

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start

- i. Home visiting programs
- j. Other. Describe:

Bilingual call center technicians for billing and payment issues. Bilingual Great Start to Quality (GSQ) staff and license exempt provider coaches, as well as interpretation services available.

2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other. Describe:

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

Complaint referrals from the public regarding licensed providers come to the Child Care Licensing Bureau (CCLB), either online at http://www.michigan.gov/lara/0,4601,7-154-63294_27723_27777_72411---,00.html, or by fax, mail, or phone. Referrals are only considered a complaint if a program rule or act violation is alleged. If a program rule or act violation is alleged, the complaint is entered into the Bureau Information Technician System (BITS) and assigned for investigation.

Billing complaints are made by calling 866-990-3227 toll free or received by the Office of Inspector General (Michigan Department of Health and Human Services). All billing complaints are reviewed for intentionality.

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Complaint referrals from the public regarding licensed child care providers come to CCLB online, via fax, via mail, or by phone. Referrals are only considered a complaint if a program rule or act violation is alleged. Complaints are categorized as high or medium priority. High priority complaints investigations must be initiated within 24 hours and may require an onsite inspection within 72 hours. For investigations coordinated with law enforcement or other agencies, there may be exceptions to the on-site inspection timeline as they may require the department to refrain from a home visit if it is going to interfere with an investigation. All medium priority complaints require the investigation to begin within 5 calendar days, and an inspection to occur within 5 business days. If a program rule or act violation is alleged, the complaint is entered into BITS and assigned for investigation. Complaints regarding violations of licensing rules are referred to the CCLB. The complaints are entered into an

internal tracking database and are either auto assigned or assigned to a staff member to address on an individual basis as they investigate the complaint and work toward resolution. The CCLB's policy is to complete all Special Investigations within 60 days. There are exceptions or extensions that may be granted for some investigations. Complaints of child abuse, child safety, and/or neglect are referred to the Child Abuse and Neglect Complaint hotline, 855-444-3911.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Substantiated parental complaints are posted on the child care licensing website indefinitely. All complaints for licensed providers are entered into the Bureau Information Tracking System (BITS). If the complaint is a potential rule violation, it is assigned to a child care licensing consultant to open an investigation. The steps taken in the investigation are entered into BITS, including any contact with witnesses, complainant, licensee, staff, and any outside agency such as CPS or law enforcement. The complaint entry in BITS will conclude with either violations for any rules broken, or a full compliance investigation where no violations were found. The consultants is responsible for entering the information, the area manager (consultant's supervisor) signs off on the special investigation report before it is placed online and filed in the file.

2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

Child care licensing complaints that are substantiated are posted on the child care licensing website and appear in the 24/7 searchable provider database at www.greatstarttoquality.org for a period of three years.

2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:

The policy for the complaint process is Policy 800: Special Investigations, but the policy manual for licensing is not online. LARA does have a document to guide parents through the complaint process.

https://www.michigan.gov/documents/lara/BCAL_PUB_811_1_16_552332_7.pdf.

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

Michigan's consumer education website, MiKidsMatter (<https://www.michigan.gov/mikidsmatter>) went live in September 2018. The site is a landing page that combines common and most frequently used resources for families with young children in one place. The site provides easy access to child care search tools, provider enrollment and application resources, child development information, and a wealth of other resources to support families. The site also has parent and provider-oriented pages that allow the respective audiences to easily find the most useful resources to meet their needs. The Department continues to update and expand the site based on feedback from users.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

MiKidsMatter links users to resources by connecting to partner sites. MiKidsMatter links to the Child Development and Care (CDC) program website and provides many documents in Spanish. For items available in Spanish, titles and descriptions are listed on the website in Spanish, with easy identification for individuals who do not speak English. Some documents are also available in Arabic, including the application for subsidy assistance. This information will continue to follow the practices utilized on the lead agency's current website to ensure the widest possible access to services for families that speak languages other than English as we work to expand and enhance the MiKidsMatter website.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

The lead agency's current website complies with the Americans with Disabilities Act (ADA) to a minimum of the WCAG 2.0 AA (web content accessibility guidelines) standard, which can

provide access to persons with low and no vision as well as persons with low and no hearing.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

- a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

<https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/704.pdf> (pages 10-12).

Childcare provided by specified relatives is exempt from licensing requirements. However, those child care providers and their household members are required to undergo pre-enrollment and ongoing background checks, including Internet Criminal History Access Tool (ICHAT), the Offender Tracking Information System (OTIS), the Public Sex Offender Registry (PSOR), and Michigan's child abuse and neglect Central Registry. These additional steps provide an assurance for health and safety. Because these individuals are related, we work to empower parents to set up safety protocols with those individuals who the children are already around. License exempt unrelated providers must undergo comprehensive background checks (including fingerprinting), complete health and safety training, as well as an annual health and safety visit at the location of care.

Michigan does not require tribal providers or military programs to be licensed by the State because they have their own program requirements and licensing rules to ensure the health and safety of children. For those who serve Child Care Development Fund (CCDF) children they are asked to annually self-certify that they meet the health and safety requirements through their own systems.

