



Child Care and Development Fund (CCDF) Plan

for

State/Territory Michigan

FFY 2016-2018

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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

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Form ACF-118 Approved OMB Number XXXX-XXXX expires XXXX

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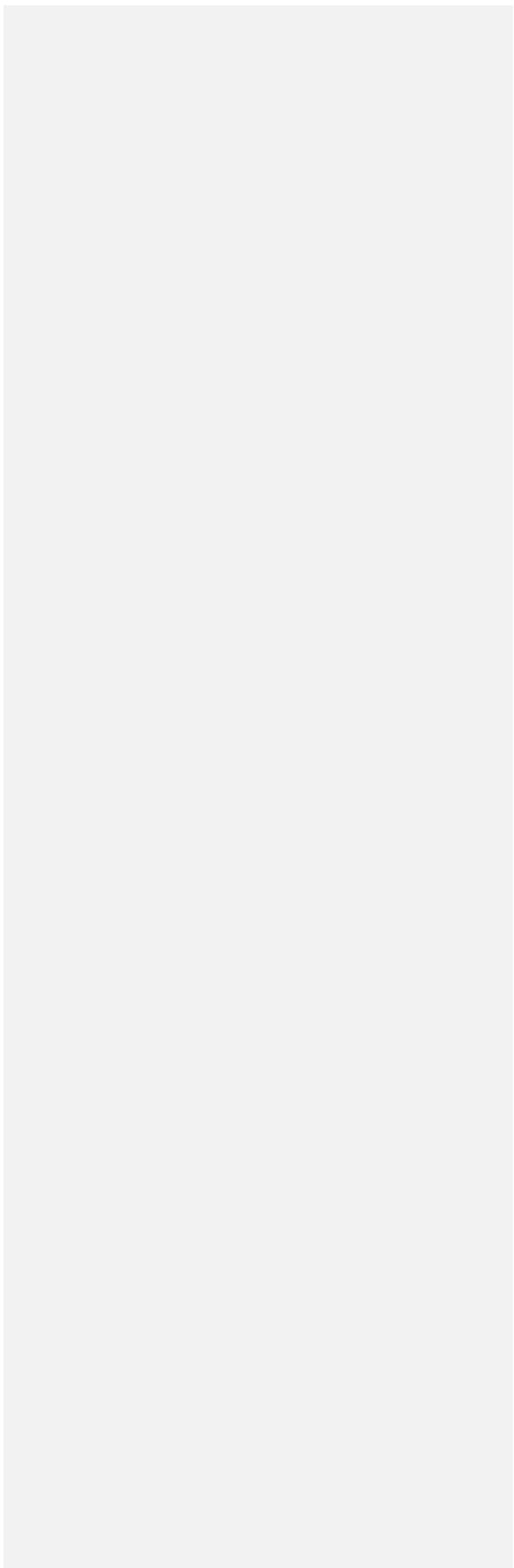
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Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub.L. 113-186) (https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_mark_up.pdf). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

CCDF Plan Overview. The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families’ access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption

and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to High Quality Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of high quality care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

CCDBG Implementation Deadlines. In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission, the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)
- Current status for any requirement in this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. As part of the ongoing reviews, States and Territories will be asked to complete regular updates to the implementation plan through the e-submission site. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02> and corresponding timeline of effective dates <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-cdbg-act-of-2014>).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <https://childcareta.acf.hhs.gov/ccdf-reauthorization>. In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

CCDF Plan Submission. States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in

the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see <http://www.section508.gov/> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law. In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing CCDBG compliance monitoring efforts. . In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

- Name of Lead Agency Michigan Department of Education
- Address of Lead Agency 608 W. Allegan PO Box 30008, Lansing, MI 48906
- Name and Title of the Lead Agency Official Brian Whiston
- Phone Number 517-373-3324
- E-Mail Address WhistonB@michigan.gov
- Web Address for Lead Agency (if any) www.michigan.gov/mde

1.1.2 Who is the CCDF administrator?

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

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator Lisa Brewer Walraven

Title of CCDF Administrator Director, Child Development and Care

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

Phone Number 517-373-4116

E-Mail Address brewer-walraven@michigan.gov

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

a) Name of CCDF Co-Administrator Susan Broman

Title of CCDF Co-Administrator Deputy Superintendent, Office of Great Start

Phone Number 517-335-4092

E-Mail Address bromans@michigan.gov

Description of the role of the Co-Administrator The Deputy Superintendent for the Office of Great Start is responsible for the four early childhood offices within the Department of Education (Head Start State Collaboration Office, Child Development and Care, Preschool and Out of School Time Learning and Early Childhood Development and Family Education).

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any) 517-241-9492 or 866-990-3227

Web Address for CCDF program (for the public) (if any)

www.michigan.gov/childcare

Web Address for CCDF program policy manual (if any)

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

Web Address for CCDF program administrative rules (if any)

http://w3.lara.state.mi.us/orrsearch/106_04_AdminCode.pdf

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

- Outreach and Consumer Education (section 2):
 - Agency/Department/Entity MDE
 - Name of Lead Contact Lisa Brewer Walraven/Trina Coolman
- Subsidy/Financial Assistance (section 3 and section 4)
 - Agency/Department/Entity MDE

- o Name of Lead Contact Lisa Brewer Walraven/Mark Dillingham
- Licensing/Monitoring (section 5):
 - o Agency/Department/Entity LARA
 - o Name of Lead Contact Mark Jansen
- Child Care Workforce (section 6):
 - o Agency/Department/Entity MDE
 - o Name of Lead Contact Lisa Brewer Walraven/Robin Zeiter
- Quality Improvement (section 7):
 - o Agency/Department/Entity MDE
 - o Name of Lead Contact Lisa Brewer Walraven/Robin Zeiter
- Grantee Accountability/Program Integrity (section 8):
 - o Agency/Department/Entity MDE
 - o Name of Lead Contact Lisa Brewer Walraven/Evelyn Oliver

1.2 CCDF Policy Decision Authority

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

- 1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

All program rules and policies are set or established at the State/Territory level.

Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

Eligibility rules and policies (e.g., income limits) are set by the:

State/Territory

County. If checked, describe the type of eligibility policies the county can set _____

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set _____

- Other. Describe _____
- Sliding fee scale is set by the:**
 - State/Territory**
 - County. If checked, describe the type of sliding fee scale policies the county can set _____
 - Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set _____
 - Other. Describe _____
- Payment rates are set by the:
 - State/Territory
 - County. If checked, describe the type of payment rate policies the county can set _____
 - Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set _____
 - Other. Describe _____
- Other. List and describe (e.g., quality improvement systems, payment practices) _____

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

- TANF agency. Describe. **The Michigan Department of Health and Human Services determines eligibility on behalf of the lead agency.**
- Other State/Territory agency. Describe. _____
- Local government agencies such as county welfare or social services departments. Describe. _____
- Child care resource and referral agencies. Describe. _____

Community-based organizations. Describe. _____

Other. Describe. _____

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

CCDF Lead Agency

TANF agency. Describe. _____

Other State/Territory agency. Describe. _____

Local government agencies such as county welfare or social services departments. Describe. _____

Child care resource and referral agencies. Describe. _____

Community-based organizations. Describe. _____

Other. Describe. **Ten Great Start to Quality Resource help support providers and educators improve the quality of their programs and care.**

c) Who issues payments?

CCDF Lead Agency

TANF agency. Describe. _____

Other State/Territory agency. Describe. _____

Local government agencies such as county welfare or social services departments. Describe. _____

Child care resource and referral agencies. Describe. _____

Community-based organizations. Describe. _____

Other. Describe. _____

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

[REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe **An email with an overview of the plan was sent to the MDHHS Business Service Center Directors (BSC), Great Start Collaboratives, Great Start Parent Coalitions and the Great Start Regional Resource Centers prior to the public hearing. In addition, they received an invitation to the public hearing.**

[REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe _____

- o If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?
 - Yes
 - No.

If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy **The Office of Great Start (created by an Executive Order and housed within the Michigan Department of Education) has been charged with ensuring that all children birth to age eight, especially those in highest need, have access to high-quality early learning and development programs and enter kindergarten prepared for success. The Governor outlined a single set of early childhood outcomes against which all public investments will be assessed:**

- **Children born healthy;**
- **Children healthy, thriving, and developmentally on track from birth to third grade;**

- Children developmentally ready to succeed in school at the time of school entry; and
- Children prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

In 2013, the Office of Great Start engaged stakeholders across the state in development of Great Start, Great Investment, Great Future: The Plan for Early Learning and Development in Michigan. This comprehensive plan contains six recommendations and numerous priority action items for advancing early learning and development.

In addition to the State Board of Education, the Michigan Department of Education – Office of Great Start established an Advisory Council to help identify and define policy issues and determine how to best communicate with key stakeholders about the broader early childhood system in Michigan. The eighteen member council is comprised of parents, providers and community leaders. Both the SBE and the OGS Advisory Council were engaged in learning about the new CCDBG requirements as well as asked to provide input into the plan.

[REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with MDE included a tribal member in the development and execution of the Market Rate Survey (MRS). The final MRS was emailed to all of the Tribes. An email was sent with an overview and link to the draft of the plan prior to the public hearing. In addition, they were invited to participate in the public hearing. Check N/A if no Indian Tribes and/or Tribal organizations in the State

State/Territory agency responsible for public education. Describe The lead agency is part of the Michigan Department of Education, which is responsible for public education across the state. Within the Department, the Office of Great Start (OGS) is the coordinating body for early childhood programs (birth to age 8). Within the OGS there are four offices: Child Development and Care; Early Childhood and Family Education; Preschool and Out of School Time Learning and the Head Start Collaboration Office.

State/Territory agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe The lead agency houses Part C and manages Part B, Section 619 of IDEA and a representative from the program area participated in the development of the plan.

State/Territory institutions for higher education, including community colleges. Describe The Professional Development Stakeholder Group and corresponding work streams provided feedback on relevant sections of the CCDF Plan. The Professional Development Stakeholder Group has Community College and University representation. In addition,

input was solicited from the Qualifications, Credentials, and Pathways work stream which has a sub-committee that is focused on articulation and is comprised of additional higher education representation from both Community Colleges and Universities.

State/Territory agency responsible for child care licensing. Describe The Director of the Bureau of Community and Health Systems (BCHS) at LARA, along with other identified child care licensing staff participated in the development of this plan.

State/Territory office/director for Head Start State collaboration. Describe In addition to the Head Start State Collaboration Director being part of the Office of Great Start within the lead agency, the Director of the Head Start State Collaboration Office participated in the development of the plan.

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe The Head Start State Collaboration Office Director and the State Child Care Administrator partner in convening Michigan's five Early Head Start-Child Care Partnership grantees on a quarterly basis. Information on subsidy rules and regulations are shared with the EHS-CCP grantees during these meetings and they are given the opportunity to ask questions. During a EHS-CCP convening, grantees were provided with highlights of the draft CCDF plan, as were dates for the State Plan Public Hearings.

State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe The CACFP is housed within the lead agency. In addition, we partner with the CACFP to recruit providers for participation and in addition, an email with an overview of the plan was sent to CACFP staff prior to the public hearing. In addition, they received an invitation to the public hearing and were encouraged to include their food sponsors.

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe A representative from the Michigan Department of Health and Human Services (MDHHS) participated in the development of the plan.

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe

•Great Start to Quality staff

•Early Childhood Investment Corporation staff

•Migrant Telamon

•Michigan Head Start Association

•MI Department of Community Health

•Great Start Readiness Programs

•Michigan Association of Intermediate School Administrators

·Michigan Afterschool Partnership

Michigan Association for Infant Mental Health

·T.E.A.C.H. Early Childhood®MICHIGAN

·Michigan Association for the Education of Young Children

·Early On Technical Assistance Network

·MDE's Office of Career and Technical Education

·MDE's Office of Professional Preparation Services

·Head Start Training and Technical Assistance

MDHHS Community Health/Home Visiting

State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe **A representative from the Michigan Department of Health and Human Services (MDHHS) participated in the development of the plan.**

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe **A representative from the Michigan Department of Health and Human Services (MDHHS) participated in the development of the plan.**

McKinney-Vento State coordinators for Homeless Education. Describe **Housed with in the lead agency at MDE, the McKinney-Vento State Coordinator and Special Populations Manager reviewed and informed the pieces of the plan that were relevant. We are continuing to work with both to develop our training and technical assistance on identifying and serving homeless children and families and on the consumer education and subsidy policy pieces.**

State/Territory agency responsible for public health. Describe **An overview of the plan was discussed with the Great Start Operations Team (a cross sector Departmental leadership group, that allows for state government to coordinate early childhood policy, funding and programs leading to collaboration and integration at all levels) In addition, an email was sent with an overview and link to the draft of the plan prior to the public hearing. Great Start Operations Team members received an invitation to the public hearing.**

State/Territory agency responsible for mental health. Describe **An overview of the plan was discussed with the Great Start Operations Team. In addition, an email was sent with an overview and link to the draft of the plan prior to the public hearing. Great Start Operations Team members received an invitation to the public hearing.**

State/Territory agency responsible for child welfare. Describe **An overview of the plan was discussed with the Great Start Operations Team. In addition, an email was sent with**

an overview and link to the draft of the plan prior to the public hearing. Great Start Operations Team members were invited to participate in the public hearing.

