

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report,

the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should

consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

Michigan conducted our first assessment in 2016 and the findings were summarized in the "Building a Better Child Care System: What Michigan Can Do to Help More Parents and Children Access Quality Care " report in September 2016. This report included addressing supports needed for the workforce including professional development and quality improvement and recognized the importance of participation in Great Start to Quality (GSQ), our Quality Rating Improvement System (QRIS). Michigan is currently engaging stakeholders to revise and improve GSQ, our QRIS. In addition, we are learning about child care needs through the PDG B-5 needs assessment https://www.michigan.gov/documents/mde/MI-PDGB5-Needs-Assessment-508_708036_7.pdf and Strategic Plan (Michigan Early Childhood Strategic Plan) and will continue to develop strategies to address barriers and gaps.

The Great Start to Quality Advisory Committee meets monthly to discuss stakeholder feedback and make recommendations for improvements. Feedback is gathered on an ongoing basis through webforms and quarterly feedback session with Resource Center staff.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

As part of the "Building a Better Child Care System: What Michigan Can Do to Help More Parents and Children Access Quality Care " report, there were two clear recommendations that inform and support goals for quality improvement: support the early childhood workforce to continue to move the providers along the quality continuum. In addition to professional development supports and coaching for licensed and license exempt providers, license exempt providers are also provided the opportunity of orientations and ongoing trainings to improve skills. As part of the "support the early childhood workforce" recommendation, there were two directives: assess professional development opportunities for licensed providers and explore how to improve benefits and wages. Three elements were identified as part of the professional development opportunities directive: address barriers to accessing current professional development, partner with providers to identify topics that are relevant to current challenges, and catalog and sequence current professional development requirements and opportunities. As part of the "make it easier for providers to improve their programs" recommendation, some of the directives under this recommendation include: continue to explore how to best support license exempt providers, provide funding to support quality improvements, align expectations across programs and funding streams, increase support during the licensing process, and increase participation in GSQ. We continue to use both recommendations to support our quality investments and will use the Professional Development Grant (PDG) B-5 needs assessment

https://www.michigan.gov/documents/mde/MI-PDGB5-Needs-Assessment-508_708036_7.pdf and Strategic Plan (Michigan Early Childhood Strategic Plan) to guide our work. The findings from the Initial PDG B-5 needs assessment were a starting point to develop an initial strategic plan to address the needs and gaps within the system through MI PDG B-5 renewal grant activities. During the renewal grant, a root cause analysis will be done to identify why barriers to participation for children and families in the mixed delivery system exist, will delve into understanding the "whole child, whole family" needs as they relate to accessing the birth-five mixed delivery system, learn more about families who are

often least connected to the programs and services and their unique needs, and analyze the barriers to increasing the supply of child care at the community level, with a special focus on the needs of small businesses.

As a state, our overarching goals include investing in training and professional development to increase the competency of our workforce and supporting childcare licensing to ensure compliance with health and safety standards; targeting services to improve the supply and quality of child care programs serving infants and toddlers; and implementing GSQ. Currently, ten regional Resource Centers employing Quality Improvement Consultants (QIC) and Quality Improvement Specialists (QIS) work to support providers' participation in GSQ by providing outreach and engagement, resource and referrals, ongoing coaching, consultation, technical assistance, and professional development opportunities.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

PDG B-5

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

n/a

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

PDG B-5

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds Other funds.

Describe:

PDG B-5

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

n/a

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

n/a

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

PDG B-5

child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards

2. Supports to programs to improve quality

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

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

GSQ, Michigan's QRIS for child care, preschool, and school age only programs are administered by the Early Childhood Investment Corporation (ECIC). A network of ten GSQ Resource Centers are contracted by four Early Childhood Support Networks to provide quality improvement technical assistance, training and resources designed to assist providers in increasing their quality levels. <http://greatstarttoquality.org>.

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

Participation is required for programs funded as a state funded 4-year-old preschool program, Great Start Readiness Program (GSRP). All programs receiving funding must be rated a minimum of 3 stars.

- Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

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- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other Describe:

n/a

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which

participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

Great Start to Quality has a different set of quality indicators for each of the three provider types in Michigan: child care center, group home, and family home. The suite of on-site assessment tools that are used, and the Program Quality Assessments, include a tool specifically for family child care providers. This allows each program to be measured in a way that most accurately reflects the quality important to their environment and program offerings.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start

programs and the quality improvement system).

- c. 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, an alternative pathway exists to meeting the standards).
- d. Programs that meet all or part of state/territory school-age quality standards.
- e. Other.

Describe:

n/a

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
 - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - b. Embeds licensing into the QRIS
 - c. State/territory license is a "rated" license
 - d. Other.

Describe:

n/a

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

- No
- Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

n/a

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

As a continuation of our Race to the Top – Early Learning Challenge (RTT-ELC) grant goals, we aim to maintain a GSQ participation rate of 50% of eligible licensed programs. We currently have 54% of the children receiving CDC subsidy in a 3, 4, or 5 star program. We will continue to measure and increase the number of high-quality licensed child care programs as well as the licensed capacity of those programs. Additionally, we will increase the participation rate of licensed child care programs that serve school age only children. Michigan is currently engaging stakeholders and an advisory group to reimagine and revise our quality rating improvement system. We will pilot potential revisions in 2021, with the goal of implementing a revised quality rating improvement system in fall of 2022.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

The CDC program supports the Educare program located in Flint as it advances a rigorous, research-based model derived from early childhood development, education, social work, and other allied fields. Four core features compose the model: data utilization, embedded professional development, high-quality teaching practices and intensive family engagement.

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

For the state fiscal year 2020, 45% of the GSQ Resource Center budgets are dedicated to infant and toddler training and professional development. In addition, focused efforts are in place through the Early Childhood Support Networks (ECSNs) to increase the capacity of the QICs serving as Infant Toddler Specialists (ITS). This unique infant toddler focused role is to support providers serving infants and toddlers. Each Resource Center designates and supports at least one "expert" in infant toddler development and appropriate practices for infants and toddlers in care. Resource Centers are encouraged to partner with local programs and other agencies with infant toddler expertise. All training that is infant and toddler focused will be coded as such in Michigan Registry and will allow for reporting to ensure availability and diversity of topics.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

The ECSN works flexibly as statewide and regionally based systems to provide training and technical assistance to the Great Start to Quality Resource Centers and the QIC/ITSs. The ECSNs provide a network of support for the QICs serving as Infant Toddler Specialists. QIC/Infant Toddler Specialists are receiving statewide infant toddler training (including Program for Infant and Toddler Care PITC) to directly support providers serving infants and toddlers. QIC/ITSs also receive additional training and coaching opportunities which embed best practices related to the care of infants and toddlers, including opportunities to engage in reflective practices, reflective supervision, and MI-AIMH endorsement and membership support.

The ECSNs and the Michigan Department of Education/Office of Great Start (MDE/OGS) appoint an ECSN Statewide IT lead with the background and leadership in infant- toddler development. This Statewide Lead provides alignment across systems and offers additional leadership, guidance, and support to the Great Start to Quality Resource Centers and the QIC/ITSs.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

Michigan continues to develop a coordinated system of support for infants and toddlers with disabilities and their families through *Early On*®, Michigan's Part C of the IDEA program. *Early On* serves 94% of their infants and toddlers with Individualized Family Education Plans (IFSPs) in the "natural environment," which includes child care settings and homes. Quality Improvement Consultants provide training and technical assistance to support developmental screening, family communication regarding child development, and referral to *Early On* services. Child care providers may coordinate with *Early On* providers in development and delivery of the IFSP. Further, the Preschool Development Grant Birth-5 includes activities geared toward supporting child care providers and families who have children with IFSPs in child care settings, entitled "Integrating Birth to Five." This effort includes developing and implementing cross-program training for child care providers aligned with the IDEA targeted toward child care and other early childhood system providers. The objective of this activity is to ensure all children and providers are fully supported in the continuum of services. The MDE/OGS houses both Part C and CCDF, which allows for ongoing coordination and collaboration.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

As part of our QRIS, programs serving infants and toddler, seeking a 4 or 5 star, are currently rated using the Infant and Toddler Program Quality Assessment (PQA).