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

For new applications for centers: https://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-82374--,00.html Family Homes:

https://www.michigan.gov/lara/0,4601,7-154-89334_63294_5529_49572-82370--,00.html

Group Child Care Homes: [http://www.michigan.gov/lara/0,4601,7-154-](http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-82370--,00.html)

[63294_5529_49572-82370--,00.html](http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-82370--,00.html) Child Care Centers:

http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-82374--,00.html For

renewals: Family Homes: [http://www.michigan.gov/lara/0,4601,7-154-](http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-240155--,00.html)

[63294_5529_49572-240155--,00.html](http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-240155--,00.html) Group Child Care Homes:

http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-240155--,00.html Child

Care Centers: http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-240155--,00.html.

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

Centers: http://www.michigan.gov/documents/lara/BCAL_PUB_8_3_16_523999_7.pdf (pages 10-11).

Homes: http://www.michigan.gov/documents/lara/lara_BCAL_PUB-724_0715_494800_7.pdf (pages 3 and 5).

License exempt providers:

https://www.michigan.gov/documents/mde/Consent_and_Disclosure_LE-U_7.2018_Final_ADA_628283_7.pdf

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

Bridges Eligibility Manual (BEM 705):

https://www.michigan.gov/documents/mde/CDC_Policy_Manuals_4.2018_ADA_619823_7.pdf. For licensed child care facilities, a list of exclusionary offenses can be found at:

www.michigan.gov/ccbc and www.michigan.gov/mikidsmatter.

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

www.greatstarttoquality.org.

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

: License exempt tribal CCDF providers who request to be rated or included in the search are made available.

c) Identify what informational elements, if any, are available in the searchable results.
Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation

- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training

- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

i. All Licensed providers.

Describe

Accreditations, credentials, cost, last corrective action plan date, last inspection date, special need services.

ii. License-exempt CCDF center-based providers.

Describe

Tribal programs

iii. License-exempt CCDF family child care providers.

Describe

iv. License-exempt, non-CCDF providers.

Describe

v. Relative CCDF providers.

Describe

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

i. Quality rating and improvement system

ii. National accreditation

iii. Enhanced licensing system

iv. Meeting Head Start/Early Head Start Program Performance Standards

v. Meeting Prekindergarten quality requirements

vi. School-age standards, where applicable

vii. Other.

Describe

b) For what types of providers are quality ratings or other indicators of quality available?

i. Licensed CCDF providers.

Describe the quality information:

Child care, preschool, and school age only programs and providers are scored based on a set of indicators that cover the following areas: staff qualifications, family and community partnerships, administration, environment, and curriculum, screening, and assessment. The scores in each area, as well as an on-site assessment for the highest levels, are combined to calculate a star rating. Each program's score is available for public search at www.greatstarttoquality.org.

ii. Licensed non-CCDF providers.

Describe the quality information:

Child care, preschool, and school age only programs and providers are scored based on a set of indicators that cover the following areas: staff qualifications, family and community partnerships, administration, environment, and curriculum, screening, and assessment. The scores in each area, as well as an on-site assessment for the highest levels, are combined to calculate a star rating. Each program's score is available for public search at www.greatstarttoquality.org.

iii. License-exempt center-based CCDF providers.

Describe the quality information:

iv. License-exempt FCC CCDF providers.

Describe the quality information:

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

License exempt tribal CCDF child care providers are scored based on a set of indicators that cover the following areas: staff qualifications, family and community

partnerships, administration, environment, and curriculum, screening, and assessment. The scores in each area, as well as an on-site assessment for the highest levels, are combined to calculate a star rating. Each program's score is available for public search at www.greatstarttoquality.org.

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

Michigan's reports list areas of noncompliance. The checklist for family homes is

found at https://www.michigan.gov/documents/lara/BCAL-4601_12_15_508730_7.pdf. The following links direct to the different sections of the checklists for child care centers:

https://www.michigan.gov/documents/lara/BCAL-1888_8_15_fillable_508706_7.pdf

https://www.michigan.gov/documents/lara/BCAL-4668_10_15_fillable_503512_7.pdf

https://www.michigan.gov/documents/lara/BCAL-0722_8_15_fillable_508703_7.pdf

https://www.michigan.gov/documents/lara/BCAL-1891_8_15_fillable_508711_7.pdf

https://www.michigan.gov/documents/lara/BCAL-1890_8_15_fillable_508710_7.pdf

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

The summary page (along with the monitoring and inspection report) includes the date of the inspection as well as health and safety violations, including those violations that resulted in a fatality or serious injury. In addition, the modified summary details the rule/law violation, including the analysis of the rule violation by the consultant.

- Corrective action plans taken by the state and/or child care provider.

Describe:

Corrective Action Plans (CAPs) are completed by the provider and outline what actions will be taken to address the rule violation. The summary indicates approval

of the plan created by the provider. An additional visit is conducted to ensure compliance. The corrective action plans are publicly posted on the website with the corresponding licensing study report showing the original health and safety violations.

A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

i. Provide the direct URL/website link to where the reports are posted.