- State/Territory liaison for military child care programs. Describe _____
- State/Territory agency responsible for employment services/workforce development. Describe _____
- State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe **The TANF policy area within MDHHS was consulted on the TANF related questions.**
- State/community agencies serving refugee or immigrant families. Describe _____
- Child care resource and referral agencies. Describe _____
- Provider groups or associations. Describe **The TEACH Early Childhood MI Director/Executive Director (housed at the Michigan Association for the Education of Young Children (MiAEYC)) participated in the development of the plan.**
- Labor organizations. Describe _____
- Parent groups or organizations. Describe **An email with an overview of the plan was sent to the local Great Start Collaboratives and Great Start Parent Coalitions prior to the public hearing inviting them to the public hearing.**
- Other. Describe _____

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a) Date(s) of notice of public hearing December 18, 2015. Reminder - Must be at least 20 calendar days prior to the date of the public hearing.
- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice. **The plan was posted at the Departments website at www.michigan.gov/GreatStart. In addition, the Great Start Operations Team, the Professional Development Stakeholder Group, Child Care Licensing and various partners (in Section 1.3.1) received an email with an overview of the plan and a link to the draft. The plan was also shared via facebook and various listservs. All items posted at the MDE website are ADA compliant.**

- c) Date(s) of public hearing(s) **January 19, 2016 (in person/webinar), January 21, 2016 (webinar), and January 22, 2016 (webinar).** **Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.**
- d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed **The hearing was held at the Michigan Library and Historical Center, 1st floor Forum. In addition to this being an in person hearing a webinar option was also available. Two other hearing opportunities were offered via webinar.**
- e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) **The plan was posted at the Office of Great Start website. In addition, partners were asked to share information with their constituents.**
- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? **Comments received by the public were reviewed and evaluated for feasibility by the OGS prior to the submission of the plan.**

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

- Working with advisory committees. Describe _____
- Working with child care resource and referral agencies. Describe _____
- Providing translation in other languages. Describe _____
- Making available on the Lead Agency website. List the website Making available on the Lead Agency website. List the website www.michigan.gov/greatstart
- Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe **The Office of Great Start has a list serv and a facebook that was utilized to share information.**
- Providing notification to stakeholders (e.g., provider groups, parent groups). Describe Great Start Collaboratives, Great Start Parent Coalitions, Early Childhood Investment Corp., Child Care Licensing, Great Start to Quality Resource Centers, and other partners.
- Other. Describe _____

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

[REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe **The Department of Education (MDE) is the lead agency for CCDF. In addition, MDE, through the Office of Great Start manages the state funded prekindergarten program, the 21st Century Community Learning Centers, early intervention and early childhood special education programs under Part B (Section 619) and C of IDEA. MDDHS representatives sit on advisory committees that focus on inclusion of children with special needs. The state has also convened a cross sector Departmental leadership group, the Great Start Operations Team (GSOT), that allows for state government to coordinate early childhood policy and other policy related to achieving the four outcomes of the Office of Great Start, funding and programs leading to collaboration and integration at all levels. MDE participates in this group as well.**

[REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with **All Tribal providers are able to market their business through Great Start to Quality. Providers on tribal land can care for subsidy children as a license exempt provider by completing a streamlined application. The LARA Bureau of Health and Community Services also works with tribal providers who wish to become licensed (at their request). Through the OGS there are many opportunities for tribal partners to be engaged in the work.**

Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

[REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe **The Michigan Interagency Coordinating Council (MICC) is authorized and required by Part C of the Individuals with Disabilities Education Act (IDEA) as amended by Public Law 105-17. MDE is designated as the lead agency for the state of Michigan. The MICC is charged with advising and assisting MDE in the development and implementation of a**

statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families.

[REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe **Due to this being a new provision since reauthorization MI will work over the next three years to engage early childhood programs serving homeless children.**

[REQUIRED] Early childhood programs serving children in foster care. Describe **Due to this being a new provision since reauthorization MI will work over the next three years to engage early childhood programs serving children in foster care.**

State/Territory agency responsible for child care licensing. Describe **Child Care Licensing is located in the Department of Licensing and Regulatory Affairs (LARA) and they act as the lead agency for ensuring that all licensing rules and regulations are being met by licensed and registered child care providers across the state.**

State/Territory agency with Head Start State collaboration grant. Describe **The Head Start State Collaboration Office is a part of the Lead Agency and is charged with ensuring head start inclusion in overall system building activities and providing opportunities for low income children.**

State Advisory Council authorized by the Head Start Act. Describe **As described above, the lead agency is engaged with the State Board of Education and the OGS Advisory Council to ensure that there are coordinated system building efforts.**

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe **The Head Start State Collaboration Office and the Child Development and Care program developed, through a Memorandum of Understanding, a pilot program centered on Michigan's Early Head Start-Child Care Partnership grants. The pilot allows EHS-CCP child care partners to bill for the full amount of subsidy a partnership-enrolled child is eligible for. Current policy subsidy reimbursement for the portion of the day funded by another public funding source, including Early Head Start, is disallowed. Justification for departing from current policy for the EHS-CCP pilot includes: facilitation of the EHS-CCP layered funding model advanced by the Offices of Head Start and Child Care; encouraging continuity of care for infants and toddlers in poverty; and, increasing the capacity of providers to provide quality care to low-income infants and toddlers. In regard to continuity of care, the partnerships support providers in identifying working families who need full-day, full-year care; the layered funding model advanced through the pilot will further encourage identification of these families through leveraging combined Head Start and Child Care resources.**

The pilot will also allow the Lead Agency to determine, in a controlled manner, whether an expansion of the layered funding model to programs other than those funded by the EHS-CCP

is warranted. Pilot participants will provide information to the Lead Agency that will allow them to determine whether this model improves outcomes for children and families.

McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe **The McKinney-Vento State Coordinator and Special Populations Manager reviewed and informed the pieces of the plan that were relevant. We are continuing to work with both to develop our training and technical assistance on identifying and serving homeless children and families and on the consumer education and subsidy policy piece.**

Child care resource and referral agencies. Describe _____

State/Territory agency responsible for public education. Describe **The Department of Education (MDE) is the lead agency for CCDF. In addition, MDE manages the state funded prekindergarten program, the 21st Century Community Learning Centers, early intervention and early childhood special education programs under Part B (Section 619) and C of IDEA. MDE representatives sit on advisory committees that focus on inclusion of children with special needs. In addition, Michigan has a cross sector Departmental leadership group, the Great Start Operations Team (GSOT), that allows for state government to coordinate early childhood policy, funding and programs leading to collaboration and integration at all levels. MDE participates in this group as well.**

State/Territory institutions for higher education, including community colleges. Describe _____

State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe **The lead agency is responsible for the administration of the CACFP. The CDC program shares information with the CACFP program in order to facilitate the recruitment of home-based child providers (including relatives). The CACFP program area shares participation information/data used as part of Michigan's tiered QRIS, Great Start to Quality.**

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe **Representatives from this program participate on the Great Start Operations Team (GSOT) with the State Child Care Administrator and other lead agency staff. This team provides state guidance around issues related to public investment in early childhood.**

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe _____

State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe **The Michigan Department of Health and Human Services is the ACA funded "Maternal, Infant and Early Childhood Home Visitation Program". (Includes public health, mental health and Medicaid.) Representatives from this program participate on**

the Great Start Operations Team (GSOT) with the State Child Care Administrator and other lead agency staff. This team provides state guidance around issues related to public investment in early childhood.

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe **Medicaid is its own administration (Medical Services Administration) in MDHHS. EPSDT is part of Medicaid, nothing that is administered separately.**

State/Territory agency responsible for public health. Describe **The Michigan Department of Health and Human Services has funding for public health initiatives, mental health initiatives, and Medicaid. The lead agency is currently working with MDHHS to connect the core knowledge and core competencies and to investigate the coordination and expansion of CSEFEL.**

State/Territory agency responsible for mental health. Describe **Coordination with the Department of Health and Human Services (DHHS) to enhance the quality of services that are provided to children through shared provider training that is focused on children's social emotional health and well-being. In addition, we will be coordinating to implement a Race to the Top project that will provide consultants to support home based providers in meeting the social-emotional and physical health needs of young children. Training and technical assistance materials are expected to be developed.**

State/Territory agency responsible for child welfare. Describe **Children who are in MDDHS-paid foster care or have an open MDDHS protective services case are categorically eligible for child care subsidy funds.**

State/Territory liaison for military child care programs. Describe _____

State/Territory agency responsible for employment services/workforce development. Describe **Michigan Economic Development Corporation-Workforce Development Agency (WDA): The Child Development and Care Program coordinates with the Partnership. Accountability. Training. Hope. (PATH) program implemented by the WDA designed to establish and maintain a connection to the labor market for TANF recipients and recipients of child care assistance. Participants often also receive CDC services and are placed into employment and education and training programs.**

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe **TANF funds are used to provide Direct Support Services to help CDC clients achieve self-sufficiency. Direct Support Services include: •Employment Support Services (i.e. transportation, special clothing, tools, vehicle purchases and vehicle repair) •Family Support Services (i.e. classes and seminars, counseling services and commodities) •Provide consumer education about the CDC subsidy program and parental provider choices. Additionally, families participating in Michigan's TANF funded cash assistance program, the Family**

Independence Program (FIP), are granted categorical eligibility for CDC. Copayments are waived for these families, as well.

State/Territory community agencies serving refugee or immigrant families. Describe _____

Provider groups or associations. Describe **Michigan Association for the Education of Young Children (MiAEYC). The lead agency presents at the MIAEYC annual conference to gather feedback from provider groups regarding program policies and initiatives and to share relevant information.**

Labor organizations. Describe _____

Parent groups or organizations. Describe **Great Start Collaboratives and Great Start Parent Coalitions. The lead agency coordinates with the 60 Great Start Parent Coalitions across Michigan by information sharing with their 9,000 members regarding quality child care.**

Other. Describe **ECIC, ten Great Start to Quality Resource Centers help support providers and educators to improve the quality of their programs and care.**

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O)(ii)) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative

programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes. If yes, describe at a minimum:

- How do you define “combine” **State GSRP funds are used for some populations of children who also utilize or could utilize child care subsidy, creating layered funding streams.**
- Which funds will you combine **At least ninety percent of the funds from the Great Start Readiness Program (GSRP), Michigan’s State-funded Pre-K program serve four year old children from families at or below 250 percent of poverty. 29.9 percent of GSRP slots are being operated with community-based partners, many in child care centers. CCDF funds may be used for before/after care while State funds in the form of GSRP cover up to 6.5 hours of care for up to four days per week in a high quality setting for working families who utilize both GSRP and child care subsidy. GSRP collects data as to whether the parents of those children are working during the time the children are in class. This use of GSRP funds for many children who would be eligible for child care subsidy combined with the subsidy dollars that pay for care for other eligible children, in effect allows the CCDF funding to serve many more children who would be eligible for subsidy.**
- **An increasingly common program model in Michigan is the Head Start-GSRP blend, where a half-day Head Start slot and half-day GSRP slot combine to provide a full-day experience. Use of this model expands the number of children receiving high-quality, full-day programming with Head Start comprehensive services. All Head Start and GSRP policies and regulations apply to blended slots, and adherence to the most stringent of either program’s standard is required.**
- **Head Start and Early Head Start programs also partner with child care programs in a number of ways, including for wraparound care. Michigan received five Early Head Start-Child Care partnership grants and these grantees plan to layer child care subsidy and EHS-CCP funds to provide full-day, full-year infant and toddler care.**
- Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations **This reduces transition for children and families, creates higher quality settings in the form of additional training supports and combined resources, as well as creates full-day care in high quality settings for populations at 250 percent or below of poverty level.**

- Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) **GSRP grantees who certify they are offering supplementary child care in one of several options receive priority for additional funding which has mostly been used in the field to expand the hours of operation of GSRP. A majority of children in GSRP are now in school-day care usually scheduled at 6.5 hours per day, four days per week, while their parents are working. Where GSRP operates, this creates the reduced need for CCDF funding to only require wrap-around before/after care.**
- How are the funds tracked and method of oversight **Funding streams are tracked/monitored separately as funds may be used in combination at the center level.**

No

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

- 1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services. **The Head Start State Collaboration Office and the Child Development and Care program developed, through a Memorandum of Understanding, a pilot program centered on Michigan’s Early Head Start-Child Care Partnership grants. The pilot allows EHS-CCP child care partners to bill for the full amount of subsidy a partnership-enrolled child is eligible for. Current subsidy policy disallows reimbursement for the portion of the day funded by another public funding source, including Early Head Start. Justification for a departure from current policy for the EHS-CCP pilot includes: facilitation of the EHS-CCP layered funding model advanced by the Offices of Head Start and Child Care; encouraging continuity of care for infants and toddlers in poverty; and, increasing the capacity of providers to provide quality care to low-income infants and**

toddlers. Layering of subsidy will allow EHS-CCP grantees to utilize the partnership dollars to improve the quality of care provided by their partners. Michigan grantees received a total of \$14.4 million in partnership funds, which are targeted for quality improvement in a number of ways, including: health and safety training, technological improvements, Child Development Associate (CDA) reimbursement, curriculum training, and assistance in navigating Michigan's Quality Rating Improvement System.

