate/No records
126	2.4%	Undeliverable mail
27	0.5%	Provider requested closure
5,323	100%	Total reviews

It is estimated that in FY10 these reviews generated \$6.63 million dollars in cost avoidance for the Department.

Terminate Inactive Providers to Prevent Improper Billing

Automatic closures of provider cases occur should the provider remain inactive for a four month period. Once the inactive provider is closed, any cases attached to that provider would be notified and asked to select a new provider. If the Department does not receive a response within 10 days, the specialist is alerted to close the client case as well.

Automatic closures for client cases that have been inactive for a four month period were added to the Bridges eligibility system in July 2011.

Amend Program Administrative Rules

The current administrative rules for the CDC Program, R400.5001 et seq., have been amended and the CDC program area held five public forums across the state in the spring of 2010 to provide an opportunity for discussion on the proposed changes. The proposed rules will define the administrative process for the Department to impose penalties and disqualifications on child care providers or clients receiving child care funds through program non-compliance or fraud. Uniform sanctions will be assigned for providers and clients found to be in non-compliance. The CDC program area held four public hearings across the state in January of 2011. The Department hopes to have the rules promulgated by September 2011 with the rules taking effective six months after promulgation.

The Department is committed to focusing on improving eligibility determination and payment accuracy to ensure public dollars reach those who truly need them.

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))

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.

Describe:

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 an establishment 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 with which the ECIC must comply as laid out in the establishment 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 establishment grant agreement requires ECIC to submit quarterly reports to the Department. Each report covers the following issues:

- Complaints
- Data related to all contracts
- Materials the contractor has disseminated
- Outside sources of financing
- Reports
- Minutes of Board meetings, committee meetings and workgroup meetings.

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.

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
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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"/>	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Office of Inspector General-Special Investigations Unit		
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 called Bridges. Information for TANF, Medicaid, SNAP and Child Development and Care \(CDC\) cases are maintained in this system, 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.](#)
- [• 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 every two weeks (major payrolls). 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.

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

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 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 on-site 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)).**

Strategy	UPV	IPV and/or Fraud	Administrative Error
Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: \$ \$125 or \$0	<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"/>
DHS Office of Inspector General 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reduce payments in the subsequent months	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recover through State/Territory tax intercepts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Multiple Units include the Office of Inspector General (OIG), Central Reconciliation Unit (CRU) and Recoupment Specialists placed within the local offices.			
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 \$125. 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.

Establish a unit to investigate and collect improper payments

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

A program group containing a client 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.

Clients may appeal the Department's decision regarding sanctions through the administrative hearing process described in Section 2.3.8.

- 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

Activities identified in ACF-402	Cause/Type of Error (if known)	Actions Taken or Planned	Completion Date (Actual or planned) (if known)
<p>Activities based on accountability: Leadership group responsible for coordination of statewide CAP. Continued case reviews. Correction assistance to local offices. Policy enhancements. Centralization of provider enrollment.</p> <p>Activities based on communication: Increased notification of policy changes. Reports on not only local office errors, but statewide error rates.</p> <p>Activities based on technology enhancements: Addition of data fields to Bridges. Automation of criminal history checks. Automated interface with SSA for providers.</p> <p>Activities based on training: Creation of desk aids for the field. Nine training modules (for highest error areas). Prioritize system(Bridges) training and refreshers.</p>	<p>Errors found are administrative errors, primarily related to a lack of documentation retained in the case/provider files.</p>	<p>Activities based on accountability and communication</p> <p>Completed: Quarterly leadership meetings are being held. On-going case reviews being completely annually. Local offices continue to receive assistance when making corrections. Local office reports are being produced quarterly (both at individual office level and statewide). Policy enhancements completed. One application for unlicensed providers.</p> <p>Pending: Centralization of provider enrollment.</p> <p>Activities based on technology enhancements</p> <p>Completed: Additional fields added to Bridges to capture where care is provided and the relationship of the provider.</p> <p>Pending: Criminal history automation to be completed by beginning of FY12. automated interface with SSA for providers.</p> <p>Activities based on training</p> <p>Completed All nine training modules are complete and updated on a regular basis. Publication on provider enrollment created for the field. Desk aids completed.</p>	<p>Pending: Centralization of provider enrollment. DATE: TBD</p> <p>Criminal history automation. DATE: September 2011</p> <p>Automated interface with SSA for providers. DATE: TBD</p>

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>The Department sent an email with specific sections of the plan to the local DHS County Directors, Great Start Collaboratives, Great Start Parent Coalitions and the Great Start Regional Resource Centers 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.</p> <p>Additionally, the Department meets regularly with members of the Michigan State Legislature to discuss and provide consultation around the Department reimbursement rates and quality initiatives funding through legislative appropriations.</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>The lead agency houses both the pre-kindergarten program and the 21st Century Community Learning Centers and a representative from the program areas participated in the development of the plan</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>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.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for licensing (if separate from the Lead Agency)</p>	<p>The Director of the DHS Bureau of Children and Adult Licensing (BCAL) was a member of the leadership committee who developed this plan.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency with the Head Start Collaboration grant</p>	<p>The Director of the Head Start State Collaboration Office was a member of the leadership committee who developed this plan.</p>
<input checked="" type="checkbox"/> <p>Statewide Advisory Council authorized by the Head Start Act</p>	<p>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.</p>
<input checked="" type="checkbox"/> <p>Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services</p>	<p>An email was sent to the Great Start Collaboratives, Great Start Parent Coalitions, Great Start Regional Resource Centers, TEACH 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.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)</p>	<p>The lead agency houses the CACFP and a representative from the program participated in the development of the plan.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant</p>	<p>An overview of the plan was discussed with the Great Start Systems Team. In addition, an email was sent with an overview and link to the draft of the plan prior to the public hearing. In addition, the Great Start Systems Team members received an invitation to the public hearing.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health)</p>	<p>An overview of the plan was discussed with the Great Start Systems Team. In addition, an email was sent with an overview and link to the draft of the plan prior to the public hearing. In addition, the Great Start Systems Team members received an invitation to the public hearing.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for child welfare</p>	<p>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.</p>

<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)	The TANF policy area within DHS was consulted on all TANF related questions.
<input checked="" type="checkbox"/> <input type="checkbox"/> Indian Tribes/Tribal Organizations N/A: No such entities exist within the boundaries of the State	The lead agency hosted a conference call as we began development to talk about the timeline for the completion of our plan and Market Rate Survey. Additionally, a conference call was hosted to discuss outcomes of the Market Rate Survey and answer questions about the completion of the plan. An email was sent with an overview and link to the draft of the plan prior to the public hearing. In addition, they were invited to participate in the public hearing.
<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	The Early Childhood Investment Corporation, which participates with BUILD and other national initiatives participated in a leadership committee who developed the plan.
<input type="checkbox"/> Provider groups, associations or labor organizations	
<input checked="" type="checkbox"/> Parent groups or organizations	The Department sent an email with specific sections of the plan to the local Great Start Collaboratives and Great Start Parent Coalitions 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.
<input type="checkbox"/> Local community organizations (child care resource and referral, Red Cross)	
<input checked="" type="checkbox"/> Other	An email was sent to 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 this group include providers, state agency representatives and advocacy organizations. In addition this group received an invitation to the public hearing.

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: 05/11/2011

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): 06/09/2011

Reminder - Must be no earlier than 9 months before effective date of Plan (October 1, 2011).

d) Hearing site(s) The hearing was held at the Ingham County Health Department, 5303 S. Cedar St, Lansing MI 48911 in Conference Room A.

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 Departments website. In addition, the leadership team and various partners received an email with an overview of the plan and a link to the draft.

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 were 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.

1.4.3. Describe:

The Department held the hearing from 4:00 p.m. until 6:00 p.m. to accommodate parent and provider work schedules. The Department provided an email address where the public could send comments without having to attend the public hearing. In addition, the public was able to submit written comments to the Department.

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

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).

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)).

Agency/Entity (check all that apply)	Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services	Describe the goals or results you are expecting from the coordination
<input checked="" type="checkbox"/> Representatives of general purpose local government (required) 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>Through the Early Childhood Investment Corporation, Michigan's Great Start Regional Child Care 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.</p> <p>The Great Start Regional Child Care Resource Centers collaborate with local DHS offices and school districts to ensure that parents needing to find child care or early education programs receive information about the services available in their community, as well as to link child care providers with training and professional development opportunities.</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>Local level Quality Improvement Plans, including Quality Improvement Specialists; various local level coordination and innovations; CONNECT database</p>

<input checked="" type="checkbox"/> <p>State/Territory agency responsible for public education (required) 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>The lead agency manages early intervention and early childhood special education programs under Part B (Section 619) and C of IDEA. Advisory committees with members from various departments focus on inclusion of children with special needs.</p> <p>Additionally, MDE and an interagency team are participating in an Expanding Opportunities Inclusion Initiative.</p> <p>Through the Early Childhood Comprehensive Systems Grant (ECCS Grant), The Early Childhood Investment Corporation (ECIC) has convened four advisory committees. One committee's entire focus is on Early Education and Care that brings together Public Education and child care to work on system development and coordination of efforts.</p> <p>In addition, the ECIC has also convened a cross sector Departmental leadership group, the 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. The lead agency participates on this interagency group.</p>	<p>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 Rating Development Continuum; Home Visiting Grant Application</p>
<input checked="" type="checkbox"/> <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>The Early Childhood Investment Corporation - T.E.A.C.H. scholarship program.</p>	<p>Improvement in the education level of the child care workforce.</p>

<input checked="" type="checkbox"/>	<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>Michigan Department of Community Health is the ACA funded "Maternal, Infant and Early Childhood Home Visitation Program". (Includes public health, mental health and Medicaid.)</p>	<p>The GSST will continue to work towards joint decisions about how coordination and alignment can occur between programs housed across Departments.</p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for employment services / workforce development (required)</p>	<p>Michigan Economic Development Corporation-Workforce Development Agency: The Child Development and Care Program coordinates with the Michigan Works! Agencies' Jobs, Education and Training (JET) Program designed to establish and maintain a connection to the labor market for TANF recipients and recipients of child care assistance. Participants often also receive CDC services and are placed into employment and education and training programs.</p>	<p>Enhanced outreach, better coordination and utilization of resources, and increased accessibility of child care for potentially eligible families.</p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for providing Temporary Assistance for Needy Families (TANF) (required)</p>	<p>TANF funds are used to:</p> <p>support the CDC subsidy program provide Direct Support Services to help CDC clients achieve self-sufficiency.</p> <p>Direct Support Services include:</p> <p>Employment Support Services (i.e. transportation, special clothing, tools, vehicle purchases and vehicle repair) Family Support Services (i.e. classes and seminars, counseling services and commodities) Provide consumer education about the CDC subsidy program and parental provider choices.</p> <p>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.</p>	<p>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.</p>