<https://childcaresearch.apps.lara.state.mi.us/>

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

For special investigations, the consultant has 60 days from the date of the complaint to provide a completed report to the child care provider. This includes a best practice of 45 days from the assignment of the complaint to get the report to their manager for approval. Typically, it takes no more than two or three days for the reports to be posted after they have been approved by a manager/supervisor. Reports requiring redaction will appear on the website after the redaction is completed (within two weeks) or CAP will be posted to the website once a redaction has occurred, if applicable, and the corrective action plan is approved (within 20 days). For all other report types, the consultant has five days after the inspection to get all information relating to the inspection into BITS, generating the licensing report (this is for corrective action plans done onsite or not CAPs). This information goes into the file and is posted through an interface, at least weekly. With a CAP, the 20-day allowance applies, resulting in the posting within around 30 days of the visit.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

Language that is easy to read and understand the first time read or heard.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

Due to system limitations Michigan created a plain language summary to place at the beginning of each monitoring and inspection report. This summary page summarizes the results of the visit and identifies failure to comply with health and safety requirements. A full monitoring and inspection report is included behind the summary page.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

If reports contain inaccuracies, they are removed from the website, corrections are completed either through addendums or amendments. Once completed, the addended or amended report is placed back on the website. The licensee has 30 days after receipt of notice to contest recommendations made by child care licensing. This appeal must be submitted in writing. Once the appeal is received, they have the right to a hearing and a compliance conference is scheduled.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

-- filing the appeal

-- conducting the investigation

-- removal of any violations from the website determined on appeal to be unfounded.

The licensee has 30 days after receipt of notice to contest recommendations made by child care licensing. This appeal must be submitted in writing to the CCLB. Once the appeal is received, they have the right to a hearing and a compliance conference is scheduled if necessary.

g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

The original licensing study report is posted on the website indefinitely. Renewal inspection reports and interim inspection reports are posted online for no less than three years and then removed. Special investigation reports are posted online indefinitely. Corrective action plans are part of these different types of reports and are posted indefinitely, aligned with the type of report of which it is a part.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

Licensed child care providers submit reports of any serious injury or death to the CCLB. All serious injury and death reports are compiled into a report and submitted quarterly to the lead agency. License exempt providers are to report a serious injury or death of a child in care to the Michigan Department of Education (MDE). MDE tracks this information for posting to the annual aggregate data report along with the licensed provider information.

- ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

Harm or threatened harm to a child's health or welfare that occurs through non-accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment by a parent, a legal guardian, or any other person responsible for the child's health or welfare or by a teacher, a teacher's aide, or a member of the clergy.

iii. The definition of "serious injury" used by the Lead Agency for this requirement.

Serious Injury means any significant impairment of the physical condition of the minor child as determined by qualified medical personnel that results from an emergency safety intervention. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/licensing status
- iii. the total number of substantiated instances of child abuse in child care settings
- iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

<https://www.michigan.gov/mikidsmatter/0,9220,7-376-101349-503902--,00.html>

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

Michigan's Consumer Education website www.michigan.gov/mikidsmatter provides links to the contact information page for Great Start to Quality Resource Centers (<http://greatstarttoquality.org/support-networks>), which serve as child care resource and referral agencies. The link, labeled "Find a Resource Center," can be easily found on the main homepage and parent's pages of the site. A link to the information can also be found by searching the "Resources" section of the site.

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

Parents can contact the lead agency for assistance with, or questions about, [Michigan's consumer education site](#) by using the "Contact Us" button on the "Contact Us" footer that appears at the bottom of the homepage and on most pages of the site. The button leads to a page (<https://www.michigan.gov/mikidsmatter/0,9220,7-376-101352-535177--,00.html>) with the lead agency's address and phone number.

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

Michigan's Consumer Education website, MiKidsMatter (<https://www.michigan.gov/mikidsmatter>) went live in September 2018. The site is a landing page that combines common and most frequently used resources for families with young children in one place. The site provides easier access to child care search tools, provider enrollment and application resources, child development resources, and a wealth of other resources.

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care

providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

Michigan shares eligibility information with parents through multiple venues. These channels include:

- GSQ, the state's Quality Rating Improvement System (QRIS) website.
- Ten GSQ Resource Centers located throughout the state, offering direct communication to parents, providers, and the public.
- Partnerships with multiple stakeholders, including providers of early intervention, Great Start Parent Coalitions (GSPCs), and local Michigan Department of Health Human Services (MDHHS) offices for dissemination of important information to the widest audience.
- CDC website, which houses information and resources for parents and providers.
- Social media channels and listservs may be used in addition to these to increase awareness of important changes related to eligibility, assistance, and facilitating programs (providers).

All materials and sites are aimed at presenting information in an accessible and easy to understand manner for consumers of all types.

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in

providing this information.

a. Temporary Assistance for Needy Families program:

Michigan's CDC office partners with MDHHS who offers a universal application where people can apply for multiple benefit programs, including temporary assistance for needy families (TANF) all at the same time.