The pilot will also allow the Lead Agency to determine, in a controlled manner, whether an expansion of the layered funding model to programs other than those funded by the EHS-CCP is warranted. Pilot participants will provide information to the Lead Agency that will allow them to determine whether this model improves outcomes for children and families.

1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) that is coordinated, to the extent determined by the State/Territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory

- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

Nothing in statute prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute above.

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs. _____

No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

Fully implemented and meeting all Federal requirements outlined above. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Commented [CT(1): Separate document for implementation plan

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity _____

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children’s most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to “promote involvement by parents and family members in the development of their children in child care settings.” States and Territories have the

opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children’s teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
 - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
 - b) Aggregate annual information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
 - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services.

(658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

- a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?) **Populations are identified using eligibility criteria for families receiving other assistance programs. They are also identified through partner outreach. In addition, MDE utilizes partner organizations who serve children and families to distribute eligibility information.**
- b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations. **Child Care Licensing Division (BCHS) MI Dept. Health & Human Services**
Great Start to Quality Resource Centers
Head Start and Early Head Start
Great Start Readiness Programs
Great Start Collaboratives/Great Start Parent Coalitions
EHS-CC Partnership grantees
Michigan Works Association
Community Action Agencies
United Way/211
United Way Benefit Access Initiative
Child and Adult Care Food Program
Migrant Head Start (Telamon)
Early On
- c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach?) **The lead agency uses printed materials, website (michigan.gov/childcare), partners, as well as outreach to families who meet eligibility criteria based on their participation in other assistance programs.**

2.1.2 How can parents apply for services? Check all that apply.

- Electronically via online application, mobile app or email. Provide link [Michigan's Online Application - MiBridges](#)
- In-person interview or orientation. Describe agencies where these may occur **Dept. of Health & Human Services local offices**
- Phone
- Mail
- At the child care site

At a child care resource and referral agency

Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe **DHHS local offices offer computer kiosks in their lobbies for walk-in online applications, United Way Benefit Access locations offer online access at locations across the State.**

Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe **Michigan offers an online coordinated application where families can apply for multiple services, including child care, from one application.**

Other strategies. Describe _____

2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program “to promote involvement by parents and family members in the development of their children in child care settings.” (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,
- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children

from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

Yes. The State/Territory certifies that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.8 below.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access.

- a) Describe how the State/Territory makes information about the full diversity of child care services available to parents of eligible children, providers and the general public **Great Start to Quality (GSQ), the state’s quality tiered rating system, provides information to parents, providers, and the public through a website, GreatStarttoQuality.org. Resource centers are located in 10 locations throughout the state that offer direct communication**

to parents, providers and the public. Written materials and other media strategies are also utilized to support parental choice, and are distributed through multiple partners, including providers of early intervention, Great Start Parent Coalitions, local offices for MDHHS.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) **The Great Start Quality website, located at www.greatstarttoquality.org provides information on licensed/registered child care providers, including information about a program's level of quality. The search database on the website allows parents to search for providers by location, quality rating, rates, child care licensing status (including violations), as well as many other parameters including specific care needs for their child. The website is accessible via smart phones and other devices. GSQ Resource Centers also offer direct support to parents who are searching for quality child care.**
- c) Describe who you partner with to make information about the full diversity of child care choices available **MDE/OGS partners with the Early Childhood Investment Corporation (Great Start to Quality), Great Start Quality Resource Centers, Great Start Collaboratives, Great Start Parent Coalitions, Bureau of Community Health Systems, Dept. of Health & Human Services, (TANF offices), Licensing And Regulatory Affairs (Child Care Licensing), community based organizations, and public schools.**

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

- a) Describe how the State/Territory makes information about child care quality available to parents of eligible children, providers and the general public **Great Start to Quality (GSQ), the state's quality tiered rating and improvement system, provides 24 hour on-line access to information for parents, providers, and the public through GreatStarttoQuality.org and other supporting initiatives. Michigan also has written materials to support parents in making child care choices.**
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) **The Great Start to Quality website, located at www.greatstarttoquality.org provides information on licensed/registered child care providers, including information about a program's level of quality. The search database on the website allows parents to search for providers by location, quality rating, rates, child care licensing status (including violations), as well as many other parameters including specific care needs for their child. GSQ Resource Centers also offer direct support to parents who are searching for quality child care.**
- c) Describe who you partner with to make information about child care quality available **Michigan partners with the Early Childhood Investment Corporation (Great Start to Quality), Great Start Quality Resource Centers, Great Start Collaboratives, Great Start Parent Coalitions, Bureau of Community Health Systems, Dept. of Health & Human Services, (TANF offices), Licensing and Regulatory Affairs Child Care Licensing, community based organizations, and public schools.**

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

- a) Temporary Assistance for Needy Families (TANF) Michigan partners with Michigan Dept. of Health and Human Services (MDHHS) which offers paper and online, universal applications where people can apply for multiple benefit programs, including TANF and child care subsidy, all at the same time. MDHHS payment assistance specialists assist people directly through telephone or a walk-in intake process for all benefit programs. Information is available for programs at the MDHHS website. Clients can apply online, through the mail or at their local MDHHS office (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 subsidy programs.
- b) Head Start and Early Head Start Programs Information regarding Head Start and Early Head Start is provided to parents at the local level. Information provided varies due to local needs and communities. Outreach mechanisms can include activities such as targeting siblings during kindergarten roundup meetings, community meetings, advertising, as well as local community partnerships. Many Head Start programs also participate in joint recruitment activities with the state-funded preschool, the Great Start Readiness Program, in their service area. Some partners for outreach for Head Start/Early Head Start include: Head Start State Collaboration Office, state and regional Great Start Readiness Program, Michigan Head Start Association, and Office of Head Start, which serve as resources for providing information to parents.
- c) Low Income Home Energy Assistance Program (LIHEAP) Michigan partners with the Michigan Dept. of Health and Human Services (MDHHS) which offers an online, universal application where people can apply for multiple benefit programs, including LIHEAP crisis assistance, all at the same time. MDHHS eligibility specialists assist people directly through walk-in intake processes for all benefit programs. Information is available for programs at the MDHHS website. Clients can apply online, through the mail or at their local MDHHS office, (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 subsidy programs.
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) Michigan's CDC office partners with Michigan Dept. of Health and Human Services

(MDHHS) which offers an online, universal application where people can apply for multiple benefit programs, including the Food Assistance Program (FAP), all at the same time. MDHHS payment assistance specialists assist people directly through walk-in intake processes for all benefit programs. Information is available for programs at the MDHHS website. Clients can apply online, through the mail or at their local MDHHS office, (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 subsidy programs.

- e) Women, Infants, and Children Program (WIC) Michigan's CDC partners with Michigan Dept. of Health and Human Services (MDHHS) and provides referrals and information where people can apply for various benefit programs, including Women, Infants and Children (WIC). MDHHS payment assistance specialists assist people directly through walk-in intake processes for all benefit programs. Information is available for programs at the MDHHS website. United Way/211 Benefit Access provides support to parents through a 24 hour assistance hotline providing information and assistance for all subsidy programs.
- f) Child and Adult Care Food Program (CACFP) The Child and Adult Care Food Program, part of the Michigan Dept. of Education, 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 MDE/OGS partners with Michigan Dept. of Health and Human Services (MDHHS) which offers an online, universal application where people can apply for multiple benefit programs, including Medicaid, all at the same time. MDHHS payment assistance specialists assist people directly through walk-in intake processes for all benefit programs. Information is available for programs at the MDHHS website. Potential clients can apply online, through the mail or at their local DHS office, (an in-person interview is not always required).
- h) Children's Health Insurance Program (CHIP) MDE/OGS partners with Michigan Dept. of Health and Human Services (MDHHS) which offers an online, universal application where people can apply for multiple benefit programs, including MiChild, Michigan's name for CHIP. MDHHS payment assistance specialists assist people directly through walk-in intake processes for all benefit programs. Information is available for programs at the MDHHS website. Clients can apply online, through the mail or at their local

MDHHS office, (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 subsidy programs.

- i) Individuals with Disabilities Education Act (IDEA) **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 Michigan Department of Education 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 and phone referral systems through www.1800EarlyOn.org.**
- j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten) **Information is shared with parents about the Great Start Readiness Programs (GSRP) through advertising, written materials, commercials and infomercials, and a website (Michiganpreschool.org). GSRP's are required to have collaborative agreements with Head Start, and each local intermediate school districts (ISD), as fiduciary for the GSRP funds, also create intentional collaboration with community-based child care providers. Outreach is done at the local level with partners such as local community businesses and local social service agencies. Larger partners in promoting and coordinating access by subsidy-eligible children to other child care programs include Great Start Collaboratives, Head Start, and ISDs. MDE also shares CDC subsidy eligibility information to support parents.**
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) **The state leadership of the MIECHV continues to implement via a workgroup structure that takes into account the partnerships across agencies. To the extent applicable, the Great Start to Quality Resource Center distributes information regarding home visitation programs funded with MIECHV, as well as other resources designed to support parents in their parenting role.**

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

- a) Temporary Assistance for Needy Families (TANF) **MDE/OGS partners with Michigan Dept. of Health and Human Services (MDHHS) which offers information to providers online**

for multiple benefit programs, including TANF. Information is available for programs at the MDHHS website.

- b) Head Start and Early Head Start Programs Head Start grantees are federally mandated as a condition of their grants to do outreach and work in the local communities to provide information to providers as well as eligible parents. Additionally, Head Start programs refer families to additional services and programs not offered through Head Start. Provider partnerships vary by local community due to strict federal guidelines that Head Start grantees are required to follow.
- c) Low Income Home Energy Assistance Program (LIHEAP) MDS/OGS partners with Michigan Dept. of Health and Human Services (MDHHS) which offers information to providers online for multiple benefit programs, including LIHEAP. Information is available for programs at the MDHHS website.
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) MDS/OGS partners with Michigan Dept. of Health and Human Services (MDHHS) which offers information to providers online for multiple benefit programs, including Food Assistance Programs (FAP). Information is available for programs at the MDHHS website.
- e) Women, Infants, and Children Program (WIC) MDE/OGS partners with Michigan Dept. of Health and Human Services (MDHHS) which offers information to providers online for multiple benefit programs, including Women, Infants and Children (WIC). Information is available for programs at the MDHHS website.
- f) Child and Adult Care Food Program (CACFP) Providers are given information on the program through CACFP staff. CDC staff also do presentations at CACFP trainings conducted for CACFP sponsors. Written materials, online information, web-based training and webinars are provided at <http://michigan.gov/mde/CACFP> , as well as monthly Operational Memos. The CACFP works with child care licensing to provide information and oversight to subrecipients/sponsors of the CACFP. Conditions of the provider's contract with CACFP require that the providers give additional information to parents on other programs/services that are available.
- g) Medicaid MDE/OGS partners with Michigan Dept. of Health and Human Services (MDHHS) which offers information to providers online for multiple benefit programs, including Medicaid. Information is available for programs at the MDHHS website.
- h) Children's Health Insurance Program (CHIP) MDE/OGS partners with Michigan Dept. of Health and Human Services (MDHHS) which offers information to providers online for multiple benefit programs, including MiChild, Michigan's CHIP. Information is available for programs at the MDHHS website.