<input checked="" type="checkbox"/> Indian Tribes/Tribal Organizations (required) <input type="checkbox"/> N/A: No such entities exist within the boundaries of the State	<p>Tribal providers are able to market their business through Great Start CONNECT.</p> <p>Providers on tribal land can care for subsidy children as a license exempt provider by completing a streamlined application.</p> <p>The Bureau of Children and Adult Licensing will work with providers who wish to become licensed.</p>	<p>Better coordination and utilization of resources and increased accessibility of child care for families.</p>
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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

<input checked="" type="checkbox"/> State/Territory agency responsible for licensing (if separate from the Lead Agency)	<p>The Bureau of Children and Adult Licensing (BCAL) is housed within the Department of Human Services. BCAL was a part of the leadership team and continues to work with the lead agency and ECIC to improve the quality of child care in licensed centers and registered homes.</p>	<p>Enhancement of health and safety rules for licensed centers, coordination in the implementation of the QRIS field test and coordination in the development of the emergency preparedness plan.</p>
<input checked="" type="checkbox"/> State/Territory agency with the Head Start Collaboration grant	<p>The Head Start State Collaboration Office is a part of the Lead Agency, however the office has been located within the Early Childhood Investment Corporation to ensure head start inclusion in system building activities and training and technical assistance.</p>	<p>Increased access for low-income children by utilizing blended funding. Increased coordination of training and technical assistance.</p>
<input checked="" type="checkbox"/> Statewide Advisory Council authorized by the Head Start Act	<p>Michigan's Great Start Early Learning Advisory Council is comprised of roughly 23 people who serve on a voluntary, unpaid basis. Council members represent a broad range of constituencies, including education, child care, Head Start, migrant and tribal representatives, higher education, state government, foundations and parents.</p> <p>The Council's goal is to meet the early learning needs of all children from birth to age five and their families by establishing a high quality, accessible and comprehensive state-wide early learning system. The Council advises on collaborative efforts to coordinate, improve, and expand existing early learning programs and services, including making use of existing reports, research and planning efforts.</p>	<p>Conducting of periodic needs assessments on the quality and availability of early childhood education and development programs. Identification of opportunities for, and barriers to, collaboration and coordination among federally funded and state-funded programs for early learning. Development of recommendations for increasing participation of children in existing federal, state and local child care and early education programs, including outreach to underrepresented and special populations. The establishment of a unified data collection system for public early childhood education and development programs. A state-wide professional development and career advancement plans for early childhood educators. Improvements in state early learning standards. Assessment of the capacity and effectiveness of two and four year public and private institutions of higher education in the state toward the development of early childhood educators.</p>

<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)</p>	<p>The lead agency is responsible for the administration of the CACFP program. The CDC program shares information with the CACFP program in order to facilitate the recruitment of home-based child providers (including relatives).</p>	<p>Increased provider access to monetary supports. Increased access to nutritious meals for children in child care. Expanded outreach capacity.</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:</p> <p>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>The Michigan Department of Education leads an interagency committee focused on the inclusion of children with special needs in other early childhood settings, including child care.</p>	<p>Improved policy and reducing funding barriers. Identification of needed programmatic supports for more inclusive settings.</p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant</p>	<p>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. This team provides state guidance around issues related to public investment in early childhood.</p>	<p>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.</p>

<input checked="" type="checkbox"/>	State/Territory agency responsible for child welfare	Children who are in DHS-paid foster care or have an open DHS protective services case are categorically eligible for child care subsidy funds.	Ensure consistency of care. Increased accessibility for vulnerable children.
<input type="checkbox"/>	State/Territory liaison for military child care programs or other military child care representatives		
<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>The Early Childhood Investment Corporation is the BUILD State lead. The lead agency is closely connected with the work of ECIC related to child care.</p> <p>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.</p>	BUILD funded the development of a design for Michigan's QRIS/QDC.
<input type="checkbox"/>	Local community organizations (child care resource and referral, Red Cross)		
<input type="checkbox"/>	Provider groups, associations or labor organizations		
<input checked="" type="checkbox"/>	Parent groups or organizations	The lead agency coordinates with the 70 Great Start Parent Coalitions across Michigan through the ECIC by information sharing with their 9,000 members regarding quality child care.	Identification of opportunities for, and barriers to, collaboration and coordination among federally funded and state-funded programs for early learning. Identification of needed programmatic supports and enhanced outreach capacity.
<input type="checkbox"/>	Other		

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):
Early Childhood Investment Corporation; Michigan Afterschool Partnership (MASP)

b)

Describe the age groups addressed by the plan(s):

Michigan has an ECCS funded state plan that focuses on children prenatal to school entry. 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:

<http://greatstartforkids.org/sites/default/files/file/GreatStartBlueprintGlance.pdf>; <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).

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

The Early Childhood Investment Corporation (ECIC) convenes and leads the State Advisory Council. Michigan's plan focuses on children 0 to 5 – specifically on the early learning and care aspect of our Great Start system. The lead agency is a member of the State Advisory Council.

Local Coordination/Council

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

Other

Describe

MASP is a statewide coordinating body. Members include state and local agencies and organizations, including the Lead Agency.

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 an establishment grant agreement with the Early Childhood Investment Corporation to provide funds to contract for and monitor a variety of programs and services related to quality child care. ECIC is a public, non-profit corporation that bridges the public and private sectors. ECIC promotes private sector involvement in child care through its Great Start Collaboratives, Great Start Parent Coalitions and through the RRCs. Foundations and businesses are choosing to contribute to child care scholarships for example 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-XX) located on the Office of Child Care website at:

http://www.acf.hhs.gov/programs/ccb/law/state_topic_emergency.htm

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.

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:

The Department will be developing an emergency preparedness plan and expects to be completed by December 2012. The plan will be created with the help of the interagency leadership team who helped create the current state plan.

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
- Rebuilding child care facilities and infrastructure after a disaster
- None

PART 2

CCDF SUBSIDY PROGRAM ADMINISTRATION

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, provide the name(s) of the local entity:

- Other.
- Describe:

Sliding fee scale is set by the:

- State/Territory
- Local entity.

If checked, provide the name(s) of the local entity:

- Other.
- Describe:

Payment rates are set by the:

- State/Territory
- Local entity.

If checked, provide the name(s) of the local entity:

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
Who determines eligibility?
Note: If different for families receiving TANF benefits and families not receiving TANF benefits, please describe:

Agency (Check all that apply)

- CCDF Lead Agency
- TANF agency
- Other State/Territory agency.

Describe:

- Local government agencies such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe:

Who assists parents in locating child care (consumer education)?

Agency (Check all that apply)

- CCDF Lead Agency
- TANF agency
- Other State/Territory agency.

Describe:

- Local government agencies such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe:

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.

Who issues payments?

Agency (Check all that apply)

- CCDF Lead Agency
- TANF agency
- Other State/Territory agency.

Describe:

[The Michigan Department of Treasury issues provider payments utilizing CCDF funds that have been appropriated to the lead agency.](#)

- Local government agencies such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- 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 \(EFT\).](#)

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
- 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):

- By Email
- Other.

Describe:

[Phone interview at application is required.](#)

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.

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.](#)
- [A Parent's Guide to Early Learning and Care in Michigan \(http://www.cmich.edu/ehs/x26231.xml\).](http://www.cmich.edu/ehs/x26231.xml)
- [DHS-BCAL Website & Great Start CONNECT allows for parents to view license history.](#)
- [Information section on Great Start CONNECT with links to relevant materials.](#)

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

- Required six hour health and safety training for unlicensed providers.
- Additional subsidy for unlicensed providers who complete 10 annual hours of training.
- QRIS/QDC field test (described in Section 3.3).

2.2.5. How will the Lead Agency promote access to the CCDF subsidy program?

Check the strategies that will be implemented by your State/Territory.

Provide access to program office/workers such as by:

- Providing extended office hours
- Accepting applications at multiple office locations
- Providing a toll-free number for clients
- Other.

Describe:

Using a simplified eligibility determination process such as by:

- 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 for new applicants (job search, seasonal unemployment).

Length of time:

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 Agencies 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:

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 or earlier eligibility period depending on other program redetermination 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
- Targeted case management to help families find and keep stable child care arrangements
- 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:

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
- 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
- Other.

Describe:

[Assistance with application completion is provided at partner offices, however applications must still be submitted to a DHS office for processing.](#)

None

(Optional) If the Lead Agency checked any option above related to providing information or services in other non-English languages, please describe the languages offered :

[Most resources are available in Spanish and Arabic, as well as in English.](#)

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.

Describe:

None

(Optional) If the Lead Agency checked any option above related to providing information or services in other non-English languages, please describe 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

The Lead Agency requires documentation of:	Describe how the Lead Agency documents and verifies applicant information:
---	---

Applicant identity

Acceptable identity verifications include, but are not limited to:

- Current, valid driver's license with a photograph of the individual.
- Federal, state, or local government issued identification card with the same information included on a driver's license.
- School-issued identification with a photograph.
- U.S. military card or draft record.
- 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).
- 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).
- A U.S. passport.
- A Certification of Naturalization (Department of Homeland Security, (DHS) Forms N-550 or N-570).
- A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561).
- Military dependent's identification card.
- Certificate of Degree of Indian Blood, or other U.S. American Indian/Alaska Native tribal document.
- U.S. Coast Guard Merchant Mariner card.
- School records, such as report cards, are acceptable for children age 16-18.
- Three or more corroborating documents such as marriage licenses, divorce decrees, high school diplomas, college degrees, or employer ID cards. This option is only available to individuals who submitted second or third tier proof of U.S. citizenship, not fourth tier.
- 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.

Examples of acceptable verification of identity when questionable for non-US citizens include:

- Immigration document.
- Refugee resettlement agency document.
- Passport/VISA.

Household composition

Household composition is documented on the client's application. Additional verification is not required, unless the presence of children is questionable.

Example: If a collateral contact provides information that children may not be in the household, verification of household composition would be required.