In January 2018, a simplified assistance application was launched, allowing a client to apply for five major programs. This application is the culmination of many state and private agencies, with public testing and feedback, working together for over two years to achieve an application that is 80% smaller than its predecessor, customer focused rather than program focused, and the start of more customer focused initiatives in technology and case work. The application materials provide informational materials regarding available assistance programs, brochures, handouts, related to applying for assistance, types of assistance, tips and guides, information for finding quality childcare. Many materials are offered in Spanish and Arabic. Translation services are available to all clients. Local office lobbies also have an assistance navigator available to help any walk ins looking for assistance. MDHHS Assistance Payments Specialists assist people directly through telephone or a walk-in intake process for all benefit programs.

Clients can apply online, through the mail, or at their local MDHHS office (an in-person interview is not always required). Benefit information details can be accessed through an internet service delivery portal, where clients can see pending documents, benefit summaries, redetermination dates, and more.

United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all assistance programs. In addition, MDHHS now trains and engages community partners to assist those applying for benefits.

For clients, the MiBridges portal has features that enable them to identify needs, connect to both state and local resources, view benefits information, and connect to a navigator. For partners, MI Bridges has features that enable them to view clients' resource information (if the client consents) so they can better assist clients in maintaining and managing their resources long-term.

b. Head Start and Early Head Start programs:

Information regarding Head Start and Early Head Start is provided to parents at the local level by grantees. Information provided varies due to local needs and communities. Outreach mechanisms can include activities such as targeting siblings during kindergarten roundup meetings, recruiting at community meetings, advertising within the local community, as well as through locally developed community partnerships. Many Head Start programs also participate in joint recruitment activities with the state-funded preschool program (Great Start Readiness Program - GSRP) in their service area. Additional outreach partners for Head Start/Early Head Start include: Head Start State Collaboration Office, Michigan Head Start Association, and the Office of Head Start, which can also serve as a resource for providing information to parents.

 **c. Low Income Home Energy Assistance Program (LIHEAP):**

Michigan's CDC office partners with the MDHHS who offers a universal application where people can apply for multiple benefit programs, including the Michigan Low Income Home Energy Assistance Program (LIHEAP) energy assistance all at the same time.

In January 2018, a simplified assistance application was launched, allowing a client to apply for five major programs. This application is the culmination of many state and private agencies, with public testing and feedback, working together for over two years to achieve an application that is 80% smaller than its predecessor, customer focused rather than program focused, and the start of more customer focused initiatives in technology and case work. The application materials provide informational materials regarding available assistance programs, brochures, handouts, related to applying for assistance, types of assistance, tips and guides, information for finding quality childcare. Many materials are offered in Spanish and Arabic. Translation services are available to all clients. Local office lobbies also have an assistance navigator available to help any walk ins looking for assistance. MDHHS Assistance Payments Specialists assist people directly through telephone or a walk-in intake process for all benefit programs.

Clients can apply online, through the mail, or at their local MDHHS office (an in-person interview is not always required). Benefit information details can be accessed through an internet service delivery portal, where clients can see pending documents, benefit summaries, redetermination dates, and more.

United Way/211 Benefit Access provides support to parents through a 24-hour

assistance hotline providing information and assistance for all assistance programs. In addition, MDHHS now trains and engages community partners to assist those applying for benefits.

For clients, the MiBridges portal has features that enable them to identify needs, connect to both state and local resources, view benefits information, and connect to a navigator. For partners, MI Bridges has features that enable them to view clients' resource information (if the client consents) so they can better assist clients in maintaining and managing their resources long-term.

d. Supplemental Nutrition Assistance Programs (SNAP) Program:

Michigan's CDC office partners with MDHHS who offers a universal application where people can apply for multiple benefit programs, including the food assistance program (FAP) all at the same time.

In January 2018, a simplified assistance application was launched, allowing a client to apply for five major programs. This application is the culmination of many state and private agencies, with public testing and feedback, working together for over two years to achieve an application that is 80% smaller than its predecessor, customer focused rather than program focused, and the start of more customer focused initiatives in technology and case work. The application materials provide informational materials regarding available assistance programs, brochures, handouts, related to applying for assistance, types of assistance, tips and guides, information for finding quality childcare. Many materials are offered in Spanish and Arabic. Translation services are available to all clients. Local office lobbies also have an assistance navigator available to help any walk ins looking for assistance. MDHHS Assistance Payments Specialists assist people directly through telephone or a walk-in intake process for all benefit programs.

Clients can apply online, through the mail, or at their local MDHHS office (an in-person interview is not always required). Benefit information details can be accessed through an internet service delivery portal, where clients can see pending documents, benefit summaries, redetermination dates, and more.

United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all assistance programs. In addition, MDHHS now trains and engages community partners to assist those applying for benefits.

For clients, the MiBridges portal has features that enable them to identify needs,

connect to both state and local resources, view benefits information, and connect to a navigator. For partners, MI Bridges has features that enable them to view clients' resource information (if the client consents) so they can better assist clients in maintaining and managing their resources long-term.