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- i) Individuals with Disabilities Education Act (IDEA) **The State has a comprehensive child find system that is coordinated with the primary referral entities, which include child care programs as required by CFR 303.302(c)(1). The Michigan Department of Education is the lead agency for Part C of the IDEA, commonly known as Early On. Early On informs the state primary referral sources, including child care providers, of the availability of the early intervention system for children who may qualify, including how to make a referral and receive an evaluation for eligibility. Public awareness materials are distributed throughout the state and information of the Early On website is made available to the general public. Methods of sharing information with providers include presentations and exhibits at statewide conferences for child care providers (i.e. MiAEYC conferences), availability of free Early On developmental wheels and other resources for providers to share with families, availability of the free Early On 101 online training for providers through Early On Training and Technical Assistance (www.eotta.ccesa.org), and access to online and phone referral systems through www.1800EarlyOn.org.**
- j) Other State/Federally Funded Child Care Programs (example-State Pre-K) **Great Start Readiness Programs (GSRP), as a condition of funding, have collaboration agreements with Head Start, and have additional collaboration with local/county agencies. Information is also shared with providers through Great Start to Quality, the state's QRIS. As a condition of a GSRP contract, information and resources are distributed to providers.**
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) **To the extent applicable, the Great Start to Quality Resource Center distributes information regarding home visitation programs funded with MIECHV.**
- 2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement.
(658E(c)(2)(E)(VI))
- a) Describe how the State/Territory makes information about research and best practices in child development available to parents of eligible children, providers and the general public **Local Great Start Collaboratives, Great Start Parent Coalitions 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 8. Partners (child care licensing, Early On Training and Technical Assistance, MDHHS, Child and Adult Care Food Program CACFP) 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. MDE passes this on to our**

partners to disseminate the information through various list servs. MDE also disseminates other communications directly to local grantees in between the regularly scheduled communications to the grantees.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) **These partners provide information via printed materials, face to face trainings and educational events and meetings, as well as social media, websites, and traditional media such as television, radio newspapers and billboards.**
- c) Describe who you partner with to make information about research and best practices in child development available **Parents receive information from partner agencies and organizations such as Delta Dental, National Assoc. for the Education of Young Children (NAEYC), US Dept. of ED, BUILD Initiative, Health, Resources and Services Administration (HRSA), Harvard Family Research Project, Blue Cross Blue Shield, Lets Move and more.**

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))

- a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:
 - i. Parents **Promotion/Prevention**
 - **A promotion-based social and emotional toolkit for families was developed cross systems and is available via the Michigan Department of Health and Human Services website at: http://www.michigan.gov/documents/mdch/A_Guide_for_Families_with_Children_Birth-8_Years_420515_7.pdf#Top and MDHHS Infant Mental 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 2-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). Additionally, MI-AIMH has developed and distributed a social and emotional developmental wheel with strategies specifically targeted to fathers. Part C, DHHS 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 Race to the Top Early Learning Challenge Grant will provide, in some communities, family consultants to child care providers, helping them to nurture family partnerships in the care of their child(ren) and engaging families in meaningful ways and supporting their development as leaders for their own children and communities. Strategies for this project will increase family access to resources designed to promote the physical, social, and emotional health of their children.
- Race to the Top will integrate, in some communities, social and emotional (Mental health), Master’s prepared consultants into child care settings to provide programmatic coaching and support to increase the mental health climate and care for all children. In some cases, when a child and family is experiencing risk or circumstances that inhibit their ability to learn and grow (e.g. trauma, post-partum depression), the consultant can provide short-term preventative supports and linkage for the family to intervention based services as warranted.

Michigan’s Great Start to Quality website for families 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

Mental Health and Developmental Disability services in Michigan are delivered through a county-based community mental health services programs (CMHSPs). The MI Department of Health and Human Services, Division of Mental Health Services to Children and Families, along with 46 regional Community Mental Health Services Programs (CMHSPs), contracts public funds for mental health, and developmental disability services. Medicaid funds, which are paid on a per Medicaid- eligible capitated basis, 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 serving children 0-47

months must have an infant mental health endorsed practitioner.

Example services for children 0-5 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.

Community Mental Health Services Programs 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 by community but typically involves children and families with multiple risks. Those risk factors may include adolescent parents, poor, single parents, first born 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 in order 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. 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 on-going guideline for service delivery. The plan of service is a comprehensive plan which 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 community mental health services programs (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: Community Mental Health Service Programs list

- ii. Providers Promotion/Prevention A promotion-based social and emotional toolkit for families was developed cross systems and is available via the Michigan Department of Health and Human Services website at: http://www.michigan.gov/documents/mdch/A_Guide_for_Families_with_Children_Birth-8_Years_420515_7.pdf#Top and MDHHS Infant Mental Health page
Providers can access this toolkit free of charge to learn more about social and emotional health of young children and to share with families. This toolkit includes information on typical and atypical social and emotional development, parenting/caregiving tips to support social and emotional well-being and links to community resources for further support. The toolkit also includes a simple 2-page fact sheet with a definition of social and emotional health and simple milestones. Additionally, the toolkit provides a scripted power point presentation that providers can use to share information with families on social and emotional well-being and strategies for nurturing social and emotional health. 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). Additionally, MI-AIMH has developed and distributed a social and emotional developmental wheel with strategies specifically targeted to fathers. Part C, DHHS an 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 Part C program, *Early On* in partnership with the Michigan Department of Health and Human Services provides annual web-based social and emotional training and coaching for community mental health providers, family service providers and community partners serving children 0-5 (e.g. Head Start, Child care, etc.) These modules are based on evidence- and researched informed practices (e.g. Center for social and emotional foundations for Early Learning Pyramid Model) and offered at no cost to providers. More information can be found at: <http://eotta.ccrea.org/>
Michigan's Race to the Top Early Learning Challenge Grant will provide, in some communities, family consultants to child care providers, helping

them to nurture family partnerships in the care of their child(ren) and engaging families in meaningful ways and supporting their development as leaders for their own children and communities. Strategies for this project will increase family access to resources designed to promote the physical, social, and emotional health of their children.

Race to the Top will integrate, in some communities, social and emotional (Mental health), Master's prepared consultants into child care settings to provide programmatic coaching and support to increase the mental health climate and care for all children. In some cases, when a child and family is experiencing risk or circumstances that inhibit their ability to learn and grow (e.g. trauma, post-partum depression), the consultant can provide short-term preventative supports and linkage for the family to intervention based services as warranted.

Michigan's Great Start to Quality website links providers 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.

Providers have access to training and technical assistance through our Great Start to Quality Resource Centers. They offer training on child development, including children's healthy social emotional development, and positive behavior supports.

Intervention

The MI Department of Health and Human Services, Division of Mental Health Services to Children and Families provides policy and program direction for public mental health services provided to children with developmental disabilities, children with emotional disturbance, children at risk of disability or emotional disturbance, and to their families. All services are provided through local Community Mental Health Services Programs (CMHSPs). Providers can link families to infant mental health or home-based services and are integrated as partners within service provision as warranted by the family's treatment plan and consent

- i. General public information is available online through guides and toolkit located at http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_64838---,00.html as well as the *Early On* website at www.1800EarlyOn.org. Information is available for RTT activities at MDE - RTT ELC. Developmental wheels are available on MDHHS, *Early On* and the Infant Mental Health websites and general information is available at the MDHHS website.

- b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available. 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). Department of Health and Human Services (now combined with Dept. of Community Health) offers comprehensive information regarding social emotional health at [http://www.michigan.gov/documents/Social Emotional Development i](http://www.michigan.gov/documents/Social_Emotionnal_Development_i)

n_Young_Children_Guide_88553_7.pdf .Great Start Resource Centers provide information and offer training on positive guidance and interaction, positive behavior intervention supports, and social emotional development. Other partners include MiAEYC, ECIC, MDHHS.

c) Does the State have a written policy regarding preventing expulsion of:

Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?

Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link _____

No. MDE is currently developing policy for prevention of expulsion/suspension for early childhood to be used in conjunction with current policy in K-12, slated to be presented to the State Board of Education in March/April 2016. Once adopted, it will apply to all programs and providers within Office of Great Start (OGS), including those who utilize CCDF subsidy.

School-age children from programs receiving child care assistance?

Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link _____

No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) 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.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency policy citation(s) and: _____

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened _____

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays _____

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Commented [CT(2)]: Separate document for implementation plan

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward completion implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

- a) How does the State/Territory define substantiated parental complaint Complaints are based on licensing program rules or Acts, and are considered substantiated if the investigation finds a rule or act violation.
- b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what

format) **Complaints that are substantiated are posted on the child care licensing website for a period of two years.**

- c) How does the State/Territory make substantiated parental complaints available to the public on request **Complaints are available to the public on request through Freedom of Information Act (FOIA) process, or available on the child care licensing website.**
- d) Describe how the State/Territory defines and maintains complaints from others about providers **Complaint referrals from the public regarding providers come to the Bureau of Health Care Services (BHCS) via online, 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 is alleged, the complaint is entered into the Bureau Information Technician System (BITS) and assigned for investigation.**

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other _____
- None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages **Spanish and Arabic.**

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that

prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

Fully implemented and meeting all Federal requirements outlined above. Provide the link to the website [redacted] and describe how the consumer education website meets the requirements to:

- a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe [redacted]
- b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers [redacted]
- c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers [redacted]
- d) Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings [redacted]
- e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request, differentiating between violations based on risk to children, and easy to locate and navigate [redacted]

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the

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website which is November 19, 2017) _____

- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet Requirement(s) – Identify the requirement(s) that is not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to “deliver high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance”; and “to improve child care and development of participating children.” (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families’ work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family’s assets may not exceed \$1,000,000 (as certified by a member of such

family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from **zero weeks** (weeks/months/years) to **12** years (through age 12).

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

Yes, and the upper age is **18** (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity

- **age 13, but under age 19 and**
- **requires constant care due to physical, mental or psychological condition; and / or supervision has been ordered by the court; or age 18 and requires constant care due to physical, mental or psychological condition; or a court order, and is a full-time high school student and is reasonably expected to complete high school age 13 but under age 19 and before reaching 19.**

No.

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

Yes, and the upper age is **18** (may not equal or exceed age 19)

No.

3.1.2 How does the Lead Agency define the following eligibility terms?

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

b) in loco parentis – **A person living with the child needing child care services who is one of the following:**

- **a non custodial parent.**
- **another related person who acts as a caretaker (responsible for care) of the child.**
- **a legal guardian.**
- **an unrelated adult who is at least 21 and whose petition for legal guardianship of the child is pending.**
- **an unrelated adult with whom MDHSS Children’s Services has placed a child subsequent to a court order identifying MDHSS as responsible for the child’s care and supervision.**

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define “working, attending job training and education” for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- working **clients who are employed or self-employed. There is no minimum number of hours required. Ten hours of travel time is allowed per two week pay period.**
- attending job training **Participation in an employment preparation and/ or training activity or post-secondary education program is allowed. Michigan allows up to one hour of study/tutor time for each hour of class or lab time, if requested. Ten hours of travel time is allowed per two week pay period.**
- attending education **Participation in an employment preparation and / or training activity or post -secondary education program is allowed. Michigan allows up to one hour of study / tutor time for each hour of class or lab time, if requested. Ten hours of travel time is allowed per two week pay period.**

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

Yes.

No. If no, describe additional requirements _____

c) Does the Lead Agency provide child care to children in protective services?

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

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

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

Yes.

No.

Note – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered to be in protective services and should be included in the protective services definition above.

No

3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define “income” for the purposes of eligibility at the point of determination?