<input checked="" type="checkbox"/> Applicant's relationship to the child	<p>The applicant's relationship to the child(ren) is documented on the client's application. Additional verification is required only if questionable.</p> <p>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.</p>
<input checked="" type="checkbox"/> Child's information for determining eligibility (e.g., identity, age, etc.)	<p>The child's identity, age, etc. is documented on the client's application. Additional verification is required only if questionable.</p> <p>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.</p>
<input checked="" type="checkbox"/> Work, Job Training or Educational Program	<ul style="list-style-type: none"> • Letters of employment; self-employment bookkeeping records • Work schedules • School registration records • Forms (DHS 38 – Verification of Employment; DHS 4575 – Family Preservation Need Verification; DHS 4578 – Education/Training Verification).
<input checked="" type="checkbox"/> Income	<ul style="list-style-type: none"> • Pay stubs • Income tax records • Child support enforcement records.
<input checked="" type="checkbox"/> Other. Describe: Address/Residence	<ul style="list-style-type: none"> •Driver's license •Rent receipt •Utility bill

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](#)

Track and monitor the eligibility determination process

Other.

Describe

None

2.2.11. Are the policies, strategies or processes provided in questions 2.1.1. 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.

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 \(DHS\)](#)

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.

Describe:

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 (maximum age under 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

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.

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

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.

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))

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 from calculations of total family income for the purposes of eligibility determination? Check any income the Lead Agency chooses to exclude, 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 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 living with parents
- Unrelated members of household
- All members of household except for parents/legal guardians
- Other.

Describe:

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.

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 2011 poverty guidelines are available at <http://aspe.hhs.gov/poverty/11poverty.shtml>.

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	3310	2814	1607	49
2	4329	3680	1607	37
3	5347	4545	1990	37
4	6365	5410	2367	37
5	7384	6276	2746	37

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 below**:

Note: This information can be included in the table below.

No.

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				
2				
3				
4				

f) SMI Year FY2011 and SMI Source ACF 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) What is the re-determination period upon initial authorization of CCDF services for most families?

- 6 months
- 12 months
- 24 months
- Other.

Describe:

- Length of eligibility varies by county or other jurisdiction.

Describe:

b) Is the re-determination period the same for all CCDF eligible families?

- Yes.
- No. If no, **check the categories of families for whom authorizations are different and describe the redetermination period for each.**

- Families enrolled in Head Start and/or Early Head Start Programs.

Re-determination period:

- Families enrolled in pre-kindergarten programs.

Re-determination period:

- Families receiving TANF.

Re-determination period:

- Families who are very-low income, but not receiving TANF.

Re-determination period:

- Other.

Describe:

Redetermination date can be determined by other program for families receiving other program assistance.

c) 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.

The attached sliding fee scale was or will be effective as of: [February 2003](#)

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

- Yes
 No.

If no, attach other sliding fee scales and their effective date(s) as **Attachment 2.4.2a, 2.4.2b**, etc.

2.4.3. 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.](#)

2.4.4. 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 as 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

No additional fee charged after certain number of children

Fee per family

Fee as 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 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:

[N/A](#)

2.4.5. 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.

2.4.6. 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).

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:

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 needs child care.
 - 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*.

Children with special needs

Provide the Lead Agency definition of *Children with Special Needs*:

Any child age 13, but under age 18 who meets the definition of physical or mental incapacity.

Describe:

Children in families with very low incomes

Provide the Lead Agency definition of *Children in Families with Very Low Incomes*:

Based on family size, the maximum earnings a family can receive and still remain eligible for the Family Independence Program or Food Assistance Program benefits through DHS.

Describe:

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
--	---------------------------------------	---	----------------------

Children with special needs	<input type="checkbox"/> Priority over other CCDF-eligible families <input type="checkbox"/> Same priority as other CCDF-eligible families <input checked="" type="checkbox"/> Guaranteed subsidy eligibility <input type="checkbox"/> Other.	<input type="checkbox"/> Yes. The time limit is: <input type="text"/> <input checked="" type="checkbox"/> No	<input type="checkbox"/> Different eligibility thresholds. Describe: <input type="text"/> <input type="checkbox"/> Higher rates for providers caring for children with special needs requiring additional care <input type="checkbox"/> Prioritizes quality funds for providers serving these children <input checked="" type="checkbox"/> Other. Describe: <input type="text" value="N/A"/>
Children in families with very low incomes	<input type="checkbox"/> Priority over other CCDF-eligible families <input type="checkbox"/> Same priority as other CCDF-eligible families <input checked="" type="checkbox"/> Guaranteed subsidy eligibility <input type="checkbox"/> Other.	<input type="checkbox"/> Yes. The time limit is: <input type="text"/> <input checked="" type="checkbox"/> No	<input type="checkbox"/> Different eligibility thresholds. Describe: <input type="text"/> <input type="checkbox"/> Waiving co-payments for families with incomes at or below the Federal Poverty Level <input checked="" type="checkbox"/> Other. Describe: <input type="text" value="N/A"/>

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.

- 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.
- Describe:

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)

Describe:

Foster Care - The child needing care has an active DHS foster care case and needs child care.

Guaranteed subsidy eligibility and copayments are waived for children approved under this eligibility category.

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:

Certificates are always granted after the parent has selected a provider, however a certificate will not be issued to a parent choosing an unlicensed child care provider, until the provider has completed the 6 hour basic training requirement (Great Start Quality Orientation).

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))

- 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](#)

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

[100%](#)

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:

No.

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:

Michigan does not offer grants/contracts for slots.

d) How are payment rates for child care services provided through grants/contracts determined?

Not applicable.

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

0%

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.

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 Unlicensed (relative and in-home) provider application (DHS 220) and 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. Provide a copy of your payment rates as Attachment 2.7.1.

The attached payment rates were or will be effective as of: [October 9, 2011](#)

2.7.2. Are the attached payment rates provided in Attachment 2.7.1 used in all parts of the State/Territory?

- Yes.

No. If no, attach other payment rates and their effective date(s) as **Attachment 2.7.2a, 2.7.2b**, etc.

2.7.3. 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:

The Department tracks and monitors the weekly payroll run.

None

2.7.4. 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, 2009). 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/ccb/law/guidance/current/pi2009-02/pi2009-02.htm> 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)): [02/2011](#)

b) Attach a copy of the **MRS instrument** and a summary of the results of the survey as **Attachment 2.7.4**. For Lead Agencies that use an administrative provider database, provide a copy of the intake form as the instrument. 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.

2.7.5. Will the Lead Agency use the local Market Rate Survey identified in 2.7.4a (i.e., the most recent MRS) to set its payment rates?

Yes

No.

If no, list the MRS year that the payment rate ceiling is based upon: [In Michigan the legislature determines provider rates through the budget appropriation process. Current rates are not based on MRS data.](#)

2.7.6. At what percentile of the most recent local MRS are or will payment rates be set? Provide the percentile for your payment rate ceiling in relation to the most recent survey and **describe:**

Note: Identify the percentile where payment rates fall according to the most recent local MRS (identified in 2.7.4a) regardless of whether or not you use the most recent survey to set rates. If the percentile(s) varies across categories of care (e.g., different for centers and family child care homes), regions or ages of children, provide the range of the highest and lowest percentile in relation to the most recent survey.

The range is from 7.4% to 86% across the state depending on the age of the child and provider type.

2.7.7. 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.

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.

2.7.8. Will the Lead Agency allow providers to charge parents any additional fees?

Check the policies, if any, the Lead Agency has chosen to establish regarding additional fees.

Providers are allowed to charge the difference between the maximum reimbursement rate and their private pay rate

Providers are allowed to charge registration fees

Providers are allowed to charge for transportation fees

Providers are allowed to charge for meals.

Providers are allowed to charge additional incidental fees such as field trips or supplies

Policies vary across region, counties and or geographic areas.

Describe:

No, providers may not charge parents any additional fees

Other.

Describe:

None

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 2010, 57% of children were in the care of an unlicensed (relative or in-home) child care provider each month, while the remaining 43% were in the care of a licensed or registered provider. A detailed breakdown of the monthly care settings is provided below.

Provider Type	Children (Monthly)
Licensed Centers	14,629
Licensed Group Homes	7,972
Registered Family Homes	4,849
Unlicensed Child Care Providers (relatives and In-home)	36,815
Total	64,265

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 88% 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 less than 10% of their income toward child care expenses.

d) Any additional facts the Lead Agency considered to determine that its payment rates ensure equal access:

2.7.10 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 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):

The Department plans on continuing to explore technology systems to help streamline processes for families needing assistance; exploring the possibility of scholarships for families (grants/contracts); continuing to expand outreach to parents regarding the child care subsidy; and continuing to focus on promoting the choice of licensed providers, including increasing the number of providers who are licensed.

In addition, the Department plans to create an emergency preparedness plan.

PART 3

Health and Safety and Quality Improvement Activities

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. 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.

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. 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)) Section 3.1 asks the State/Territory to identify and describe the components of both the licensing and CCDF health and safety requirements, indicate which providers are subject to the requirements, and describe compliance and enforcement activities. (658E(c)(2)(F), §98.41)

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.

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. At a minimum, describe whether the State/Territory's licensing requirements serve as the CCDF health and safety requirements.

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) 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. Within each CCDF category of care, please identify which types of providers are exempt from licensing in your State/Territory in the chart below.

CCDF Category of Care	CCDF Definition (§98.2)	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?
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<p>Center-Based Child Care</p>	<p>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.</p>	<p>Describe which types of center-based settings are exempt from licensing in your State/Territory.</p> <p>For example, some jurisdictions exempt school-based centers, centers operated by religious organizations, summer camps, or Head Start programs Special Education preschool programs, programs on federal land and those where the parents are on-site and immediately available.</p>
<p>Group Home Child Care</p> <p>N/A. Check if your State/Territory does not have group home child care.</p> <p><input type="checkbox"/></p>	<p>Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.</p>	<p>Describe which types of group homes are exempt from licensing: Homes on federal land and those where the parents are on-site and immediately available.</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 exempt from licensing: Providers earning less than \$600 per year. Homes on federal land and homes where all parents are on site and immediately available.</p>

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.	Describe which types of in-home child care providers are exempt from licensing: NA
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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/> 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:**



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

*Source: National Resource Center for Health and Safety in Child Care and Early Education. (2003) Stepping Stones to Using Caring for Our Children: National Health and Safety Performance Standards, 2nd Ed. Health Resources and Services Administration, Maternal and Child Health Bureau. Available online: <http://nrckids.org/stepping>

Indicator	Center-Based Child Care	Group Home Child Care	Family Child Care	In-Home Care
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Do the licensing requirements include **child:staff ratios and group sizes?** If yes, specify age group, where appropriate:

<input checked="" type="checkbox"/> Child:staff ratio requirement: 4:1 for children 0-29 months, 8:1 for children 30-35 months, 10:1 for children age 3, 12:1 for children age 4, 18:1 for children age 5 to 12 years, and 25:1 for children 13-17	<input checked="" type="checkbox"/> Child:staff ratio requirement: 6:1	<input checked="" type="checkbox"/> Child:staff ratio requirement: 6:1	<input type="checkbox"/> Child:staff ratio requirement:
<input checked="" type="checkbox"/> Group size requirement:	<input type="checkbox"/> Group size requirement:	<input type="checkbox"/> Group size requirement:	<input type="checkbox"/> Group size requirement:
For children birth to 3 years.	<input type="checkbox"/> No requirements.	<input type="checkbox"/> No requirements.	<input type="checkbox"/> No requirements.
<input type="checkbox"/> No requirements.			