[e. Women, Infants, and Children Program \(WIC\) program:](#)

Michigan's CDC office partners with the MDHHS and provides referrals and information where people can apply for various benefit programs, including Women, Infants, and Children (WIC). MDHHS Assistance Payments Specialists assist people directly through walk-in intake processes for all benefit programs. Information is available for programs at the MDHHS website (an in-person interview is not always required).

United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all programs.

[f. Child and Adult Care Food Program\(CACFP\):](#)

The Child and Adult Care Food Program, located within the MDE, hosts a website with information available to the general public about the program. Parents are provided program information as part of the contract with subrecipients of the program.

Subrecipients are trained by program staff and encouraged to do local outreach in the communities directly to eligible participants and parents/guardians. Subrecipients are also required to provide information on all available programs/services, such as WIC, state health insurance or any other services the participants and parents/guardians may require. In addition, MDE shares contact information of potential providers with CACFP.

[g. Medicaid and Children's Health Insurance Program \(CHIP\):](#)

Michigan's CDC office partners with MDHHS who offers a universal application where people can apply for multiple benefit programs, including Medicaid and the Children's Health Insurance Program (CHIP) all at the same time.

In January 2018, a simplified assistance application was launched, allowing a client to apply for five major programs. This application is the culmination of many state and private agencies, with public testing and feedback, working together for over two years to achieve an application that is 80% smaller than its predecessor, customer focused

rather than program focused, and the start of more customer focused initiatives in technology and case work. The application materials provide informational materials regarding available assistance programs, brochures, handouts, related to applying for assistance, types of assistance, tips and guides, information for finding quality childcare. Many materials are offered in Spanish and Arabic. Translation services are available to all clients. Local office lobbies also have an assistance navigator available to help any walk ins looking for assistance. MDHHS Assistance Payments Specialists assist people directly through telephone or a walk-in intake process for all benefit programs.

Clients can apply online, through the mail, or at their local MDHHS office (an in-person interview is not always required). Benefit information details can be accessed through an internet service delivery portal, where clients can see pending documents, benefit summaries, redetermination dates, and more.

United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all assistance programs. In addition, MDHHS now trains and engages community partners to assist those applying for benefits.

For clients, the MiBridges portal has features that enable them to identify needs, connect to both state and local resources, view benefits information, and connect to a navigator. For partners, MI Bridges has features that enable them to view clients' resource information (if the client consents) so they can better assist clients in maintaining and managing their resources long-term.

h. Programs carried out under IDEA Part B, Section 619 and Part C:

The State has a comprehensive child find system that is coordinated with the primary referral entities, which include child care providers as required by CFR 303.302(c)(1). The MDE is the lead agency for Part C of the IDEA, commonly known in the state as Early On®. Public awareness materials are distributed throughout the state and the Early On® website is made available to the general public, including parents. Information featured includes how to make a referral and receive an evaluation for eligibility. Methods of sharing information with parents include availability of free Early-On® developmental wheels and other resources, targeted digital media campaigns, print advertisement, social media (Facebook and Twitter), and access to online www.1800EarlyOn.org and phone 1.800.EarlyOn (1.800.327.5966) referral systems. For child care providers, methods of distribution include conferences tailored to that

audience.

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description:

Local Great Start Collaboratives (GSCs), Great Start Parent Coalitions (GSPCs) and Great Start to Quality Resource Centers provide parents, providers and the community with information pertaining to children and their families from prenatal through age eight. Partners (child care licensing, Early-On® Training and Technical Assistance, MDHHS, CACFP, Local Community Mental Health agencies) also disseminate information via regular communication over email and webinars regarding the most up to date research, information and opportunities for parents, children, providers, and the public.

In addition, MDE passes this information to our partners to disseminate through various listservs. Information is always available at websites such as Early On® and MDHHS at https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2959_52710---,00.html, https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_7145_81755_81782-431105--,00.html and <https://www.michigan.gov/mde/0,4615,7-140-63533-127141--,00.html>.

In addition to these practices for disseminating child development resources and information, MiKidsMatter compiles child development resources, including some related to physical activity, in an easily navigable and accessible site. Parents, providers, and the public can access information about child development topics through the categories featured on MiKidsMatter. Parents, providers, and the public can access information about child development topics through the categories featured on MiKidsMatter.

Michigan also shares information through our MiKidsMatter website about Steps, which was created using Race to the Top - Early Learning Challenge grant funds. Michigan utilized a contractor who completed a statewide communications audit of which the findings indicated a dearth of communication about the importance of early childhood education targeted to families with infants and toddlers. Steps was created as an initiative to increase families' awareness of the importance of supporting brain development and early learning for kids ages 0–5, with an emphasis on ages 0–3. The initiative equipped trusted advisors (those who are already a part of the community and are known and trusted by families with young children) to deliver the information. This was piloted by four Great Start collaboratives that represented a mix of rural, urban, and multi-lingual families to gauge its usefulness between September 2020 and May 2021 and evaluated by the PDG B-5 evaluation contractor.

Through PDG B-5, Michigan is implementing a Caregiving Conversations Café model that provides an avenue to support both parents and providers as they care for young children. Caregiving Conversations focus on emerging information regarding brain architecture, trauma and adverse childhood experiences, as well as the rich studies of resilience that highlight the power of nurturing and supportive relationships and community. The cafes explore social connections, concrete support in times of need, parental resilience, knowledge of parenting and child development, and social and emotional competence of children.