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

Child Care Licensing requirements provide special provisions for licensed providers caring for infants and toddlers including lower adult child ratios and additional educational requirements for those serving as lead caregivers in infant and/or toddler classrooms.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

Michigan currently has State Board of Education approved early learning guidelines specifically for infants and toddlers. They are included in the Early Childhood Standards of Quality for Infant and Toddler Programs.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

Our consumer education website MI Kids Matter

<https://www.michigan.gov/mikidsmatter/> has content around finding child care, development and milestones, social and emotional development, physical health and safety, early intervention and other state level programs and supports as well as

parenting tips. A parent and/or a provider can access the site 24/7 and filter by prenatal, infant, toddler, preschool and/or school age for targeted resources. Parents can also access a STEPS parent kit that provides tips, infographics, articles, and information focused on birth to three. In addition, parents can directly access searching for child care by going to www.greatstarttoquality.org . The site also has a checklist to support parents with finding high quality child care for their children.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

Michigan supports implementation of a layered funding model for Early Head Start-Child Care Partnership (EHS-CCP) grantees. The layered funding model, which was supported in the federal EHS-CCP funding opportunity, allows grantees serving eligible children to collect both child care subsidy and EHS-CCP funding up to the number of hours a child is authorized for. The EHS-CCP grant supports improved health and safety, cognitive and physical development, and well-being through partnerships with child care homes and centers that require them to meet Early Head Start Performance Standards. The Performance Standards exceed state child care licensing requirements in these areas. Layered funding allows the subsidy to pay for core child care services, while the EHS-CCP dollars fund quality enhancements that assist providers in meeting the Performance Standards. Michigan currently has seven grantees participating in the EHS-CC Partnership layered funding model serving approximately 1,100 children birth to age 3.

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

Through a partnership of MDE and MDHHS, leveraging PDG B-5 funding and CCDF funding, some communities in Michigan (18 out of 83 counties) have access to infant and early childhood mental health consultation. Consultants are supporting child care providers to build equitable, quality care by strengthening their child care practices and environments to support social and emotional well-being of all children and the staff that care for them. In addition, training and peer to peer support is expanded beyond the funded communities.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

- In-home care (care in the child's own home)
- n. Other.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

The quality improvements gained by providers who have engaged in the infant/toddler services through GSQ are not primarily reflected in increased star ratings. To better track these more nuanced changes, information is collected monthly from IT Specialists who support providers in their local learning communities. Preliminary results show that providers who attend more monthly group and individual supports have decreased feelings of isolation, learned and applied relationship-based care practices that enhance interactions between individuals in the environment, and engaged informal and informal activities to support developmentally appropriate practices for Michigan's youngest children in child care. Future analysis might include how these supports impact business sustainability and workforce turnover. Michigan also supports partnerships centered on raising infant-toddler care quality in some of the State's most underserved communities and meets frequently with those projects (Educare/EHS-CCP) for updates on activities, including number of children served and quality improvement activities. Data is also being collected on the children and providers served by the Social Emotional Consultants to determine impact and plan for sustainability.

Data tracked by the Infant and Toddler Specialists include: Participant demographic data (age, geographic location, race, ethnicity, gender, role within the program, etc.), participation information (number or training or professional learning community meetings attended), ages of children served, number of children receiving DHHS subsidy, shifts and indications of quality rating Improvements. They also capture anecdotal data gained through reflection and observation.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

MDE funds four regional ECSNs, who in turn have agreements with the Great Start to Quality Resource Centers in each of the regions.

The Resource Centers provide a comprehensive system of supports and services designed to improve quality across all early learning and development settings. These include:

- professional development opportunities,
- quality improvement consultations, coaching, supports, and resources for licensed early learning and development programs and license exempt subsidized providers.
- provide consumer education to families concerning a full range of child care options and work directly with families to support their informed decision-making about a child care setting that best suits their needs.

Michigan is currently bidding out the Great Start to Quality Resource Center work (through the ECSNs) for FY22 and we will be expanding the services provided.