- Definition of income – **Income means benefits or payments measured in money: Earned income means income received from another person or organization or from self employment for duties that were performed for remuneration or profit. Unearned income means all income that is not earned income.**

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum “exit” eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here . Describe how many jurisdictions set their own income eligibility limits _____. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	\$3752	\$3190	\$1607	43%	\$2394	64%
2	\$4385	\$3727	\$1607	37%	\$2394	55%
3	\$5143	\$4371	\$1990	39%	\$4069	79%
4	\$6155	\$5232	\$2367	38%	\$4906	80%
5	\$6830	\$5806	\$2746	40%	\$5744	84%

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

c) SMI Source and year

www.justice.com/ust/eo/bapcpa/20130401/bci_data/median_income_table.htm and year **2013**

d) These eligibility limits in column (c) became or will become effective on **February 2003**

e) Provide the link to the income eligibility limits [MDE Income Eligibility Chart](#)

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv))

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out **BAM 210-Redetermination/Ex Parte review: A redetermination for CDC cannot be completed earlier than the 12-month eligibility period.**

BAM 220-Only changes that would positively affect the client's family contribution should be acted on.

BEM 525-Complete a CDC income budget (only) at application, redetermination or when income exceeds the flat rate income eligibility scale.

RFT 270- CDC Flat Rate Family Contribution and Income ELIGIBILITY SCALE

In order to be initially eligible for subsidy benefits, the program group's gross income cannot exceed the \$15 flat rate family contribution income scale for the group size. For ongoing eligibility, the program group's gross income may fall into any category.

Income Range Max per Group Size

Contribution Amount	1, 2	3	4	5	6	7	8	9	10
\$15	\$1,607	\$1,990	\$2,367	\$2,746	\$3,123	\$3,500	\$3,877	\$4,254	\$4,634
\$20	\$1,765	\$2,407	\$2,876	\$3,347	\$2,816	\$4,284	\$4,753	\$5,223	\$5,694
\$25	\$1,922	\$2,823	\$3,384	\$3,947	\$4,508	\$5,068	\$5,626	\$6,191	\$6,753
\$30	\$2,079	\$3,239	\$3,892	\$4,547	\$5,200	\$5,852	\$6,499	\$7,159	\$7,812
\$35	\$2,236	\$3,655	\$4,400	\$5,147	\$5,892	\$6,635	\$7,373	\$8,127	\$8,871
\$40	\$2,394	\$4,069	\$4,906	\$5,744	\$6,581	\$7,419	\$8,256	\$9,094	\$9,931

Flat Rate Family Contribution is per child per biweekly pay period.

Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____

- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory’s (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory’s policy related to the fluctuation in earnings requirement.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency’s policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement _____

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____

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- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

Applicant identity. Describe **A Social Security Administration (SSA) data match is used to verify identity and should be completed prior to requesting verification form a client.**

Applicant's relationship to the child. Describe **The applicant's relationship to the child(ren) is documented on the client's application. Additional verification is required/requested if questionable. Example: If a collateral contact provides information that the children may not be in the applicant's household or that the applicant is not required.**

Child's information for determining eligibility (e.g., identity, age, etc.). Describe **The child's identity, age, etc. is documented on the client's application. Additional verification is required/requested if questionable. Example: If a collateral contact provides information that a child's age was potentially misrepresented on the application, verification of the child's age would be required.**

Work. Describe **Documented on the client's application and in the integrated eligibility system and verified with a copy of the work schedule, pay stubs, DHS-38, Verification of Employment, Work Number, Management Information System, DHS-3569, Agricultural Worker Income Information, employer statement, collateral contact or the DHS-431, Self-Employment Income and Expense Statement.**

Job training or Educational program. Describe **Job training or Educational Program documentation include letters of employment; self-employment bookkeeping records. Work schedules. School registration records. Forms (DHS 38-Verification of Employment; DHS 4575-Family Preservation Need Verification; DHS 4578-Education / Training Verification).**

Family income. Describe **Documented on the client's application and in the integrated eligibility system and verified with a copy of the work schedule, pay stubs, DHS-38, Verification of Employment, Work Number, Management Information System, DHS-3569, Agricultural Worker Income Information, employer statement, collateral contact or the DHS-431, Self-Employment Income and Expense Statement.**

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

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

Applicant residence. Describe **Verified by driver's license, Id which provides a name and address, mortgage or rent receipt, utility bill or collateral contact with a person who knows the individual's living arrangement.**

Other. Describe

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

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

Time limit for making eligibility determinations. Describe length of time **length of time 45 days, with a Pending WR to reduce to 30 days.**

Track and monitor the eligibility determination process

Other. Describe _____

None

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

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State/Territory TANF agency in accordance with section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency **Michigan Department of Health and Human Services.**

b) Provide the following definitions established by the TANF agency.

- "appropriate child care" **The care is appropriate to the child's age, disabilities, and other conditions.**
- "reasonable distance" **The total commuting time to and from work and the child care facility does not exceed three hours per day.**
- "unsuitability of informal child care" **The provider does not meet applicable state and local standards. Also, unlicensed providers who are not registered / licensed by LARA Bureau of Community Health Services must meet MDE enrolment requirements.**
- "affordable child care arrangements" **The child care is provided at the rate of payment or reimbursement offered by MDE.**

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

- In writing
- Verbally
- Other. Describe _____
- List the citation to this TANF policy **MCL 400.57, and 42 USC 607 as listed in BEM 233A.**
Web site Location:
<http://www.mfia.state.mi.us/OLMWEB/EX/BP/Public/BEM233A.pdf#Pagemode=bookr>

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient.

- Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

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3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill

priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

- a. Provide definition of “Children with special needs” **Children needing child care services must be:**
 - Age 13, but under 18, who meets the definition of physical or mental incapacity; that requires constant care due to physical / mental / psychological condition; Supervision has been ordered by the court, or age 18 and requires constant care due to a physical / mental / psychological condition or court order, and is; A full time high school student, and reasonably expected to complete high school before reaching age 19.

and describe how services are prioritized **MI does not currently have a waiting list so we do not have a prioritization list.**

- b. Provide definition of “Families with very low incomes” **Families earning at or below 121% of FPL** and describe how services are prioritized: **families eligible for Family Independence Program and/or the Food Assistance Program can receive, and still remain eligible ,for benefits through the Michigan Department of Health and Human Services.**
- c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) **Departmental co-payments are waived for all TANF families (providers may charge more than the department reimbursement). If a TANF family’s case closes for excess income, they still receive transitional CDC for six pay periods.**

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children’s learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing

training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

Fully implemented and meeting all Federal requirements outlined above. Describe the following:

- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements _____
- b. Procedures to conduct outreach to homeless families to improve access to child care services _____
- c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services _____

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____

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- Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
- Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.3 Protection for Working Parents

3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

- Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination **Once a family is determined to be eligible, they will be eligible for 12 months, regardless of change in status pertaining to work, education, or training. BAM 210-Redetermination/Ex Parte review: A redetermination for CDC cannot be completed**

earlier than the 12-month eligibility period. Families who reach 85% of the SMI will no longer be eligible.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent’s non-temporary job loss or

cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-temporary loss of work or cessation of attendance at a job training or education program?

Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs _____

No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment **Reviews are extended to 12 months. BAM 210-Redetermination/Ex Parte review: A redetermination for CDC cannot be completed earlier than the 12-month eligibility period. Any changes that result in case closure require the family be given a negative action period of 12 days to provide the family a period in which to act to negate the action or request a hearing if they disagree with the action. Changes that increase the family's benefit amount are**

implemented immediately and trigger supplemental benefit issuance if the change affects benefits previously issued. CDC redeterminations are mailed electronically , and no interview is required.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

- 3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here . Describe how many jurisdictions set their own sliding fee scale _____. Fill in the chart based on the most populous area of the State.

Family Size	(a) Minimum "Entry" Income Level	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b) ?	(d) Maximum "Entry" Income Level	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	\$1.00	\$30.00	3000%	\$1,607.00	\$30.00	2%
2	\$1.00	\$30.00	3000%	\$1,607.00	\$30.00	4%
3	\$1.00	\$30.00	3000%	\$1,990.00	\$30.00	2%
4	\$1.00	\$30.00	3000%	\$2,367.00	\$30.00	2%
5	\$1.00	\$30.00	3000%	\$2,746.00	\$30.00	2%

- a) What is the effective date of the sliding fee scale(s)? January 2016, Systems release Date, January 2016 Policy Effective Date.
- b) Provide the link to the sliding fee scale
http://michigan.gov/documents/mde/CDC_Income_Eligibility_Chart_7.2015_reauth_chgs_493178_7.pdf?20151020144525

Commented [BL(7)]: NEW document link will replace this. Available in January.

3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that apply.

- Fee is a dollar amount and
- Fee is per child with the same fee for each child
 - Fee is per child and discounted fee for two or more children
 - Fee is per child up to a maximum per family
 - No additional fee charged after certain number of children
 - Fee is per family
- Fee is a percent of income and
- Fee is per child with the same percentage applied for each child
 - Fee is per child and discounted percentage applied for two or more children
 - Fee is per child up to a maximum per family
 - No additional percentage applied charged after certain number of children
 - Fee is per family
 - Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe _____

Other. Describe _____

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

Yes, and describe those additional factors using the checkboxes below.

Number of hours the child is in care

Lower copayments for higher quality of care as defined by the State/Territory

Other. Describe other factors _____

No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$_____.

No, the Lead Agency does not waive family contributions/co-payments.

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable and not a barrier to families receiving CCDF? Check all that apply.

Limits the maximum co-payment per family. Describe **The Co-payment per family is limited by the families income, and family size.**

Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe **The percentage of the co-pay limit is 10%, and takes into account a family size up to 10.**

Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5. Describe **Policy minimizes the abrupt termination of assistance before a family can afford the full cost of care (the cliff effect) as part of the graduated phase out of assistance. Additional income levels were added to the sliding scale to more gradually ease families from child care assistance as they increase their income level up to 250% of the FPL.**

Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe _____

Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe _____

Other. Describe _____

4 Ensure Equal Access to High Quality Child Care for Low-Income Children

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

- 4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2)) **Consumer Education materials; referral to GSQ Resource Centers and www.GreatStarttoQuality.org; verbal communication at the time of application from the agency website www.michigan.gov/childcare, and multiple points of communication**

throughout the eligibility and renewal process.

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories – such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers. (658E(c)(2)(A)(i), 658P(2), 658Q)) Check all that apply.

- Certificate form provides information about the choice of providers, including high quality providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- Verbal communication at the time of application
- Community outreach, workshops or other in-person activities
- Other. Describe: **Information is included on the application, and on our website located at www.michigan.gov/childcare. In addition, parents who need additional assistance can call their Great Start to Quality Resource Center for assistance in finding child care.**

4.1.3 Child Care Services Available through Grants or Contracts

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

- Yes. If yes, describe:
 - o the type(s) of child care services available through grants or contracts _____
 - o the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) _____
 - o the process for accessing grants or contracts _____
 - o the range of providers available through grants or contracts _____
 - o how rates for contracted slots are set through grants and contracts _____

- how the State/Territory determines which entities to contract with for increasing supply and/or improving quality _____
- if contracts are offered statewide and/or locally _____

No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

- Increase the supply of specific types of care with grants or contracts for:
 - Programs to serve children with disabilities
 - Programs to serve infants and toddlers
 - Programs to serve school-age children
 - Programs to serve children needing non-traditional hour care
 - Programs to serve homeless children
 - Programs to serve children in underserved areas
 - Programs that serve children with diverse linguistic or cultural backgrounds
 - Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other. Describe _____
- Improve the quality of child care programs with grants or contracts for:
 - Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
 - Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
 - Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
 - Programs to serve children with disabilities or special needs
 - Programs to serve infants and toddlers
 - Programs to serve school-age children
 - Programs to serve children needing non-traditional hour care

- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other. Describe _____

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access **MI's child care licensing rules and regulations require providers to ensure parents have unlimited access to their child regardless of whether or not they receive CCDF funding. In addition, our current unlicensed provider population is notified of this requirement at the time of application.**

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
 - Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe _____
 - Restricted based on provider meeting a minimum age requirement. Describe **18 year old minimum**
 - Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe _____
 - Restricted to care by relatives. Describe _____
 - Restricted to care for children with special needs or medical condition. Describe _____
 - Restricted to in-home providers that meet some basic health and safety requirements. Describe **In home providers must complete a seven hour Great Start to Quality Orientation (covering health and safety, child development, nutrition, etc.) prior to receiving a subsidy payment.**
 - Other. Describe **Criminal history checks for both the provider and all self reported adult household members are conducted prior to enrollment and on an ongoing basis.**

Criminal history checks include Central Registry, MI criminal history records, incarceration information and the Public Sex Offender Registry. Daily matches are ongoing for central registry and ongoing monthly checks on other checks are conducted.