Do the licensing requirements identify specific experience and educational **credentials for child care teachers?**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High school/GED	High school/GED	High school/GED	High school/GED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Development Associate (CDA)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State/ Territory Credential	State/ Territory Credential	State/ Territory Credential	State/ Territory Credential
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate's degree	Associate's degree	Associate's degree	Associate's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's degree	Bachelor's degree	Bachelor's degree	Bachelor's degree
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No credential required for licensing			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	Other:	Other:	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 30 training hours required in first 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"/>	At least 24 training hours per year after first year	<input type="checkbox"/>	At least 24 training hours per year after first year
	<input type="checkbox"/>	No training requirement	<input type="checkbox"/>	No training requirement	<input type="checkbox"/>	No training requirement
	<input checked="" type="checkbox"/>	Other:	<input checked="" type="checkbox"/>	Other:	<input checked="" type="checkbox"/>	Other:
		12 clock hours annually		10 clock hours annually for licensee; 5 clock hours/yr for assistant caregivers		10 clock hours annually for licensee; 5 clock hours/yr for assistant caregivers

e) Do you expect the licensing requirements for child care providers to change in FY2012-2013?

Yes.

Describe: Child care center rules are being reviewed at this time for updates. The process is anticipated to be completed during FY12-13. Major changes will be in regard to environmental health inspections, playgrounds and physical activity.

No.

3.1.2. 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 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)

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))

For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.				
The Lead Agency requires:	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: Health Care Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:	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 type="checkbox"/> Other. Describe: Lead & radon testing and furnace inspection	<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))

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
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Child Care Centers	CPR (Child Care Centers)	N/A	The Child Care Organizations Act (1973 PA 116) requires that CPR be updated/renewed every 12 months.
	First Aid (Child Care Centers)	N/A	The Child Care Organizations Act (1973 PA 116) requires that CPR be updated/renewed every 36 months.
	Training on infectious diseases (Child Care Centers)	N/A	Each caregiver must complete blood-borne pathogen training within 6 months of his/her initial hire.
	SIDS prevention (i.e., safe sleep) (Child Care Centers)	The licensee shall assure that caregivers for infants and toddlers have training that includes information about safe sleep and shaken baby syndrome prior to care for infants and toddlers.	N/A
	Medication administration (Child Care Centers)	N/A	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.

	Mandatory reporting of suspected abuse or neglect (Child Care Centers)	N/A	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 requirements.
	Child development (Child Care Centers)	N/A	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.
	Supervision of children (Child Care Centers)	N/A	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.

	Behavior management (Child Care Centers)	N/A	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 management.
	Nutrition (Child Care Centers)	N/A	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.
	Breastfeeding (Child Care Centers)	N/A	N/A
	Physical activity (Child Care Centers)	N/A	N/A
	Working with children with special needs or disabilities (Child Care Centers)	N/A	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.
	Emergency preparedness and response (Child Care Centers)	N/A	N/A

	Other. (Child Care Centers) Describe: N/A	N/A	N/A
Group Home Child Care	CPR (Group Home Child Care)	N/A	The Child Care Organizations Act (1973 PA 116) requires that CPR be updated/renewed every 12 months.
	First Aid (Group Home Child Care)	N/A	The Child Care Organizations Act (1973 PA 116) requires that CPR be updated/renewed every 36 months.
	Training on infectious diseases (Group Home Child Care)	Training on blood borne pathogens is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).	N/A
	SIDS prevention (i.e., safe sleep) (Group Home Child Care)	Training on Safe Sleep (SIDS) is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).	N/A

	<p>Medication administration (Group Home Child Care)</p>	<p>N/A</p>	<p>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.</p>
	<p>Mandatory reporting of suspected abuse or neglect (Group Home Child Care)</p>	<p>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 (BCAL).</p>	<p>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 within this category, including child abuse and neglect/mandated reporting requirements.</p>

	<p>Child development (Group Home Child Care)</p>	<p>N/A</p>	<p>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 choose from specific topics within this category.</p>
	<p>Supervision of children (Group Home Child Care)</p>	<p>N/A</p>	<p>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.</p>

	Behavior management (Group Home Child Care)	Training on behavior management is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).	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.
	Nutrition (Group Home Child Care)	N/A	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.
	Breastfeeding (Group Home Child Care)	N/A	N/A
	Physical activity (Group Home Child Care)	N/A	N/A

	Working with children with special needs or disabilities (Group Home Child Care)	N/A	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.
	Emergency preparedness and response (Group Home Child Care)	Training on emergency preparedness is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).	N/A
	Other. (Group Home Child Care) Describe: N/A	N/A	N/A
Family Child Care Providers	CPR (Family Child Care Providers)	N/A	The Child Care Organizations Act (1973 PA 116) requires that CPR be updated/renewed every 12 months.
	First Aid (Family Child Care Providers)	N/A	The Child Care Organizations Act (1973 PA 116) requires that CPR be updated/renewed every 36 months.

	Training on infectious diseases (Family Child Care Providers)	Training on blood borne pathogens is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).	N/A
	SIDS prevention (i.e., safe sleep) (Family Child Care Providers)	Training on Safe Sleep (SIDS) is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).	N/A
	Medication administration (Family Child Care Providers)	N/A	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.

	<p>Mandatory reporting of suspected abuse or neglect (Family Child Care Providers)</p>	<p>Training on the mandatory reporting of suspected child abuse and neglect is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).</p>	<p>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 within this category, including child abuse and neglect/mandated reporting requirements.</p>
	<p>Child development (Family Child Care Providers)</p>	<p>N/A</p>	<p>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 choose from specific topics within this category.</p>

	Supervision of children (Family Child Care Providers)	N/A	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.
	Behavior management (Family Child Care Providers)	Training on behavior management is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).	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.

	Nutrition (Family Child Care Providers)	N/A	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.
	Breastfeeding (Family Child Care Providers)	N/A	N/A
	Physical activity (Family Child Care Providers)	N/A	N/A
	Working with children with special needs or disabilities (Family Child Care Providers)	N/A	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.
	Emergency preparedness and response (Family Child Care Providers)	Training on emergency preparedness is provided at the statutorily mandated orientation through the DHS Bureau of Children and Adult Licensing (BCAL).	N/A

	Other. (Family Child Care Providers)	N/A	N/A
	Describe: N/A		
In-Home Child Care Providers	CPR (In-Home Child Care Providers)	N/A	N/A
	First Aid (In-Home Child Care Providers)	N/A	N/A
	Training on infectious diseases (In-Home Child Care Providers)	N/A	N/A
	SIDS prevention (i.e., safe sleep) (In-Home Child Care Providers)	N/A	N/A
	Medication administration (In-Home Child Care Providers)	N/A	N/A
	Mandatory reporting of suspected abuse or neglect (In-Home Child Care Providers)	N/A	N/A
	Child development (In-Home Child Care Providers)	N/A	N/A
	Supervision of children (In-Home Child Care Providers)	N/A	N/A
	Behavior management (In-Home Child Care Providers)	N/A	N/A
	Nutrition (In-Home Child Care Providers)	N/A	N/A
	Breastfeeding (In-Home Child Care Providers)	N/A	N/A
	Physical activity (In-Home Child Care Providers)	N/A	N/A
	Working with children with special needs or disabilities (In-Home Child Care Providers)	N/A	N/A
	Emergency preparedness and response (In-Home Child Care Providers)	N/A	N/A

	Other. (In-Home Child Care Providers)	N/A	N/A
	Describe: N/A		

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 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>.

3.1.3 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 3.1.3a through 3.1.3e 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:

<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 checked="" type="checkbox"/> Other. Describe: Newly registered family child care homes receive an inspection within 90 days of registration.	<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: 10% of family child care homes are visited annually (unannounced).
<input type="checkbox"/> In-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 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.



Yes.

Describe:

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.



No.



Other.

Describe:

Licensing staff has procedures in place to address violations found in an inspection.



Providers are required to submit plans to correct violations cited during inspections.



Licensing staff approve the plans of correction submitted by providers.



Licensing staff verify correction of violation.



Licensing staff provide technical assistance regarding how to comply with a regulation.



No procedures in place.



Other.

Describe:

Licensing staff has procedures in place to issue a negative sanction to a noncompliant facility.



Provisional or probationary license



License revocation or non-renewal



Injunctions through court



Emergency or immediate closure not through court action



Fines for regulatory violations



No procedures in place.



Other.

Describe:

The State/Territory has procedures in place to respond to illegally operating child care facilities.



Cease and desist action



Injunction



Emergency or immediate closure not through court action



Fines



No procedures in place.



Other.

Describe:

The State/Territory has procedures in place for providers to appeal licensing enforcement actions.

<input checked="" type="checkbox"/>	Yes.
	Describe: Providers may request an administrative hearing to appeal licensing enforcement actions. Administrative hearing decisions may be appealed to circuit court.
<input type="checkbox"/>	No.
<input type="checkbox"/>	Other.
	Describe:

c) Describe what types of licensing violations, if any, would make a provider ineligible to participate in CCDF:

Providers who are on the Central Registry or the Michigan Public Sex Offender Registry would be excluded. In addition, if the provider has an adult household member on either the Central Registry or the Michigan Public Sex Offender Registry they would also be excluded.

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

Yes.

If "Yes" please use refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency. Please **also provide a brief overview** of the State/Territory's process for conducting background checks for child care. For example, describe what types of violations would make providers ineligible for CCDF, funding for background checks, and the process for providers to appeal background check findings.

Licensing conducts background checks and assesses the provider's suitability using the "Good Moral Character" law. Background checks are completed at the provider's cost. Providers can appeal through an administrative hearing or circuit court.

No.