Originally created for license exempt providers and the families of the children for whom they care, the Cafes were revised to be piloted as virtual cafes for just license exempt providers. In 2021, the Cafes were revised for home-based, licensed child care providers and piloted and will be revised for center-based providers as well. Along with supporting license exempt providers' practice, the cafes also created a venue for license exempt providers to meet, share, and network together, which the participants highly valued.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

Description:

Promotion/Prevention: A promotion-based social and emotional toolkit for families was developed cross systems and is available via the MDHHS website at: www.michigan.gov/social-emotional-health. This toolkit includes a parent guide with information on typical and atypical social and emotional development, parenting tips to support social and emotional well-being and links to community resources for further support. Additionally, the toolkit includes a simple two-page fact sheet with a definition of social and emotional health and simple milestones. This toolkit is disseminated to front line staff working with families via state-level webinars, conferences and is available for free download.

Social and emotional developmental wheels for families or those caring for infants and young children birth to five are available for purchase through the Michigan Infant Mental Health Association (MI-AIMH) (<http://mi-aimh.org>). Additionally, MI-AIMH has developed and distributed a social and emotional developmental wheel with strategies specifically targeted to fathers. Part C, MDHHS and MDE have all purchased wheels and distributed to front line staff for distribution to families across the state. Michigan's Part C program, Early-On has developed and distributes a 0-5 developmental milestone wheel for families. This wheel includes social and emotional behaviors and can be ordered online by staff to use with families or by families directly at no charge.

Michigan's GSQ website links families to free Early-On® developmental wheels and other resources, targeted digital media campaigns, print advertisement, social media (Facebook and Twitter), and access to online and phone referral systems. Intervention Early-On® Michigan offers early intervention services for infants and toddlers, birth to three years of age, with developmental delay(s) and/or disabilities, and their families. Families can access information for evaluation through: www.1800EarlyOn.org.

Through the Michigan Department of Education's Early On®, Part C program, in partnership with MDHHS, ongoing virtual training is provided to early care and education providers, across systems, on the Devereux Early Childhood Assessment (DECA) for Infants and Toddlers as well as the DECA Clinical for children ages 24 months to age six. These tools help providers work with families to observe, assess, interpret, and support the attachment, initiative, and self-regulation of young children. Additionally, through the Part C/MDHHS partnership, virtual training and coaching are provided on the Pyramid Model framework for infants and toddlers. The Pyramid Model is a positive behavioral intervention and support (PBIS) framework that uses systems-thinking and implementation science to promote evidence-based practices that promote social and emotional health in early care and education settings.

Through a partnership of MDE and MDHHS, leveraging PDG B-5 (professional development grant) funding and CCDF money, some communities in Michigan (18 out of 83 counties) have access to infant and early childhood mental health consultation. Additionally, when a family is eligible, these services can be supported through a MDHHS Prevention-Direct Service. This prevention direct service is part of the Behavioral Health and Intellectual/Development Disabilities chapter of the Michigan Medicaid Provider Manual. Michigan implements an evidence-based, state-driven Infant and Early Childhood Mental Health Consultation (IECMHC) model originally developed in the 1990's and refined based on science and practice. Master's prepared, IECMH consultants use this evaluated approach that includes partnering with early care and education providers to listen, observe, assess, plan and coach around the specific mental health needs of children and providers. This process enhances the overall quality of care and environmental climate. Additionally, in Michigan IECMHC services help to raise adult awareness of racial inequities and implicit bias. Consultants intentionally do this work with the goal of reducing suspensions and expulsions from caregiving environments, and ultimately increasing equitable, high-quality

care for all young children.

Mental health and developmental disability services in Michigan are delivered through county-based community mental health service programs (CMHSPs). The MDHHS Division of Mental Health Services to Children and Families, along with 46 regional CMHSPs, contracts public funds for intervention-based mental health, and developmental disability services. Medicaid funds, which are paid on a per Medicaid-eligible capitated basis, and require diagnosis, are contracted with CMHSPs, or affiliations of CMHSPs, as prepaid inpatient Health Plans (PIHPs). Substance Abuse services are provided through the 10 PIHPs. CMHSP's across the state providing intervention-based services to children 0-47 months must have an infant mental health endorsed practitioner. Example services for children 0-5 with a diagnosis include Infant Mental Health Infant mental health services provide home-based parent-infant support and intervention services to families where the parent's condition and life circumstances or the characteristics of the infant threaten the parent-infant attachment and the consequent social, emotional, behavioral, and cognitive development of the infant. Services reduce the incidence and prevalence of abuse, neglect, developmental delay, behavioral and emotional disorder. CMHSPs may provide infant mental health services as a specific service (Medicaid B 3 Service) or as part of a Department of Health and Human Services enrolled home-based program. The population served by an infant mental health specialist will vary community by community but typically involves children and families with multiple risks. Those risk factors may include adolescent parents, poor, single parents, firstborn infants, low birth weight infants, infants/toddlers with serious emotional disturbance, and parents with a diagnosis of mental illness, developmental disability, or substance abuse. The infant mental health specialist provides home visits to families who are enrolled during pregnancy, around the time of birth and infant/toddler's up to age 3. The specialist provides weekly home visits or more frequent visits if the family is in crisis. The service includes addressing the needs of the infant/toddler and other young children in the family and the mental health needs of the mother. Home-Based Services Michigan's home-based family service philosophy promotes delivery of services to families in their homes to achieve permanence for children, while maintaining and strengthening the family integrity. These services are provided to Medicaid-eligible individuals in families with multiple service needs who require access to a continuum of mental health services. The Mental Health Home-Based Services intervention combines the use of individual therapy, family therapy, case-management, and family collateral contacts as an approach to reducing reliance on placement in substitute care settings such as hospitals or residential treatment