No

4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval.

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- MRS
- Alternative Methodology. Describe _____
- Both. Describe _____
- Other. Describe _____

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology. **A diverse leadership team including MDE, Early Childhood Investment Corp., Great Start to Quality Resource Centers, child care providers (including tribal and Montessori), Michigan's League for Public Policy, Michigan's Children, Head Start State Collaboration Office, and the Great Start Readiness Program, were brought together to help plan for and execute the MRS. The leadership team's role was to provide feedback on proposed survey questions, help inform providers about the survey, answer questions about it's purpose and goals, and to discuss the survey and provide feedback on report organization.**

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory. **In accordance with CCDF regulations, the Michigan Department of Education (MDE) conducted its most recent MRS, online, during March 9-April 10, 2015. The 2015 survey of licensed / registered child care providers (i.e. child care centers, family homes, and group homes) was designed to gather the following information: determine availability of services (e.g. weekend, daytime, evenings, etc) , determine rates charged for providing care to children in three age groups: Birth to 2.5, 2.5 to 5 years, not yet in kindergarten, 5-12 years, and kindergarten and beyond during the regular school year. and to determine the market rate at the seventy-fifth (75th) percentile by child's age and by provider type and location of care.**

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

- a) Geographic area (e.g., statewide or local markets) **The State Plan was conducted statewide in order to gather information from all licensed/registered providers. The final report shows responses by some specific geographic regions.**
- b) Type of provider **All licensed and registered providers were invited to participate in the survey. Center child care providers were the largest provider group to participate 44% of total responses with family providers at 36% and group home providers at 19%. We also had four tribal providers participate.**
- c) Age of child **Providers were asked about the number of children they were caring for by age and the number of slots they currently had open by age.**
- d) Describe any other key variations examined by the market rate survey, such as quality level **Providers were asked if they participated in the Child and Adult Food Care Program, what hours they offer care, whether or not they provide care for children with special needs and whether or not they accept subsidy payments. In addition we included quality rating improvement system ratings (Great Start to Quality).**

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) **June 17, 2015**
- b) Date report containing results was made widely available, no later than 30 days after the completion of the report **July 1, 2015**
- c) How the report containing results was made widely available and provide the link where the report is posted if available **Partners who participated on the leadership team were asked to distribute to their networks and partners. In addition, it was posted at the child care program website (www.michigan.gov/childcare).**

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here . Describe how many jurisdictions set their own payment rates **Payment rates are set by the state in July 2015. The rates are statewide rates and the rate listed below is the base rate (rate paid to providers who are not participating in GSQ or who have 1 star in GSQ). There is no variation based on geography or population.**

-
- a) Infant (6 months), full-time licensed center care in most populous geographic region
- Rate **\$3.75 per hourly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **71%**
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
- Rate **\$2.90 per hourly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **83%**
- c) Toddler (18 months), full-time licensed center care in most populous geographic region
- Rate **\$3.75 per hourly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **71%**
- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
- Rate **\$2.90 per hourly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **83%**
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
- Rate **\$2.50 per hourly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **56%**
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
- Rate **\$2.40 per hourly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **72%**
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
- Rate **\$2.50 per hourly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **51%**
- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
- Rate **\$2.40 per hourly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile **77%**
- i) Describe the calculation/definition of full-time care **40 hours per week and up.**
- j) Provide the effective date of the payment rates **July, 2015**
- k) Provide the link to the payment rates
http://michigan.gov/documents/mde/Payment_Rates_for_Website_469416_7.pdf?20151105144707

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates

that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

- Tiered rate/rate add-on for non-traditional hours. Describe _____
- Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe _____
- Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe **Licensed and registered providers with a star rating of 2, 3, 4, or 5 receive tiered rates.**
- Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe **Licensed and registered providers with a star rating of 2, 3, 4, or 5 receive tiered rates.**
- Tiered rate/rate add-on for programs serving homeless children. Describe _____
- Other tiered rate/rate add-on beyond the base rate. Describe _____
- None.

- 4.3.1 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology **MI is currently evaluating the most recent MRS to determine the most appropriate approach for adjusting our 2015 rates based on the new information that was collected in the study under the new reauthorization requirements.**
- 4.3.3 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary. **In 2015, MI modified our tiered reimbursement rates for providers participating in our tiered quality rating improvement system (GSQ). Rates were**

adjusted to provide a 25 cent increase at a 2 star rating, 50 cents at a 3 star rating, 75 cents at a 4 star rating and \$1.00 for a 5 star rating. In addition, we waive co-payments for families choosing a 3, 4 or 5 star rated program to help increase access and affordability for families, while ensuring we are providing the maximum reimbursement rate to providers. To date these rate changes have not reduced services provided as MI does not currently have a waiting list, nor have we had to reduce the number of families we serve.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

- 4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- Payment rates are set at the 75th percentile or higher of the most recent survey. Describe MI most recently updated our rates in July 2015. A majority of the rates set at that time are at or above the 75th percentile. MI will be evaluating the most recent MRS to determine additional rate adjustments.
- Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- Rates based on data on the cost to the provider of providing care meeting certain standards. Describe _____
- Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe _____
- Data on the proportion of children receiving subsidy being served by high-quality providers. Describe _____
- Data on where children are being served showing access to the full range of providers. Describe _____
- Feedback from parents, including parent survey or parent complaints. Describe _____
- Other. Describe _____

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access _____

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory’s payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments

from a child's occasional absences due to holidays or unforeseen circumstances such as illness.
(658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

Fully implemented and meeting all Federal requirements outlined above. Describe using 4.5.2 through 4.5.3 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
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 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. The Lead Agency ...

Pays prospectively prior to the delivery of services. Describe _____

Pays within no more than 21 days of billing for services. Describe **Child care providers bill electronically after care has been provided. Child care providers submit their billing bi-weekly. There is a published billing deadline, which is a few days after the pay period ends. If the billing is done by the billing deadline, payment is generated within 8-10 days. If billing is done after the deadline, but before 90 days, payment is generated within 8-10 days. Payroll is processed on a weekly basis to ensure providers are paid in a timely manner.**

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory's definition of occasional absences _____

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe _____

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe **Providers are allowed to bill for up to 208 absence hours per fiscal year for days when the child would normally be in care.**

Pays on a full-time or part-time basis (rather than smaller increments such as hourly) _____

Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) _____

Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment **Bridges generates a DHS-198, Child Development and Care (CDC) Provider Notice, to notify CDC providers when:**

- **An authorization is added.**
- **There is a change in the authorization period.**
- **The authorized hours change.**
- **Closing the CDC eligibility determination groups (EDG).**

The department pay percent changes.

Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe _____

Other. Describe _____

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

- Policy on length of time for making payments. Describe length of time _____
- Track and monitor the payment process **MI currently has practices in place to monitor the payment process and identify payment delays. In the event of payment delay notifications are made to providers.**
- Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe **Yes, providers bill for each biweekly pay period through an on-line internet billing system.**
- Other. Describe _____

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

- Yes. Describe data sources _____
- No. If no, how does the State/Territory determine most critical supply needs? **MI has not used data to determine existing and growing supply needs, however we have implemented various strategies that support best practices as identified by the Office of Child Care. MI currently:**

- **MI offers tiered reimbursement rates to support high quality care and increase access**
- **Through our RTT-ELC grant we are piloting financial incentives for both participation in GSQ and quality improvements**
- **we have a Great Start to Quality Resource Center that implements GSQ through the use of community hubs**
- **Through our RTT-ELC grant we are placing an emphasis on increasing the number of family homes who are participating in GSQ**
- **We offer T.E.A.C.H. scholarships in MI to help increase training and education**
- **Our GSQ utilizes a model of specialists and consultants to engage in continuous quality improvement with providers**
- **We have an EHS-CC partnership pilot to ensure coordination and collaboration**

Through our RTT-ELC grant we are piloting a business model curriculum for providers

4.6.2_ Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe **The Head Start State Collaboration Office and the Child Development and Care program developed, through a Memorandum of Understanding, a pilot program centered on Michigan's Early Head Start-Child Care Partnership grants. The pilot allows EHS-CCP child care partners to bill for the full amount of subsidy a partnership-enrolled child is eligible for encouraging continuity of care for infants and toddlers in poverty; and, increasing the capacity of providers to provide quality care to low-income infants and toddlers.**

b) Children with disabilities

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe _____

c) Children who receive care during non-traditional hours

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe _____

d) Homeless children

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe _____

4.6.2 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

Fully implemented and meeting all Federal requirements outlined above. Describe _____

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____

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- Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F)) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

- 5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

1. Center: A Child Care Center license allows a provider to care or supervise one or more preschool or school age children for care for periods of less than 24 hours a day, where the parents or guardians are not immediately available to the children. It includes a facility that provides care for not less than 2 consecutive weeks, regardless of the number of hours of care per day.
2. Group Home: A Group Child Care Home license allows a provider to care or supervise from 7 to 12 minor children in a private home for less than 24 hours a day unattended by a parent or legal guardian. The limit on the number of children does not include children who are related to an adult member of the family by blood, marriage or adoption. It includes care to an unrelated minor child for more than 4 weeks in a calendar year.
3. Family Child Care Home: A Family Child Care Home registration allows a provider to care or supervise from 1 to 6 minor children in a private home (where the licensee permanently resides as a member of the household) for less than 24 hours a day unattended by a parent or legal guardian. The limit on the number of children at a Family Child Care Home does not include children who are related to an adult member of the family by blood, marriage or adoption. It includes care to an unrelated minor child for more than 4 weeks in a calendar year.

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

- Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers **Parents on site, tribal providers, and military programs. For parents on-site, the parent must be on-site the entire time care is being provided for the child. Military and tribal providers have their own licensing and monitoring system through the tribal governments or military and are monitored and regulated through those systems.**

No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this

requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant
 - State/Territory age definition **birth to 1 yr**
 - Ratio **1:4**
 - Group size **12**
2. Toddler
 - State/Territory age definition **1 yr to 30 months**
 - Ratio **1:4**
 - Group size **12**
3. Preschool
 - State/Territory age definition **30 months until eligible to attend kindergarten**

- Ratio **1:8 for 30 months until 3 years old; 10 for 3 year olds, 1:12 for 4 year olds**
 - Group size **16 for children 30 months until 3 years old**
4. School-Age
- State/Territory age definition **A child eligible for kindergarten until 13 yrs**
 - Ratio **1:18**
 - Group size **None**
5. If any of the responses above are different for exempt child care centers, describe

Describe, if applicable, ratios and group sizes for centers with mixed age groups **if mixed ages, ratio and group size is determined by youngest age child.**

b) Licensed Group Child Care Homes:

1. Infant
- State/Territory age definition **not defined**
 - Ratio **1:6**
 - Group size **Michigan does not have a group size for this type of care however, each caregiver can only have two children 18 months and under.**
2. Toddler
- State/Territory age definition **Not defined.**
 - Ratio **1:6**
 - Group size **Michigan does not have a group size for this type of care, however, each caregiver can only have four children under 30 months and of the four, only two children can be 18 months and under.**
3. Preschool
- State/Territory age definition **Not defined.**
 - Ratio **1:6**
 - Group size **None**
4. School-Age
- State/Territory age definition **Not defined.**
 - Ratio **1:6**
 - Group size **None**
5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day **12 unrelated children. Related children are included in the child-to-provider ratio if they are under 7 yrs of age.**

6. If any of the responses above are different for exempt group child care homes, describe [redacted]

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios 1:6, group size 12, the threshold for when licensing is required when care is provided to unrelated children for more than four weeks in a calendar year and make more than \$600, maximum number of children that are allowed in the home at any one time 6 unrelated children, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size related children under 7 yrs, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day Each caregiver can only have four children under 30 months and of the four, only two children can be 18 months and under.