CCDF Categories of Care	Types of Background Check	Frequency
-------------------------	---------------------------	-----------

<input checked="" type="checkbox"/> Center-Based Child Care Who is subject to background checks for center-based care? For example, director, teaching staff, non-teaching staff, volunteers: Director, all center employees, unsupervised volunteers.	<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: On-going weekly checks.
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: Immediately for licensees/directors through rap back information.
	<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"/> 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"/> Group Child Care Homes Who is subject to background checks for group homes? For example, provider, non-provider residents of the home: Adult household member Central Registry initially and then matched weekly; fingerprint for provider, ICHAT for adult household members initially and then Rap back for all.	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe: Ongoing weekly checks
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: Immediately through rap back information.
	<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"/> Sex Offender Registry	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: At every license renewal, the household members/address is checked against the sex offender registry.

Family Child Care Homes

Who is subject to background checks for family child care homes? For example, provider, non-provider residents of the home:
Registrant (provider); Adult household member Central Registry initially and then weekly; ICHAT initially and then matched monthly; fingerprint for providers, ICHAT for adult household members initially and then RAP back for all.

Child Abuse Registry

State/Territory Criminal Background

FBI Criminal Background (e.g., fingerprint)

Sex Offender Registry

Initial Entrance into the System

Checks Conducted Annually

Other.

Describe:
[Ongoing weekly checks.](#)

Initial Entrance into the System

Checks Conducted Annually

Other.

Describe:
Immediately through rap back information.

Initial Entrance into the System

Checks Conducted Annually

Other.

Describe:

Initial Entrance into the System

Checks Conducted Annually

Other.

Describe:
At every registration renewal, the household members/address is checked against the sex offender registry.

<input type="checkbox"/> In-Home Child Care Providers Who is subject to background checks for in-home child care? For example, provider, non-provider residents of the home:	<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"/> State/Territory Criminal Background	<input type="checkbox"/> Initial Entrance into the System
		<input type="checkbox"/> Checks Conducted Annually
		<input type="checkbox"/> Other.
		Describe:
	<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"/> Sex Offender Registry	<input type="checkbox"/> Initial Entrance into the System
		<input type="checkbox"/> Checks Conducted Annually
		<input type="checkbox"/> Other.
		Describe:

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? (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.

3.1.4 Describe the State/Territory's policies for 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 above for licensed providers, please describe the health and safety enforcement measures in place. Include in this description whether and how the State/Territory uses on-site visits (announced and unannounced) and background checks and any other enforcement policies and practices for the health and safety requirements.

[In-home and relative providers are not required to be licensed in Michigan. However, in order to participate in the state's Child Development and Care program, these providers and all adult household members are subject to a number of background checks-both pre-enrollment and ongoing.](#)

[Required background checks for unlicensed providers and all adult household members](#)

Pre-Enrollment:

- [Central registry.](#)
- [ICHAT \(Internet Criminal Access Tool\).](#)
- [OTIS \(Offender Tracking Information Service\).](#)
- [PSOR \(Public Sex Offender Registry\).](#)

Daily following enrollment:

- [Central registry.](#)

Monthly following enrollment:

- [ICHAT \(Internet Criminal Access Tool\).](#)
- [OTIS \(Offender Tracking Information Service\).](#)
- [PSOR \(Public Sex Offender Registry\).](#)

Provider/provider applicants who have been denied or terminated as a result of a criminal conviction, pending crime, or for failure to disclose a charge or conviction, may request an administrative review of this decision and submit supporting documentation as to why the initial denial should be overturned.

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

Michigan encourages child care programs to conduct developmental screening and referral for children in child care programs. The Great Start Regional Child Care Resource Centers coordinate and provide Ages and Stages and Ages and Stages-SE workforce development for early learning and development providers.

The Tiered Quality Rating and Improvement System (TQRIS) standards also reflect programs at higher levels of quality conducting developmental screenings.

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 Child Care 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

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 licensing.

Describe (optional):

Only those who are receiving state subsidy (facilities on federal land and those where all parents are on-site and available).

Number of programs whose licenses were suspended or revoked due to non-compliance.

Describe (optional):

Number of injuries and fatalities in child care as defined by the State/Territory.

Describe (optional):

Serious injuries, accidents, serious illnesses or medical conditions occurring while a child is in care that results in emergency medical treatment at a health facility or hospitalization, or death.

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.

Through the implementation of the QRIS we will develop an evaluation of the health and safety standards found in licensed 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. 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-section of 3.1. 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?)

Through the use of Quality Improvement Specialists within each region of the state we hope to have a greater focus on improving health and safety at the program level.

In addition, more emphasis will be placed on the identification and correction of critical violations.

The DHS Bureau of Children and Adult Licensing (BCAL) will also continue to focus on renewal inspections at a three year interval, explore enhanced center licensing rules to include physical activity/obesity information, and explore changes to our on-site inspections.

3.2 Establishing Voluntary Early Learning Guidelines (Component #2)

For purposes of this section, voluntary early learning guidelines include the expectations for what children should know (content) and be able to do (skills). The term *early learning guidelines* (ELGs) refers to age-appropriate developmental learning guidelines for infants and toddlers and school-age children. These guidelines are voluntary in that States/Territory are not mandated 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.**

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?

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 type="checkbox"/>
Approaches to learning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Logic and reasoning (e.g., problem-solving)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
List any domains not covered in the above: Technology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents using child care more broadly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioners in child care centers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 pre-kindergarten programs must use the standards.](#)

None.

3.2.5 Are voluntary early learning guidelines 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 Outcomes 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 - 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 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-kindergarten, early childhood special education, and Head Start grantees.](#)

b-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:

b-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 as they enter kindergarten?

Yes.

Describe:

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

Yes.

Describe:

No

Other.

Describe:

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

All children.

Describe:

Samples of children.

Describe:

Other.

Describe:

c-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:

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 (Click for additional instructions)

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 performance measures related to dissemination and implementation of the early learning guidelines?

[Percentage of providers who are trained on the ELG content.](#)

c) **Evaluation.** What are the State/Territory's plans, if any, for evaluation related to early learning guidelines? 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.

[Validation of the Great Start Readiness Program \(program assessment tool\) through the implementation of the QRIS field test.](#)

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?

- [Track professional development through Great Start CONNECT \(specifically the number of early learning guideline trainings and training completion\).](#)

- Determination of future training needs.
- Utilization of the Curriculum Review Advisory Council for curriculum and training approval that is consistent with child standards and program standards.
- Alignment of P-8 standards.

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

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.

All members of the CCDF State Leadership planning team are members of the QRIS/QDC planning team. This includes: MDE, DHS, child care licensing (BCAL) and the Early Childhood Investment Corporation.

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
- 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 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.**

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 type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other. Describe:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Program Quality Assessment (PQA) will be used to determine supports.			

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 specialists 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.**

- 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 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: Only unlicensed (in home and relative) providers have a tiered reimbursement rate at this time.	<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.**

None. **skip to 3.3.5.**

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="text"/>	<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. <input type="text" value="Based on tri-annual performance review for Head Start grantees"/>	<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="text"/>	<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 21st Century Learning Center programs Describe, including frequency of assessments. <input type="text" value="PQA – frequency will be determined during field test."/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe: <input type="text"/>	<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., 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:

Providers are currently made aware of their rating, but these have not yet been made public. As part of Phase 2 of the TQRIS ratings will be posted and used for public awareness and consumer education purposes.



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.

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:

[Licensed/registered child care providers \(includes Head Start and Pre-K programs\) and all unlicensed child care providers.](#)

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):

1. 10 hours of focused/age-specific training per year in the topics approved for Level 2.
2. Participation in high school or GED completion courses.
3. Becoming licensed and starting a business.

3.3.8 Data & Performance Measures on Program Quality (Click for additional instructions)

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:

Individual quality level data will be housed on the Mosaic QRIS platform and will be available by program type.



Number of programs that move program quality levels annually (up or down).

Describe:

Individual quality level data will be housed on the Mosiac QRIS platform and will be available by program type.



Program scores on program assessment instruments.

List instruments:

Describe:



Classroom scores on program assessment instruments.

List instruments:

Describe:



Qualifications for teachers or caregivers within each program.

Describe:



Number/Percentage of children receiving CCDF assistance in licensed care.

Describe:

Data will be collected by provider type.



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:



Other.

Describe:



None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures on program quality?

[Implementation of phase 2 of the TQRIS, including program assessment, consumer education and outreach to families and providers.](#)

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.

[Michigan plans to conduct validation of assessment tools during the implementation of phase 2.](#)

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-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?

- Successful implementation of Phase 2 of the TQRIS, including:
 - Enhanced supports for providers in the system and help them improve and maintain quality.
 - Exploration of potential financial incentives.
 - Creation of outreach and consumer education materials.

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.

All members of the CCDF State Leadership planning team are members of the QRIS/QDC planning team. This includes: the lead agency, Head Start Collaboration Office, child care licensing (BCAL) and the Early Childhood Investment Corporation.

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 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:

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

[QRIS/QDC](#)

None.

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, 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.

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:

Michigan is updating and revising our current career lattice to reflect the full continuum of early learning and care professionals from unlicensed providers through PhD. The career lattice will align with the professional development system

No, the State/Territory has not developed a career pathway. **Skip to question 3.4.3.**

b) Check for which roles, if any, the career pathway (or lattice) 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 pathway (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 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.

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 Regional Resource Center (RRC) 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 workforce development opportunities and trainings. 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
- Other.

Describe:

The Michigan Department of Education Office of Professional Preparation Programs sets standards for teacher and administrator certification programs. A newly-revised early childhood (general and special education) major, minor, and endorsement programs are available. In collaboration with ECIC, the Head Start Collaboration Director and State Prekindergarten Program Director chair the Institutions of Higher Education Advisory Committee (IHE). This committee has slightly adapted the standards for the early childhood certification and provided a peer-reviewed method to approve child development bachelor's degree programs that are accepted by the Department of Education for non-school district state prekindergarten program lead teachers. The IHE committee is working on articulation of community-based, community-college and higher education credit. A report has been produced highlighting the progress and steps needed, given Michigan's decentralized higher education system.

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 Curriculum Review Advisory Council sets guidelines for all workforce development and training opportunities and trainers. The RRCs assure all workforce development and training opportunities meet the guidelines before being posted on CONNECT.

Trainer approval process.

Describe:

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>.

In addition, an articulation study was conducted and can be found at the following link: http://greatstartforkids.org/sites/default/files/file/Michigan%20Steps%20Forward_2.pdf

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 RRCs 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 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.

No.

www.greatstartconnect.com

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.
Great Start Regional Child Care Resource Centers (RRCs) 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:

Grants.