centers. identifies family strengths and needs, determines appropriate interventions, and identifies resources developed in collaboration with family members and other agencies. Home-based services are accessed through local CMHSPs.

The Division of Mental Health Services to Children and Families certifies home-based services programs operated through CMHSPs and their provider network and provides training and technical assistance to home-based services staff and programs. Families can access more information and assessment for services by contacting their local CMHSP list. Services are primarily provided in the family home or community and may vary in intensity, application and duration depending on the needs of the family. Home-based services are designed through a planning process that requires the active participation of the family as members of the home-based services team. The resulting plan of service becomes the ongoing guideline for service delivery.

2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

The suspension-expulsion policy recommends and encourages all early education and care providers to develop a clear policy that prevents or significantly limits suspensions and expulsions for children under eight-years-old. The policy also presents a set of quality indicators for providers to consider when developing their policy. The policy is posted on the MDE website at

http://www.michigan.gov/documents/mde/Item_K_suspension_policy_birth_through_eight_5_43802_7.pdf. Michigan, through the Head Start State Collaboration office, is working with BUILD to convene a workgroup focusing on implementation and next steps. From October – December 2019, the workgroup, in coordination with the National Center for Children in Poverty (NCCP), created and distributed a survey to early care and education professionals throughout Michigan to learn more about their experiences with young children and challenging behavior. A final survey report, [The Voices of Michigan's Early Care and Education Teachers: Children's Challenging Behavior, Expulsion, Disparities, and Needed Program Reports](#), was completed in September 2020. Michigan is currently engaged in

presentation of the findings and prioritizing next steps to reduce and eliminate suspension and expulsion in early care and education.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

Through Michigan's PDG B-5 grant, we will be conducting a state scan in the Spring of 2021 to determine where universal behavioral and developmental screenings are taking place and who is conducting them. Michigan is an ambassadorial state for the CDC Learn the Signs, Act Early (LTSAE) campaign to create awareness for providers and families about the importance of developmental screening and monitoring. Michigan's goals for LTSAE are to ensure strong developmental screening awareness within

evidence-based home visiting and to further spread awareness with partners implementing the Part C program. There will be additional connection through the PDG B-5 grant.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). MDHHS works with partners in local and state agencies (including evidence-based home visiting, Part C of the IDEA, community action agencies, and others) to connect families to Medicaid as needed. Once enrolled in Medicaid, families with children under the age of 21 are automatically eligible for the range of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, although participation in EPSDT is voluntary. In Michigan, EPSDT services include developmental screening that aligns with the Bright Futures Periodicity Schedule adopted by the American Academy of Pediatrics. Parents are advised of the benefits available through EPSDT through both a letter and a brochure that includes language regarding developmental and behavioral screening: https://www.michigan.gov/documents/mdch-healthcheck-JUN28_97041_7.pdf.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

Comprehensive child find system (§ 303.115). Michigan has a comprehensive child find system, including a system for making referrals to local lead agencies. This includes timelines and provides for participation by primary referral sources. The child find system ensures rigorous standards are implemented to appropriately identify infants and toddlers with disabilities for services under Early On® that will reduce the need for future services. Further discussion regarding child find is provided in Section D of this plan.

Public awareness program (§ 303.116) Michigan has a public awareness program focusing on early identification of infants and toddlers with disabilities, including the preparation and dissemination by the MDE and Early On® service areas of information to be given to parents, to all primary referral sources, and procedures for assisting such sources in disseminating such information to parents of infants and toddlers with

disabilities. Further detail regarding public awareness activities is provided in Section D of this plan.

Coordination with Head Start and Early Head Start, early education, and child care programs (§ 303.210) on June 29, 2011, the Governor of Michigan signed Executive Order 2011-8 which created the Office of Great Start (OGS) in the MDE. OGS brought child development and care subsidy and quality programs, as well as the Head Start State Collaboration Office, to MDE to join existing early childhood programming including Early On®, early childhood special education (Part B, section 619), and the Great Start Readiness Program (the State-funded prekindergarten program) under one office. OGS is charged to align the State's early learning and development investments to achieve a single set of shared outcomes. Individuals with leadership roles from OGS participate in the Great Start Operational Team, which serves as the State Advisory Council convened under the Head Start Act.