2. If any of the responses above are different for exempt family child care home providers, describe [redacted]

d) Any other eligible CCDF provider categories:

Describe the ratios, group size [redacted], the threshold for when licensing is required [redacted], maximum number of children that are allowed in the home at any one time [redacted], if the State/Territory requires related children to be included in the child-to-provider ratio or group size [redacted], or the limits on infants and toddlers or additional school-age children that are allowed for part of the day [redacted]

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher Be at least 19 yrs, HS diploma or GED, and 3 semester hrs or 4.5 CEUs in infant/toddler development within six months of hire. Be at least 19 yrs, HS diploma or GED, and 3 semester hrs or 4.5 CEUs in infant/toddler development within six months of hire. Infant Safe Sleep and Shaken Baby Syndrome training, valid first aid and CPR training and blood-borne pathogen training. One of the following is also required:

- Bachelor's degree or higher in Early Childhood Ed, Child Development, or a child-related field
- Associate's degree or higher in Early Childhood Ed or Child Development
- Montessori credential with 480 hrs experience
- Valid child development associate credential with 480 hrs experience
- HS diploma or GED with 12 semester hours and 960 hrs experience

-
- HS diploma or GED with a combination of 12 semester hours and/or 18 CEUs to equal 180 clock hrs with 1,920 hrs experience
 - HS diploma or GED with a combination of 6 semester hours and/or 9 CEUs to equal 90 clock hrs with 3,840 hrs experience. (This option not allowed for leads hired after 1/2/2014.) and assistant teacher qualifications **Must be at least 18 years old.**
2. Toddler lead teacher **Be at least 19 yrs old, HS diploma or GED, and obtain 3 semester hrs or 4.5 CEUs in infant/toddler development within six months of hire. Safe Sleep and Shaken Baby Syndrome training and valid first aid CPR training. One of the following is also required:**
- Bachelor's degree or higher in Early Childhood Ed, Child Development, or a child-related field
 - Associate's degree or higher in Early Childhood Ed or Child Development
 - Montessori credential with 480 hrs experience
 - Valid child development associate credential with 480 hrs experience
 - HS diploma or GED with 12 semester hours and 960 hrs experience
 - HS diploma or GED with a combination of 12 semester hours and/or 18 CEUs to equal 180 clock hrs with 1,920 hrs experience
 - HS diploma or GED with a combination of 6 semester hours and/or 9 CEUs to equal 90 clock hrs with 3,840 hrs experience (This option not allowed for leads hired after 1/2/2014.) and assistant teacher qualifications **Must be at least 18 years old.**
3. Preschool lead teacher **Be at least 19 yrs old, HS diploma or GED, valid CPR and first aid training and blood-borne pathogen training, and one of the following:**
- Bachelor's degree or higher in Early Childhood Ed, Child Development, or a child-related field
 - Associate's degree or higher in Early Childhood Ed or Child Development
 - Montessori credential with 480 hrs experience
 - Valid child development associate credential with 480 hrs experience
 - HS diploma or GED with 12 semester hours and 960 hrs experience
 - HS diploma or GED with a combination of 12 semester hours and/or 18 CEUs to equal 180 clock hrs with 1,920 hrs experience
 - HS diploma or GED with a combination of 6 semester hours and/or 9 CEUs to equal 90 clock hrs with 3,840 hrs experience. (This option not allowed for leads hired after 1/2/2014.) and assistant teacher qualifications **Must be at least 18 years old.**

4 School-Age lead teacher **Be at least 18 yrs old.** and assistant teacher qualifications **Must be at least 18 years old.**

5 Director qualifications **Early childhood program directors must be at least 21 yrs old, HS diploma or GED, valid CPR and first aid training and blood-borne pathogen training and one of the following:**

- **Bachelor's degree or higher in Early Childhood Ed or Child Development**
- **Bachelor's degree or higher in child related field or Child Development with 18 semester hours in Early Childhood Ed or Child Development with 480 hrs experience**
- **Associate's degree or higher in Early Childhood Ed or Child Development with 18 semester hours in Early Childhood Ed or Child Development with 480 hrs experience**
- **Montessori credential with 18 semester hours in Early Childhood Ed or Child Development with 960 hrs experience**
- **Valid child development associate credential with 18 semester hours in Early Childhood Ed or Child Development with 960 hrs experience**
- **Sixty semester hours with 18 semester hours in Early Childhood Ed or Child Development with 1,920 hrs experience**

School-age only program directors must be at least 21 yrs old, HS diploma or GED, valid CPR and first aid training and blood-borne pathogen training and one of the following:

- **Bachelor's degree or higher in child-related field**
- **Associate's degree or higher in child-related field with 480 hrs experience**
- **Montessori credential with 12 semester hours in child-related field with 480 hrs experience**
- **Valid Michigan school-age/youth development credential with 12 semester hours in child-related field with 480 hrs experience**
- **Valid child development associate credential with 12 semester hours in child-related field with 480 hrs experience**
- **Sixty semester hours with 12 semester hours in child-related field with 720 hrs experience**
- **HS diploma/GED with 6 semester hours in child-related field with 2,880 hrs experience**

b) Licensed Group Child Care Homes:

1. Infant lead teacher **No infant/assistant qualifications. Licensee must be 18 yrs or older, HS diploma, or GED, reside in child care home, proof of valid infant/child/adult CPR, first aid, and blood-borne pathogen training, attend orientation. Must also have Safe Sleep and Shaken Baby Syndrome training.** and assistant qualifications **Must be at least 18 years old.**
2. Toddler lead teacher **No infant/assistant qualifications. Licensee must be 18 yrs or older, HS diploma, or GED, reside in child care home, proof of valid infant/child/adult CPR, first aid, and blood-borne pathogen training, attend**

orientation. Must also have Safe Sleep and Shaken Baby Syndrome training and assistant qualifications **Must be at least 18 years old.**

3. Preschool lead teacher **No infant/assistant qualifications. Licensee must be 18 yrs or older, HS diploma, or GED, reside in child care home, proof of valid infant/child/adult CPR, first aid, and blood-borne pathogen training, attend orientation. Must also have Safe Sleep and Shaken Baby Syndrome training.** and assistant qualifications **Must be at least 18 years old.**
 4. School-Age lead teacher **No infant/assistant qualifications. Licensee must be 18 yrs or older, HS diploma, or GED, reside in child care home, proof of valid infant/child/adult CPR, first aid, and blood-borne pathogen training, attend orientation. Must also have Safe Sleep and Shaken Baby Syndrome training.** and assistant qualifications **Must be at least 18 years old.**
- N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications: **Qualifications are the same as licensed group child care homes.**

d) Other eligible CCDF provider qualifications **N/A.**

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

- a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:
 - Prevention and control of infectious diseases (including immunization)
 - Prevention of sudden infant death syndrome and use of safe sleeping practices
 - Administration of medication, consistent with standards for parental consent
 - Prevention of and response to emergencies due to food and allergic reactions
 - Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
 - Prevention of shaken baby syndrome and abusive head trauma

- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader

systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address these training requirements.

Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above. Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements _____

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____

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- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

Nutrition. Describe **Food and beverages provided by both centers and homes shall be of sufficient quantity and nutritional quality to provide for the dietary needs of each child according to the minimum meal requirements of the child and adult care food program as administered by the Michigan department of education based on 7 C.F.R. Part 226, 1-1-11 edition**

Access to physical activity. Describe **Developmentally appropriate experiences (centers only) shall be designed so that throughout the day each child has opportunities to do all of the following: Be physically active. Family and group homes: All of the following developmentally appropriate opportunities shall be provided daily:**

- (a) A balance of active and quiet play, group, and individual activities.**
- (b) Indoor and outdoor play, except during inclement or extreme weather, or unless otherwise ordered by a health care provider.**

- Screen time. Describe **For licensed centers use of media is prohibited for children under 2 years of age. When media are used with children 2 years of age and older, all of the following apply:**

- (a) Activities shall be developmentally appropriate.**
- (b) Interactive media shall be used to support learning and to expand children's access to content and shall be suitable to the age of the child in terms of content and length of use per session.**
- (c) Media with violent or adult content are prohibited while children are in care.**
- (d) Use of non-interactive media shall not exceed 2 hours per week per child.**
- (e) When media are available for children's use, other activities shall also be available to children.**

(10) An exception to the requirements of subrule (9)(d) of this rule may be made under the following conditions:

- (a) School-age children use computers and any other electronic devices for academic and educational purposes.**
- (b) Children use assistive and adaptive technology. For family and group homes Television, video tapes, movies, electronic devices, and computers shall be limited to not more than 2 hours per day and to programs designed for children's education and/or enjoyment.**

Other activities shall be available to children during television/movie viewing. Programs/movies with violent or adult content, including soap operas, shall not be permitted in child-use space while children are in care. The use of television, video tapes, movies, electronic devices and computers by children in care shall be suitable to the age of the child in terms of content and length of use.

Caring for children with special needs. Describe For licensed centers children with special needs, care shall be provided according to the child's needs as identified by parents, medical personnel, and/or other relevant professionals. for family and group homes the caregiver shall, for children with special needs, work with the parents, medical personnel, and/or other relevant professionals to provide care in accordance with the child's identified needs and learning supports

Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety. Describe

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care. _____

Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. In Michigan all unlicensed relative providers must complete a seven hour health and safety orientation training (which includes CPR and first aid certification, as well as the list of trainings topics for licensed providers) prior to receiving subsidy payments. In addition, we conduct criminal history checks (include Central Registry) on both the relative and all adult household members. These checks are conducted prior to enrollment and on an ongoing basis. Relative providers who complete 10 annual clock hours of training are also eligible for a higher subsidy rate.

No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities. List the policy citation **Public Act 116 requires centers and group/family homes to comply with licensing rules. Centers on federal land, or with a parent onsite are considered license exempt. MCL 722.113(1) The rules promulgated by the department under this act shall be used by the department of community health, the bureau of fire services, and local authorities in the inspection of and reporting on child care organizations covered by this act. The inspection of the health and fire safety of child care organizations shall be completed by department staff or by the department of community health, the bureau of fire services, or local authorities upon request of the department, or pursuant to subsection (2).**

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____

- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives).

- a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

- Yes. The State/Territory certifies that it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting: Licensing consultants must have a Master's degree in child development, elementary education, early childhood education, guidance and counseling, or social work and two years of professional, post-bachelor's degree experience licensing child care homes or centers, child foster care homes or facilities, child placing agencies, or related child care organizations; or as a child care provider trainer; or an investigator of high risk child abuse or neglect cases; or as a professional child care or preschool education worker or teacher in a pre-kindergarten or kindergarten to third grade program.

The Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems provides new consultant training which includes: licensing process; inspection process; licensing rules for home and centers, which include health and safety requirements; appropriate programing for child care centers, including child development, room arrangement, equipment, and programming. Language and cultural diversity of providers is not addressed in training.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including

planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)

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- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
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 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one preclosure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

Yes. The State/Territory certifies that it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits _____

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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- Overall Target Completion Date (no later than November 19, 2016)

- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

c) Inspections for License-Exempt CCDF Providers (except those serving relatives) – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

Yes. The State/Territory certifies that it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements: _____

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including

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planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

- Yes. The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors : _____
- No. If no, the State/Territory must provide a State/Territory-specific **implementation plan** for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and

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target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

e) **Child Abuse and Neglect Reporting** – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

Yes. Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency’s policy citation(s) **722.623 An individual is required to report under this act as follows: A regulated child care provider (licensed provider and all employees and volunteers) who has reasonable cause to suspect child abuse or neglect shall make immediately, by telephone or otherwise, an oral report, or cause an oral report to be made, of the suspected child abuse or neglect to the department. Within 72 hours after making the oral report, the reporting person shall file a written report as required in this act.**

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities,

necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

- Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care. **In Michigan all unlicensed relative providers must complete a seven hour health and safety orientation training (which includes CPR and first aid certification, as well as the list of health and safety training topics for licensed/registered providers) prior to receiving subsidy payments. In addition, we conduct criminal history checks (includes Central Registry) on both the relative and all adult household members. These checks are conducted prior to enrollment and on an ongoing basis. Relative providers who complete 10 annual clock hours of training are also eligible for a higher subsidy rate.**

Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt and include how the State/Territory ensures the health and safety of children in relative care.