Describe:

Loans.

Describe:

Loan forgiveness programs.

Describe:

Substitute pools.

Describe:

Release time.

Describe:

Other.

Describe:

The QRIS field test will help us discern the quality improvement incentives and the cost for those incentives moving forward, and most importantly whether or not Michigan can support these.

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:

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 Great Start Regional Child Care Resource Centers.

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):

[Through T.E.A.C.H. scholarships only.](#)

Number of individuals receiving bonuses or other financial rewards or incentives.

Describe (optional):

[Through T.E.A.C.H. scholarships only.](#)

Number of credentials and degrees conferred annually.

Describe (optional):

Data on T/TA completion or attrition rates.

Describe (optional):

Data on degree completion or attrition rates.
Describe (optional):

Other.
Describe:

Michigan is currently expanding our CONNECT database to begin collecting data on the child care workforce. We expect to collect:

- data on the size of the child care workforce,
- demographic data on providers, and
- qualifications and linkages to programs.

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, ongoing professional development, program operating within.

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.

c) **Performance measurement.** What, if any, performance measures does the State/Territory use related to its workforce and professional development systems?

N/A

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.

CONNECT can monitor and track workforce development and training opportunities that align with QRIS/QDC, core knowledge and core competencies, professional development systems, and early learning standards. This feature allows us to see trends in workforce development and identify future needs.

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. 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-section in 3.4. 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?

- The workforce development and training opportunities offered statewide will continue to be data driven and aligned across sectors. For example, community based trainings will be coordinated by the RRC at the regional level to eliminate duplication, aligned with QRIS/QDC, core knowledge and core competencies, and early learning standards making it easier for articulation to institutions of higher education.
- Updated core knowledge and core competencies document.
- Guidelines for approval of training and trainers.
- Aligned workforce development and training opportunities for maximum effectiveness, efficiency and capacity.

Attachment 2.4.1

PROGRAM GROUP SIZE	GROSS MONTHLY INCOME - Effective 02/01/2003				
1 or 2	\$0 - \$1496	\$1497 - \$1533	\$1534 - \$1570	\$1571 - \$1607	No DHS assistance if gross monthly income is over \$1607
3	\$0 - \$1847	\$1848 - \$1895	\$1896 - \$1943	\$1944 - \$1990	No DHS assistance if gross monthly income is over \$1990
4	\$0 - \$2198	\$2199 - \$2255	\$2256 - \$2311	\$2312 - \$2367	No DHS assistance if gross monthly income is over \$2367
5	\$0 - \$2551	\$2552 - \$2616	\$2617 - \$2681	\$2682 - \$2746	No DHS assistance if gross monthly income is over \$2746
6	\$0 - \$2902	\$2903 - \$2976	\$2977 - \$3050	\$3051 - \$3123	No DHS assistance if gross monthly income is over \$3123
7	\$0 - \$3253	\$3254 - \$3336	\$3337 - \$3418	\$3419 - \$3500	No DHS assistance if gross monthly income is over \$3500
8	\$0 - \$3604	\$3605 - \$3695	\$3696 - \$3786	\$3787 - \$3877	No DHS assistance if gross monthly income is over \$3877
9	\$0 - \$3955	\$3956 - \$4055	\$4056 - \$4155	\$4156 - \$4254	No DHS assistance if gross monthly income is over \$4254
10+	\$0 - \$4309	\$4310 - \$4417	\$4418 - \$4525	\$4526 - \$4634	No DHS assistance if gross monthly income is over \$4634
% of DHS Rate Paid	95%	90%	80%	70%	

CHILD DEVELOPMENT AND CARE CLIENT CERTIFICATE/NOTICE OF AUTHORIZATION

AUTHORIZATION INFORMATION

PARENT ID # PROVIDER ID#	PROVIDER NAME:			PAY PERIOD DATES		BIWEEKLY MAXIMUM
CHILD'S NAME	CHILD ID NO.	DATE OF BIRTH	Begin	*End	Hours	Department Pay Percent (DP%)

Important:

- **Care provided during periods when you are not authorized will NOT be paid by DHS. You are responsible for all child care expenses that are not paid by DHS, including expenses incurred while eligibility is being determined.**
- The hours shown are the maximum number of hours for which you may receive child care assistance from DHS. Child care assistance is only available for time spent in activities approved by DHS.
- The provider has also been notified of the authorization information for each child. You will not receive benefits after the end date unless you receive another notice that authorizes care.
- If there is 99/99/9999 at the end of the pay period date, authorization will continue until you are mailed notification of an end date.
- The actual DHS payment amount may not cover all child care expenses. You are responsible for any additional amount charged by your provider.
- If benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the over issuance, the responsible party may be prosecuted for fraud.
- Review the Child Development and Care Handbook at www.michigan.gov/childcare for program requirements and information.
- If you have questions about your authorization or need to report changes, please contact your specialist.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

CHILD DEVELOPMENT AND CARE PROVIDER CERTIFICATE/NOTICE OF AUTHORIZATION

NOTICE TO ALL PROVIDERS:

- Child Development and Care services are authorized or changed for the children listed below.
- A daily attendance record must be retained for at least four years. See www.michigan.gov/childcare.
- You are responsible for submitting billing information.
- You must bill within 90 days after care is provided to receive payments.
- Care cannot be billed for vacation periods of the parent, child or the provider.
- **You may bill only for care that was actually provided** except as otherwise explained in the DHS Pub-230.
- You must report all changes within 10 calendar days of the occurrence including a change in name, mailing and/or residential address, and when you stop providing child care for a subsidy eligible child.
- If benefits are overpaid for any reason, including as a result of an error by the parent or Department, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overissuance, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be prosecuted for fraud.

IMPORTANT:

- **The parent is responsible for payment of any amounts not paid by DHS.**
- **The authorization may decrease or stop if the parent's circumstances change or if the Department's policy changes and/or the parent is no longer eligible for services.**
- **The actual amount paid by DHS varies based on care authorized, hours of care provided, the DHS reimbursement rate and the parent's copay.**
- **Care provided outside of an approved authorization period will not be paid by DHS.**

AUTHORIZATION INFORMATION:

PROVIDER ID #

PROVIDER NAME:

CHILD'S NAME	CHILD ID NO.	DATE OF BIRTH	Begin	PAY PERIOD DATES		Hours	BIWEEKLY MAXIMUM
				*End	Department Pay Percent (DP%)		
							%
							%
							%
							%
							%
							%

*If there is 99/99/9999 at the end of the pay period date, authorization will continue until you are mailed notification of an end date.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Attachment 2.7.1.

DEPARTMENT HOURLY RATES		
<i>Effective October 9, 2011</i>		
<u>PROVIDER TYPE</u>	CHILD'S AGE	
	0-2½ Yrs	2½ Yrs +
Licensed Centers	\$3.75	\$2.50
Licensed Group & Registered Family Homes	\$2.90	\$2.40
Unlicensed Child Care Providers- Tier 2	\$2.20	\$1.85
Unlicensed Child Care Providers- Tier 1	\$1.35	\$1.35

Attachment 2.7.4

**CHILD DEVELOPMENT AND CARE
2011 MARKET RATE SURVEY RESULTS**

Executive Summary

**Data Prepared for
Office of Early Education and Care**

**Data Prepared by
Strategic Planning Data Unit**

Michigan Department of Human Services

April 2011

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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 Human Services (DHS) conducted its most recent market rate survey, on-line, during the month of February 2011.

As in the past, the 2011 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 ½ years; 2 ½ years to 5 years, not yet in kindergarten; and 5 years to 12 years, kindergarten or higher 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 January 26, 2011, there were 27,701 licensed/registered and unlicensed child care providers², statewide, identified through DHS administrative data.³ Unlike previous market rate surveys, which employed sampling plans, the 2011 survey was designed to be a census survey, with all 27,701 providers invited to take part. Of these 27,701 providers, 1,765 (6.4%) completed the 2011 Market Rate Survey. After data cleaning, 1,709 completed 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.

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 Day Care Providers: (a) Licensed/Registered – child care centers, family homes, and group homes; (b) Unlicensed Providers – relative care providers and day care aides.

³ Data pulled from the BR-02U DHS Case and Payment Information Data Universe in Business Objects InfoView.

- 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).
- 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-4: Unlicensed Providers - Maximum Child Development and Care Hourly Rates as a Percent of Market Rate Survey Hourly Rates (75th percentile; in dollars).

Exhibit ES-1: General Survey Findings (Statewide) Licensed/Registered Providers

Data Profile	Child Care Centers	Family Homes	Group Homes
• Population (N)	4,315	5,560	2,519
• Number of respondents (n)	581	490	318
• Respondents (as a percent of provider type population)	13.5%	8.8%	12.6%
• Percent providing care 10 years or more ⁴	69.6%	60.9%	63.9%
• Percent operating Fee/Tuition-Based programs	83.4%	76.6%	85.1%
<i>The following information was gathered from those operating a fee/tuition program</i>			
Age Groups Served:	CCC	FH	GH
• Percent “birth to 2 ½ years”	62.7%	98.1%	96.7%
• Percent “2 ½ years to 5 years” (not in Kindergarten)	90.7%	98.1%	97.8%
• Percent “5 years to 12 years” (Kindergarten or higher)	77.8%	83.1%	87.7%
Current Enrollment - Average Number of Children	CCC	FH	GH
• Birth to 2 ½ years	20.83	2.32	3.97
• 2 ½ years to 5 years (not in Kindergarten)	38.35	2.84	5.47
• 5 years to 12 years (Kindergarten or higher)	32.08	1.67	4.00
Percent who provide child care during the following times:	CCC	FH	GH
• Day time care	99.4%	98.4%	97.0%
• Evening care (after 6:00 p.m.)	7.5%	22.5%	32.0%
• Overnight care	0.2%	9.9%	15.6%
• Weekend care	1.7%	15.5%	19.3%
• Summer or other school breaks	60.9%	57.4%	65.8%
Percent charging a higher hourly rate (per child) than usual for times listed below:	CCC	FH	GH
• Day time care	1.8%	3.5%	2.9%
• Evening care (after 6:00 p.m.)	5.9%	8.5%	8.6%
• Overnight care	0.6%	5.0%	4.3%
• Weekend care	0.0%	8.0%	6.4%
• Summer or other school breaks	3.0%	2.5%	3.6%
• Do NOT charge a higher rate for any of the times listed above	88.2%	83.5%	83.6%
Miscellaneous	CCC	FH	GH
• Percent expecting private pay parents to provide payment for child care/early education weekly ⁵	61.5%	76.9%	78.7%
• Percent charging for absence of child (due to illness)	84.7%	75.9%	89.8%
• Percent charging for absence of child (due to holiday)	51.7%	63.1%	72.4%
• Percent offering discount on rates to private pay families enrolling more than one child in program	74.1%	63.4%	67.3%
• Percent accepting DHS subsidized children in their fee or tuition-based program	91.4%	79.5%	93.5%

⁴ When asked “how long has your site been offering a fee/tuition-based program”, the answer “10 years or more” garnered the most responses across each of the licensed/registered provider types.