Organization will implement Great Start to Quality and establish a coordinated system of high quality supports for families and early learning and development programs within a specified service area of the state.

Organizations will be selected to serve in a collaborative leadership role. As a collaborative leader, the Great Start to Quality Resource Center will work with

organizations within the ECSN regions across the state in the implementation of Great Start to Quality and a coordinated system of high quality supports for families and early learning and development programs. Effective implementation will be measured by:

- An increasing number of early learning and development programs that serve children with high needs moving into the highest levels of Great Start to Quality.
- The utilization rate of universal and targeted supports and services by licensed programs and license exempt subsidized providers. Examples of supports and services include but are not limited to:
 - online quality improvement resources,
 - professional development on early learning standards, family engagement, and Great Start to Quality.
 - consultation and coaching specific to support movement to higher levels of Great Start to Quality.
- Sequential professional development opportunities that are tied to quality improvement plans and result in a knowledgeable and competent workforce as measured by participant self-assessment.
- Increasing number of consultations that enable early childhood educators and early learning and development programs to put knowledge into practice as reported by participants in the quality improvement plans.
 - Consultations (onsite or remote) by quality improvement consultants with early learning and development programs serving children with high needs specifically designed to move programs to the highest levels of Great Start to Quality.
- The provision and utilization rate of resources for licensed programs, license exempt subsidized providers, and families that build a culture of quality. Examples of resources include but are not limited to:
 - materials that enhance the early learning environments including those secured through lending libraries.
 - sharing information and resources with families, including families with children who experience delays and/or disabilities.
 - Great Start to Quality guidance documents, materials, and information for licensed programs and license exempt subsidized providers.
- Increased quality as measured by Great Start to Quality assessments for early learning and development programs serving children with the highest needs.
- Increased quality as measured by Great Start to Quality for license exempt subsidized providers.
- Utilization of approved trainings and trainers within the service area.
- Providing referrals and supports to families in need of child care that meets their needs.
- Collect data and provide information on the coordination of services and supports, including services under Section 619 and Part C of the Individuals with Disabilities Education Act.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the

state or territory has met these measures.

The GSQR Centers currently track provider professional development, # of participants, # of providers receiving quality improvement consultation, number of providers participating in GSQ, resources to support quality improvement, partnerships to support quality, referrals to social emotional consultation, referrals to education scholarships, infant toddler quality improvement cohorts, and infant toddler specialist data.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

MI uses quality funds to support Child Care Licensing Bureau (CCLB) currently has 90 child care licensing consultants and 8 area managers who are overseen by two child care licensing directors. In addition, the CCLB has a central support unit with a Policy Manager. Currently the ratio of programs to consultants is 91:1. Child care licensing is responsible for conducting training for providers specific to child care licensing rule compliance, including health and safety requirements. License exempt related and unrelated providers are required to complete a health and safety orientation and to complete ongoing health and safety training. Unrelated license exempt providers have a required health and safety coaching visit that supports the provider with meeting health and safety standards.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No

Yes. If yes, which types of providers can access this financial assistance?

Licensed CCDF providers

Licensed non-CCDF providers

License-exempt CCDF providers

Other

Describe:

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

With the reduction in caseloads and an increase in the number of on-site inspections we expect to increase the amount of time licensing consultants can spend with licensees to provide training, technical assistance, and consultation. Licensing will continue to track the number and type of on-site visits and begin tracking the following: number of in-service trainings that consultants provide, number of center orientations provided, number of conference presentations provided, number of consultants/area manager participation on local committees that are focused on improving child care quality, number of trainings that consultants attend, number of providers that have improved their quality rating from one fiscal year to the next. Twice a year ECIC provides MDE with a report that includes information on the health and safety visits that includes metrics, progress, successes, challenges, lessons learned and recommendations regarding monitoring and provider concerns. The report explains the outcome of the previous six months inspections, monitoring, training and compliance with health and safety standards.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

n/a

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

n/a

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

n/a

b. Preschoolers

n/a

c. and/or School-age children.

n/a

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

n/a

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

n/a