General (§ 303.300) In order to implement the statewide comprehensive, coordinated, multidisciplinary interagency system to provide early intervention services for infants and toddlers with disabilities and their families, Michigan has pre-referral, referral, and post-referral policies and procedures that guarantee compliance with timeline requirements that ensure responsive intervention for infants and toddlers. A screening policy has been adopted for those local lead agencies that choose to utilize screening after referral, and the statewide system carries out assessments and evaluations that inform the development, review, and implementation of individualized family service plans (IFSPs) for eligible children and their families.

Public awareness program (§ 300.301) MDE, under advisement from the Michigan Interagency Coordinating Council (MICC), has developed a comprehensive information dissemination plan for Early On which focuses broadly on public awareness activities and specifically on early identification outreach and information dissemination. Families, individuals, and primary referral sources in contact with children under three years of age who may benefit from early intervention services have access to information and materials regarding the availability of early intervention services in Michigan. A coordinated public awareness effort at both the State and local level is designed to provide information about child development and Early On® in Michigan for Early On® service providers, parents, and the general public. The State-level public awareness

items may be supplemented by those produced locally. All the information on early intervention services that is produced will be directed to various agencies, organizations, and families. The network of dissemination includes Early On® service areas, LICCs, all primary referral sources, public and private nonprofit providers, and family advocacy groups, as well as other interested organizations, agencies, or persons. Dissemination procedures assist primary referral sources in distributing the public awareness information provided to them.

MDE, with the assistance of the MICC as defined in § 303.8, ensures that the child find system under Part C of IDEA:

A. Is coordinated with all other major efforts to locate and identify children by other State agencies responsible for administering the various education, health, and social service programs relevant to Part C of IDEA, including Indian tribes that receive payments under Part C of IDEA, and other Indian tribes, as appropriate; and

B. Is coordinated with the efforts of the:

3. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) under Title XIX of the Social Security Act (42 U.S.C. 1396(a)(43) and 1396(a)(4)(B)); 8. Child care programs in the State.

Assessment of the child and family (§ 303.321) The child/family assessment is the process of gathering any additional information that is needed to develop the IFSP. Child assessment During the need's assessment process, *Early On*® and the family will carry out any additional child assessment activities that are needed for IFSP development. Much of the information needed to develop the initial IFSP may have already been gathered to establish eligibility. If not, child assessment activities will be carried out at this point to inform the development of the IFSP so that it is based on the needs of the child.

The information used to define the child's unique strengths and needs and the early intervention services appropriate to meet those needs must include all the following:

A. Review of the child's evaluation results.

B. Personal observations of the child.

C. Identification of the child's needs in each of the following developmental areas: 1. Cognitive 2. Communication 3. Social/emotional 4. Adaptive (self-help) 5. Physical (vision, hearing, gross and fine motor)

D. An observational assessment of the parent(s)/primary caregiver(s) and child together.

The purpose of the observational assessment is to understand the development of the

child within the context of his or her caregiving environment and across multiple developmental domains of functioning: cognitive, physical, communication, social and emotional, and adaptive. The family assessment is conducted by personnel trained to use appropriate methods and procedures. The family-directed assessment must:

- A. Be voluntary on the part of each family member participating in the assessment.
- B. Be obtained through use of an assessment tool and interview.
- C. Include a family-directed identification of priorities, resources and concerns related to enhancing the development of the child. This information is used to help determine the kinds of services that will be provided to help achieve family outcomes.

The following required functions that must be carried out at public expense, and for which no fees may be charged to parents are included in the Michigan policy:

- 1. Implementing the child find requirements in §§ 303.301 through 303.303.
- 2. Evaluation and assessment, in accordance with § 303.320, and the functions related to evaluation and assessment in § 303.13(b).

d) [How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.](#)

Currently Michigan has a variety of opportunities that are initiated at the local level to share information with providers.

e) [How child care providers receive this information through training and professional development.](#)

Currently Michigan has a variety of opportunities that are initiated at the local level to share information with providers.

f) [Provide the citation for this policy and procedure related to providing information on developmental screenings.](#)

The "Michigan Department of Education, State Board of Education, Early On® Michigan Part C of the Individuals with Disabilities Education Act (IDEA) State Plan" could be used as the citation for the policy and procedure related to providing information on developmental screenings under *Early On*® (IDEA Part C). The *Early On*® State Plan then further cites the IDEA Part C, 34 CFR Part 303 regulations Developmental screening can also be used as pre-referral activities as part of child find and public

awareness and may also be used as a post-referral activity to determine whether there is a suspicion of a delay and therefore a need for a full developmental evaluation.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

The Client Authorization form (DHS-198C) is sent to the parent once the parent has selected a provider and the provider has been assigned to the child. This form has been updated to contain a consumer statement and provider specific information. General information is also provided on the Assistance Application. The consumer statement also appears on the consumer education website at

<https://www.michigan.gov/mikidsmatter/0,9220,7-376-101349-475551--,00.html>.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements

- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.

<https://www.michigan.gov/mikidsmatter/0,9220,7-376-101349-475551--,00.html>