⁵ When asked “when do you generally expect private pay parents to provide payment for child care/early education”, the answer “weekly” garnered the most responses across each of the lic/reg provider types.

**Exhibit ES-1A: General Survey Findings (Statewide)
Unlicensed Providers⁶**

Data Profile	Unlicensed Providers
• Population (N)	15,307
• Number of respondents (n)	320
• Respondents (as a percent of provider type population)	2.1%
• Percent participating in the Child and Adult Care Food Program	30.0%
Age Groups Served:	Unlicensed Providers
• Percent "birth to 2 ½ years"	46.2%
• Percent "2 ½ years to 5 years" (not in Kindergarten)	54.0%
• Percent "5 years to 12 years" (Kindergarten or higher)	68.2%
Current Enrollment - Average Number of Children	Unlicensed Providers
• Birth to 2 ½ years	1.46
• 2 ½ years to 5 years (not in Kindergarten)	1.43
• 5 years to 12 years (Kindergarten or higher)	1.97
Percent who provide child care during the following times:	Unlicensed Providers
• Day time care	86.9%
• Evening care (after 6:00 p.m.)	74.1%
• Overnight care	32.8%
• Weekend care	62.8%
• Summer or other school breaks	68.1%
Miscellaneous	Unlicensed Providers
• Percent providing care when child ill	89.9%
• Percent providing care on holidays	76.3%
• Percent understanding responsibility for payment (in the case of billing for DHS services not provided)	97.7%

⁶ Unlicensed providers include relative care providers and day care aides.

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

Data Profile	Head Start	GSRP
• Number of respondents (n)	156	193
• Respondents (as a percent of licensed/registered providers)	11.2%	13.9%
Program Operation	Head Start	GSRP
• Percentage operating part day (A.M.) program	62.8%	67.4%
• Percentage operating part day (P.M.) program	31.4%	48.7%
• Percentage operating full day Head Start	46.8%	na
• Percentage operating school day GSRP	na	36.3%
• Percentage offering wraparound ⁷ (WA) child care	45.2%	51.9%
• Percentage primarily charging hourly rates ⁸ for WA	54.3%	36.7%
• Median number of months program operates	10.00	9.00
• Mean (average) number of months program operates	10.27	9.43
• Percentage operating full year programs	51.6%	35.0%
• Percentage operating school year only programs	45.8%	64.4%

⁷ 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.

⁸ When asked “what type of rate do you primarily charge for wraparound care”, “hourly” garnered the most responses for both Head Start programs and Great Start Readiness Programs.

**Exhibit ES-2: Maximum Child Development and Care (CDC)
Hourly Rates (effective March 7, 2010)**

Maximum CDC Hourly Rates - Statewide							
Child Care Centers		Family and Group Homes		Unlicensed Providers (Tier 1) ⁹		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	\$1.85	\$1.60	\$2.20	\$1.85

Unlicensed Provider Training Requirements

Tier 1 (required)

Unlicensed providers are required to complete a basic training requirement which is a six-hour Great Start to Quality Orientation. This six-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.

Tier 2 (optional)

There is an opportunity for unlicensed providers to earn an extra \$.25-\$.35 per hour¹⁰ 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 six-hour Great Start to Quality Orientation (Tier 1).

⁹ Effective October 1, 2011 (HB4526), the new hourly rate for unlicensed (Tier 1) providers, for all age groups served, will be \$1.35.

¹⁰ When the new Tier 1 hourly rate of \$1.35 becomes effective October 1, 2011 (HB4526), those providers who complete more hours of training (i.e., become Tier 2 providers) have the opportunity to earn an extra \$.50-\$.85 per hour.

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		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	5.13	78	5.00	114	4.50	143
Family Child Care Homes	4.00	178	3.71	176	3.50	174
Group Child Care Homes	3.75	129	3.50	132	3.50	135
Unlicensed Providers	2.20	141	1.85	164	2.00	156

In completing the survey, respondents were asked to identify themselves via their provider ID number. The 370 valid unlicensed survey respondents were cross checked against a CDC training file¹¹, resulting in the further identification of 248 respondents as Tier 1 providers and fifty-seven 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		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	93	2.00	111	2.00	103
Tier 2	2.20	23	1.85	31	2.00	30

¹¹ 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 Rates¹² (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		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	196	42.00	255	35.00	216
Family Child Care Homes	35.00	202	30.00	202	30.00	167
Group Child Care Homes	35.00	136	32.00	137	30.00	119

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

Provider Type	Weekly Rate \$ (75 th Percentile)					
	Birth to 2 ½ years		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	222.25	220	181.00	257	150.00	203
Family Child Care Homes	150.00	205	145.00	204	132.50	149
Group Child Care Homes	150.00	166	143.75	168	133.75	140

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

Provider Type	Monthly Rate \$ (75 th Percentile)					
	Birth to 2 ½ years		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	820.00	12	648.50	60	707.50	18
Family Child Care Homes	784.00	5	709.50	6	723.00	5
Group Child Care Homes	900.00	2	900.00	3	540.00	2

¹² 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		
	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 th percentile)	CDC as a percent of MRS
Child Care Centers	3.75	5.13	73.1%
Family Child Care Homes	2.90	4.00	72.5%
Group Child Care Homes	2.90	3.75	77.3%

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	3.71	64.7%
Group Child Care Homes	2.40	3.50	68.6%

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	4.50	55.6%
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 Rates¹³
(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		
	CDC Hourly Rate \$	MRS Hourly Rate \$ (75 th percentile)	CDC as a percent of MRS
Tier 1	1.85	2.20	84.1%
Tier 2	2.20	2.20	100.0%

**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	1.60	2.00	80.0%
Tier 2	1.85	1.85	100.0%

**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	1.60	2.00	80.0%
Tier 2	1.85	2.00	92.5%

¹³ Taking a cue from past surveys, in which unlicensed providers often simply indicated they “accept/charge the state rate”, the 2011 survey of unlicensed providers did include statements reminding respondents of the Tier 1 and Tier 2 state rates effective at the time of the survey. Nearly two-thirds of respondents, who were later identified as Tier 1 providers, indicated they charged at or below the state rate effective at the time of the survey.

Effective October 1, 2011 (HB4526), the new hourly rate for unlicensed (Tier 1) providers, for all age groups served, will be \$1.35. When examined along with the 2011 survey data, CDC as a percent of MRS would look as follows for Tier 1 providers (for discussion purposes only): birth to 2 ½ years – 61.4%; 2 ½ years to 5 years (not yet in kindergarten) – 67.5%; and 5 years to 12 years (kindergarten or higher) – 67.5%.

Market Rate Survey 2011: Licensed Provider Survey (Child Care Centers, Group Homes, and Family Homes)

Licensed/Registered Child Care Providers - 2011 Market Rate Survey

1. Licensed/Registered Child Care Providers - 2011 Market Rate Survey

This survey is designed to be answered by LICENSED/REGISTERED providers only.

Note: You will be answering the questions in this survey based on the programs offered at the site of the license or registration number entered.

If you are not a licensed provider and have mistakenly entered this survey, please exit now and visit the UNLICENSED provider survey at:

<https://www.surveymonkey.com/s/AideandRelativeMRS>

*** 1. Please enter your license or registration number. Example: DC345678910**

2. Program Type

Please answer all questions in this survey based on the programs offered at the site of the license or registration number entered on the previous page.

1. Which of the following best describes your child care role?

- Director or administrator of a child care center or early education center (also includes Head Start, Early Head Start Programs and/or Great Start Readiness Programs).
- Group Child Care Home provider (licensed to care for up to 12 children in your home).
- Family Child Care Home provider (registered to care for up to 6 children in your home).
- No longer providing care
- I am an UNLICENSED provider and mistakenly selected link for this survey

3. Wrong Survey?

Please exit this survey and look for the Unlicensed Provider survey. We appreciate your participation!

4. Program Information

1. In what county do you provide child care/early education?

Select your county from the drop down menu. If you are unsure of the county, select "Don't Know" in the drop down menu.

5. Fee or Tuition-Based Program

For the purposes of this survey, please consider the following definitions.

Licensed/Registered Child Care Providers - 2011 Market Rate Survey

Fee or Tuition-Based Program: A program where parents are charged tuition or fees to provide child care for families who are not enrolled in Head Start or a Great Start Readiness Program (GSRP).

Wraparound child care: Care for Head Start or GSRP children provided outside of state or federally funded programming, in order to meet the needs of working families.

* 1. Do you operate a fee or tuition-based program?

- Yes
- No (If you provide wraparound child care for children in Head Start or GSRP programs only, select this choice).

6. Fee or Tuition-Based Program Details

The following questions relate to your fee or tuition-based program.

1. How long has your site been offering a fee or tuition-based program?

- Less than one year
- 1 to 2 years
- 3 to 5 years
- 6 to 9 years
- 10 years or more

2. When does your fee or tuition-based program operate?

Select all that apply.

- Day time
- Evening (after 6 p.m.)
- Overnight
- Weekend
- Summer or other school breaks

7. Infant/Toddler

* 1. Do you accept infants and toddlers--Birth to 2 1/2 (30 months)?

- Yes
- No

8. Infant/Toddler Enrollment

Licensed/Registered Child Care Providers - 2011 Market Rate Survey

1. How many infants and toddlers--birth to 2 1/2 years (30 months)-- are currently enrolled in your fee or tuition-based program?

9. Preschool Age

*** 1. Do you accept children age 2 1/2 to 5 years not yet enrolled in kindergarten?**

Yes

No

10. Preschool Age Enrollment

1. How many children age 2 1/2 to 5 years not yet enrolled in kindergarten are currently enrolled in your fee or tuition-based program?

11. School Age

*** 1. Do you accept children ages 5 through 12 years who are in kindergarten or higher during the regular school-year?**

Yes

No

12. School Age Enrollment

1. How many children ages 5 through 12 years who are in kindergarten or higher during the regular school-year are currently enrolled in your fee or tuition-based program?

13. Rate Questions

The following questions will ask you whether you charge hourly, daily, weekly and/or monthly rates.

You will be asked to provide a Yes or No response as whether you charge each of the four rate types. Details will be requested for any type of rate you've indicate you charge.

*** 1. Do you charge any hourly rates?**

Yes

No

Licensed/Registered Child Care Providers - 2011 Market Rate Survey

14. Standard Hourly Rate

*** 1. Please provide your standard hourly rate.**

If you do not charge an hourly rate for an age group shown, please leave that box blank.

Birth to 2 1/2 (30 months)

2 1/2 to 5 years not yet
enrolled in kindergarten

5 to 12 years (In
kindergarten or higher
during the regular school-
year)

15. Higher Hourly Rate

1. Do you charge a higher hourly rate at any of the times listed below?

Select all that apply.

- Day Time
- Evening (after 6:00 p.m.)
- Overnight
- Weekend
- Summer or other school breaks
- I do not charge a higher rate for any of these times

16.

1. Please describe the higher rates as indicated above.

17. Daily rates

*** 1. Do you charge any daily rates?**

- Yes
- No

18. General Daily Rate

Licensed/Registered Child Care Providers - 2011 Market Rate Survey

*** 1. Please provide your standard (full-time) daily rate.**

If you do not charge a daily rate for an age group shown, please leave that box blank.

Birth to 2 1/2 (30 months)

2 1/2 to 5 years not yet
enrolled in kindergarten

5 to 12 years (In
kindergarten or higher
during the regular school-
year)

19. Higher Daily Rate

1. Do you charge a higher daily rate at any of the times listed below?

Select all that apply.

- Day Time
- Evening (after 6:00 p.m.)
- Overnight
- Weekend
- Summer or other school breaks
- I do not charge a higher rate for any of these times

20.

1. Please describe the higher rates as indicated above.

21. Weekly rates

*** 1. Do you charge any weekly rates?**

- Yes
- No

22. Standard Weekly Rate

Licensed/Registered Child Care Providers - 2011 Market Rate Survey

*** 1. Please provide your standard (full-time) weekly rate.**

If you do not charge a weekly rate for an age group shown, please leave that box blank.

Birth to 2 1/2 (30 months)

2 1/2 to 5 years not yet enrolled in kindergarten

5 to 12 years (In kindergarten or higher during the regular school-year)

23. Higher Weekly Rate

1. Do you charge a higher weekly rate at any of the times listed below?

Select all that apply.

- Day Time
- Evening (after 6:00 p.m.)
- Overnight
- Weekend
- Summer or other school breaks
- I do not charge a higher rate for any of these times

24.

1. Please describe the higher rates as indicated above.

25. Monthly rates

*** 1. Do you charge any monthly rates?**

- Yes
- No

26. Standard Monthly Rates

Licensed/Registered Child Care Providers - 2011 Market Rate Survey

*** 1. Please provide your standard (full-time) monthly rate.**

If you do not charge a monthly rate for an age group shown, please leave that box blank.

Birth to 2 1/2 (30 months)

2 1/2 to 5 years not yet enrolled in kindergarten

5 to 12 years (In kindergarten or higher during the regular school-year)

27. Higher Monthly Rate

1. Do you charge a higher monthly rate at any of the times listed below?

Select all that apply.

- Day Time
- Evening (after 6:00 p.m.)
- Overnight
- Weekend
- Summer or other school breaks
- I do not charge a higher rate for any of these times

28.

1. Please describe the higher rates as indicated above.

29. Additional rate/payment information

Licensed/Registered Child Care Providers - 2011 Market Rate Survey

1. When do you generally expect private pay parents to provide payment for child care/early education?

- Monthly
- Every two weeks
- Weekly
- Daily

Other (please specify)

2. Do you charge when a child is absent due to illness?

- Yes
- No

3. Do you charge when a child is absent due to a holiday?

- Yes
- No

4. Do you offer a discount on your rates to private pay families who enroll more than one child in your program?

- Yes
- No

30. Discount Amount

1. Please describe the discount(s) you offer.

31. DHS subsidy children

*** 1. Do you accept DHS subsidized children in your fee or tuition-based program?**

- Yes
- No

Comments

Licensed/Registered Child Care Providers - 2011 Market Rate Survey

32. Head Start

Please answer all questions based on the program offered at the site of the license or registration number entered at the beginning of the survey.

*** 1. Do you offer a Head Start/Early Head Start program?**

Yes

No

33. Head Start Program Offerings

*** 1. What type of Head Start/Early Head Start program do you operate? Select all that apply.**

Part Day- A.M.

Part Day- P.M.

Full Day Head Start Program

34. Wraparound child care

Reminder-- Wraparound child care: Care for Head Start children provided outside of federally funded programming, in order to meet the needs of working families.

*** 1. Do you offer wraparound child care for families enrolled in your Head Start/Early Head Start program?**

Yes

No

35. Head Start Rate Type

*** 1. What type of rate do you primarily charge for wraparound child care? Select the option that best applies.**

Hourly

Daily

Weekly

Monthly

36. Hourly Rate

Licensed/Registered Child Care Providers - 2011 Market Rate Survey

*** 1. Please provide your hourly rate for wraparound child care.**

If you do not serve an age group shown, please leave that box blank.

Birth to 2 1/2 (30 months)

2 1/2 to 5 years not yet
enrolled in kindergarten

37. Daily Rate

*** 1. Please provide your daily rate for wraparound child care.**

If you do not serve an age group shown, please leave that box blank.

Birth to 2 1/2 (30 months)

2 1/2 to 5 years not yet
enrolled in kindergarten

38. Weekly Rate

*** 1. Please provide your weekly rate for wraparound child care.**

If you do not serve an age group shown, please leave that box blank.

Birth to 2 1/2 (30 months)

2 1/2 to 5 years not yet
enrolled in kindergarten

39. Monthly Rate

*** 1. Please provide your monthly rate for wraparound child care.**

If you do not serve an age group shown, please leave that box blank.

Birth to 2 1/2 (30 months)

2 1/2 to 5 years not yet
enrolled in kindergarten

40. Head Start Program Operation

*** 1. How many months per year does your Head Start/Early Head Start program operate?**

*** 2. Which of the following best describes your program?**

Full Year

School Year only

Seasonal

41. Great Start Readiness Program (GSRP)

Licensed/Registered Child Care Providers - 2011 Market Rate Survey

Please answer all questions based on the program offered at the site of the license or registration number entered on the previous page.

* 1. Do you offer a Great Start Readiness Program (GSRP)?

Yes

No

42. GSRP Program Offerings

* 1. What type of GSRP program do you operate? Select all that apply.

Part Day- A.M.

Part Day- P.M.

School Day

43. Wraparound child care

Reminder-- Wraparound child care: Care for GSRP children provided outside of state funded programming, in order to meet the needs of working families.

* 1. Do you offer wraparound child care for families enrolled in your GSRP program?

Yes

No

44. GSRP Rate Type

* 1. What type of rate do you primarily charge for wraparound child care? Select the option that best applies.

Hourly

Daily

Weekly

Monthly

45. Hourly Rate

* 1. Please provide your hourly rate for wraparound child care.

46. Daily Rate

Licensed/Registered Child Care Providers - 2011 Market Rate Survey

*** 1. Please provide your daily rate for wraparound child care.**

47. Weekly Rate

*** 1. Please provide your weekly rate for wraparound child care.**

48. Monthly Rate

*** 1. Please provide your monthly rate for wraparound child care.**

49. GSRP Program Operation

*** 1. How many months per year does your GSRP program operate?**

*** 2. Which of the following best describes your program?**

- Full Year
- School Year only
- Summer only

50. Survey Completed!

Thank you for participating in our 2011 Market Rate Survey!

Be sure to watch for our FY2012-2013 Child Care and Development Fund State Plan Draft to be posted at www.michigan.gov/childcare. Results of this survey will be included.

Market Rate Survey 2011: Unlicensed Providers (Day Care Aides and Relative Care Providers)

Unlicensed Provider-2011 Market Rate Survey

*** 1. Please enter your provider ID number. Example: 0076321**

*** 2. Are you currently providing child care?**

- Yes, in my home.
- Yes, in the child's home. Note: If you live in the same home as the child, select this option.
- I mistakenly entered the wrong survey.
- No longer providing care.

*** 3. Do you participate in the Child and Adult Care Food Program?**

- Yes
- No (Note: you may learn more about it at www.michigan.gov/CACFP)

*** 4. In what county do YOU provide child care? Select your county from the drop down menu. If you do not know, select "Don't Know" in the drop down menu.**

*** 5. Do you care for children age birth to 2 1/2 years (30 months)?**

- Yes
- No

*** 6. How many children birth to 2 1/2 years (30 months) do you currently provide care for?**

Note: The DHS infant and toddler rate is \$1.85 per hour for Tier 1 or \$2.20 per hour for Tier 2.

*** 7. What is your hourly rate for children birth to 2 1/2 years (30 months)?**

*** 8. Do you care for children age 2 1/2 years to 5 years (not yet enrolled in Kindergarten)?**

- Yes
- No

Note: The DHS rate for all children age 2 1/2 or older is \$1.60 per hour for Tier 1 or \$1.85 per hour for Tier 2.

*** 9. What is your hourly rate for children 2 1/2 years to 5 years (not yet enrolled in Kindergarten)?**

Unlicensed Provider-2011 Market Rate Suvey

- * 10. How many children 2 1/2 years to 5 years (not yet enrolled in Kindergarten) do you currently provide care for?

Note: The DHS rate for all children age 2 1/2 or older is \$1.60 per hour for Tier 1 or \$1.85 per hour for Tier 2.

- * 11. What is your hourly rate for children 5 years - 12 years (who are in Kindergarten or higher during the regular school year)?

- * 12. Do you care for children 5 years - 12 years (who are in Kindergarten or higher during the regular school year)?

Yes

No

- * 13. How many children 5 years - 12 years (who are in Kindergarten or higher during the regular school year) do you currently provide care for?

- * 14. When do you provide child care? Select all that apply

Day Time

Evening (after 6 p.m.)

Overnight

Weekends

Summer or other school breaks

- * 15. Do you provide care when a child is ill?

Yes

No

- * 16. Do you provide care on holidays?

Yes

No

Unlicensed Provider-2011 Market Rate Survey

*** 17. Do you understand that if you bill DHS for services not provided, you will be responsible for payment?**

Yes

No

Thank you for completing the 2011 Market Rate Survey!

Be sure to watch for our Fiscal Year 2012-2013 Child Care Development Plan draft to be posted at www.michigan.gov/childcare. Survey results will be included.