No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories are required to have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as any other individuals in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement

that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory’s consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory’s requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

Fully implemented and meeting all Federal requirements outlined above. List the policy citation within the Lead Agency’s rules _____ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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- Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and appealing the results of background checks. **CURRENTLY: The Bureau of Community and Health Systems currently requires that all Child Care Registrants, Licensees, Licensee Designees and Program Directors are fingerprinted. Individuals requiring a fingerprint, submit a form documenting that they are aware that they are consenting to a Criminal Records Check through the Federal Bureau of Investigation. Upon completing the form, the individual is provided with a Child Care code for fingerprinting, which they take to the Live Scan vendor. The code is unique for the purpose and the authority that the department has for requesting a Criminal History Record Information (CHRI). The Live Scan vendor then submits the electronic results to Michigan State Police, who in turn submit them to the FBI. The results are then reported back to Michigan State Police. Michigan State Police send an electronic result to the BCHS via a secured server. Printed copies of CHRI with hits are sent directly to the BCHS Program Analyst. The BCHS stores all printed CHRI in a secure and locked storage. CHRI is not shared. Once the Child Care Program Analyst receives the CHRI, a determination is made as to whether the individual is eligible or ineligible to work in a child care facility. Eligibility is determined according to Public Act 116 of 1973 under Good Moral Character (GMC) statute. If there is a determination that the individual is ineligible, they are provided an opportunity to appeal and present evidence of GMC to the department. Upon receipt of the GMC Assessment, the Director of the Child Care Division will make a final determination. New applicants are provided with 45 days to submit their GMC review, while Active facilities are allowed 15 days to submit their GMC appeal. The applicant will be notified in writing of either their approval or disapproval. Disapprovals may require a Special Investigation and Disciplinary Action by the Department. If Disciplinary Action is taken by the department, the applicant will be offered reasonable opportunity to appeal the department's recommendation as outlined in PA116 of 1973 (722.121).**

- 5.3.3 Describe how the State/Territory is helping other States process background checks, including any agencies/entities responsible for responding to requests from other states **Current processes in MI do not required that we respond to requests from other states. If the other state utilizes FBI fingerprints, they would be provided with information from MI. Providers would need to contact the Michigan State Police for instructions for MI fingerprints or can go to www.michigan.gov/ichat to obtain information on convictions only. Providers who have lived out of state can get their own statement related to their central registry status. Instructions can be found at www.michigan.gov/canregistryclearance.**
- 5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?
- Yes. Describe. **CURRENTLY: The State of Michigan views all felony drug offenses as a Good Moral Character (GMC) crime. Therefore, any individual convicted of a felony drug or alcohol offense is sent through the GMC review process prior to a final determination of eligibility or ineligibility.**
- No
- 5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?
- Yes. Describe. **The Bureau of Community Health Systems (BCHS) determines the eligibility of all Registrants, Licensees, Licensee Designees and Program Directors. Currently, assessing the eligibility of staff in child care facilities is the responsibility of the Licensee/Licensee Designee. They must be able to provide evidence of a Michigan State Police background check and Central Registry clearance for all employees upon inspection.**
- No
- 5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?
- Yes, all relatives are exempt from all background check requirements.
- Yes, some relatives are exempt from the background check requirements. Describe which relatives are exempt. _____
- No, relatives are not exempt from background checks.

- 5.3.7 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3rd party vendor or contractor, Lead Agencies can report that no fees are charged if applicable. **Michigan does not currently charge fees to process background checks. All fingerprinting is completed via a third party company. Applicants contact a Livescan Vendor from an approved list on the Michigan State Police website. The applicant arranges an appointment to complete their fingerprinting at their desired location. All fees for processing fingerprints are paid for directly by the applicant to the third party vendor. The vendor's fees include the cost of processing the FBI clearance and the Michigan State Police clearance. The third party vendor chosen by the applicant may also require a processing fee for utilizing their services. We will be working to ensure this is part of the implementation changes made for 2017 compliance.**
- Michigan does not currently charge fees to process background checks. All fingerprinting is completed via a third party company. Applicants contact a Livescan Vendor from an approved list on the Michigan State Police website. The applicant arranges an appointment to complete their fingerprinting at their desired location. All fees for processing fingerprints are paid for directly by the applicant to the third party vendor. The vendor's fees include the cost of processing the FBI clearance and the Michigan State Police clearance. The third party vendor chosen by the applicant may also require a processing fee for utilizing their services. Ensuring this will be part of the implementation changes made for 2017 compliance.**
- 5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue **The application process is on the website and that describes what is required for background checks on applicants and program directors (centers only). In addition, the Technical Assistance and Consultation manuals provide information on how to comply with the rules related to background checks. The publication: A Parent's Guide to Child Care Licensing (http://michigan.gov/documents/lara/BCAL_PUB_784_9_15_499332_7.pdf) gives a general overview of background check requirements.**
- 5.3.9 Does the Lead Agency release aggregated data by crime?
- Yes. List types of crime included in the aggregated data _____
- No

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that

emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a “career ladder” that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children’s development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

- 6.1.1 Describe the status of the State/Territory’s professional development system or framework, including training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

The Lead Agency assures that the State/Territory’s training and professional development requirements:

- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
 - b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.
 - c) Incorporate knowledge and application of the State/Territory’s early learning and developmental guidelines (where applicable), the State/Territory’s health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)
 - d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF
 - e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.
- Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

State/Territory professional standards and competencies. Describe **Michigan has newly revised Core Knowledge and Core Competencies (CKCCs). They are aligned to state and national early learning and program standards including our state early learning guidelines. Both the CKCC and our early learning guidelines have been approved and endorsed by State Board of Education. The CKCCs are organized by**

level—each competency statement has a series of indicators that are identified as developing, achieving, or extending level indicators. The indicators identify the knowledge, skills, and attributes early childhood educators may be developing, achieving or extending, with each level building on the knowledge of the previous level. Training approved by our ten Great Start to Quality Resource Centers is aligned to the CKCCs. Trainers indicate a primary and secondary (if appropriate) competency/content area and then align their training to specific competencies. A trainer submits an outline detailing the competency statements they are addressing.

Career ladder or lattice. Describe Michigan is in the process of developing a formal career lattice or pathway and will have a draft finalized by end of the spring 2016. Licensing rules require annual professional development and as part of the guidance for meeting professional development requirements, the eight competency areas of our CKCC document are listed for approved topics for professional development. In our formal pathway, we have built entry steps that are based on gaining professional development (training, credit bearing coursework, technical assistance) that covers the required health and safety training and then content in all eight CKCC competency areas. The beginning steps move a provider toward achieving a CDA and then additional steps require college coursework and achievement of a degree.

Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe Michigan has spent the last two years participating in a national T.E.A.C.H. Articulation Project and has made great strides in supporting articulation agreements between associate degree granting institutions and bachelor degree granting institutions. The plan included supporting associate degree granting institutions to pursue a common set of high quality standards (specifically NAEYC Early Childhood Associate Degree Accreditation, which our CKCCs are aligned to) and bachelor degree granting institutions accepting the early childhood coursework as a “block” transfer and evaluating their programs to determine what a transfer student had remaining to take at the bachelor degree granting institution. We started this process with our team of two associate and two bachelor degree granting institutions. Each of the associate degree granting institutions developed agreements with both of the bachelor degree granting institutions. These agreements will serve as models to support other institutions in developing block articulation/transfer agreements. We also have RTT funding to support six new community colleges to become accredited and three community colleges to renew their accreditation. To support this work we have planned biannual higher education summits to convene early childhood faculty from both associate and bachelor degree granting institutions. All colleges participating with T.E.A.C.H. Early Childhood®MICHIGAN are required to have at least one articulation agreement in

place. Twenty two associate degree granting institutions have at least one articulation agreement with a bachelor degree granting institution.

Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe **Training that is part of Great Start to Quality (our quality rating and improvement system) goes through our statewide trainer and training approval process. Training that meets current child care licensing requirements is aligned to the CKCCs.**

Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe **Currently as a state, we do not have a workforce registry. We have information on those providers that are participating in T.E.A.C.H. Early Childhood®MICHIGAN.**

Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe **Our professional development system advisory structure includes the Professional Development Stakeholder Group and three sub committees (work streams):**

Core Knowledge

Qualifications, Credentials, and Pathways

Quality Assurance

The Professional Development Stakeholder Group helps the Office of Great Start develop, promote, and maintain a comprehensive, accessible, inclusive system of cross-sector partners, best practices, and resources for the professional development, career advancement, and recognition of individuals serving infants, toddlers, preschoolers, and school age children.

The Professional Development Stakeholder Group and related Work Streams include representatives from:

Great Start to Quality

Early Childhood Investment Corporation

Community College (2yr)

University (4yr)

Migrant Telamon

Michigan Head Start Association

MI Department of Community Health

Great Start Readiness Programs

Michigan Association of Intermediate School Administrators

Tribal Representation

Michigan Afterschool Partnership

Michigan Association for Infant Mental Health

T.E.A.C.H. Early Childhood®MICHIGAN

Michigan Association for the Education of Young Children

Licensing

Early On Technical Assistance Network

Office of Career and Technical Education

Office of Professional Preparation Services

Head Start Training and Technical Assistance

Community Health/Home Visiting

Continuing education unit trainings and credit-bearing professional development. Describe **Providers have access to training that offers continuing education units through the Great Start to Quality Resource Center training calendar. In addition, the majority of statewide conferences offer state continuing education clock hours through the Michigan Department of Education. Providers participating T.E.A.C.H. Early Childhood®MICHIGAN for support in pursuing a CDA, Associate's or Bachelor's degree are required to take credit bearing college coursework.**

Current CPR and First Aid is a requirement for all program directors, lead caregivers, and family child care providers. CPR must be updated/renewed every 12 months and first Aid every 36 months.

State-approved trainings. Describe **The state offers State Continuing Education Clock Hours (SCECHs) for training that goes through an approval process that requires sponsors of training to meet state requirements. Training that is approved through our quality rating and improvement system--Great Start to Quality, goes through our statewide trainer and training approval process. This process is implemented through our network of ten Great Start to Quality Resource Centers.**

Inclusion in state and/or regional workforce and economic development plans. Describe _____

Other. Describe _____

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

Our professional development system advisory structure includes the Professional Development Stakeholder Group and three sub committees (work streams):

Core Knowledge

Qualifications, Credentials, and Pathways

Quality Assurance

The Professional Development Stakeholder Group helps the Office of Great Start develop, promote, and maintain a comprehensive, accessible, inclusive system of cross-sector partners, best practices, and resources for the professional development, career advancement, and recognition of individuals serving infants, toddlers, preschoolers, and school age children.

The Professional Development Stakeholder Group and related Work Streams include representatives from:

- Great Start to Quality**
- Early Childhood Investment Corporation**
- Community College (2yr)**
- University (4yr)**
- Migrant Telamon**
- Michigan Head Start Association**
- MI Department of Community Health**
- Great Start Readiness Programs**
- Michigan Association of Intermediate School Administrators**
- Tribal Representation**
- Michigan Afterschool Partnership**
- Michigan Association for Infant Mental Health**
- T.E.A.C.H. Early Childhood®MICHIGAN**
- Michigan Association for the Education of Young Children**
- Licensing**
- Early On Technical Assistance Network**
- Office of Career and Technical Education**
- Office of Professional Preparation Services**
- Head Start Training and Technical Assistance**
- Community Health/Home Visiting**

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements **Licensing requires annual professional development for licensed**

and registered child care providers. To comply, providers participate in professional development that is aligned to the CKCCs. Child care providers access approved training through ten Great Start to Quality Resource Centers and that training is aligned to the CKCCs. The CKCCs are aligned with our state early learning guidelines and address the items included in this indicator--health and safety, positive interactions and guidance, and social and emotional development. Some of the training offered through the Great Start to Quality Resource Centers is CSEFEL (Center on the Social Emotional Foundations for Early Learning) based.

We are currently working on a policy statement on expulsion and suspension policies in early childhood settings. As part of this work, we will make a recommendation around training and supports for providers that are focused on social emotional development and positive behavior intervention.

As part of our RTT-Early Learning Challenge Grant we have a project that is focused on supporting healthy minds and bodies that includes:

- Developing training and technical assistance materials and supports that promote both healthy habits for families and providers, as well as developmental screening and referral procedures
- Providing specialized consultants to support home-based providers in meeting the social-emotional and physical health needs of young children

This work will align to the CKCC and be piloted in seven communities, with the hope to eventually move statewide

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable) All providers have access to professional development offered through our Great Start to Quality Resource Centers, Institutes of Higher Education or other community partners who offer training.

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians. Training and professional development is based on the CKCCs which address competencies around English learners, children with disabilities, and cultural competence. Our early learning guidelines (ELGs) also address these areas and provide quality standards and early learning expectations for infants, toddlers, preschool and school age children. The CKCC are aligned to the ELGs.

Michigan offers a School-Age Youth Development Certificate and School-Age Youth Development Credential that is earned through professional development based on the National Afterschool Association Core Knowledge and Core Competencies and includes observation and work experience.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

Financial assistance for attaining credentials and post-secondary degrees. Describe **All licensed and registered providers that meet eligibility requirements for T.E.A.C.H. Early Childhood®MICHIGAN have access to financial assistance to attain a CDA and/or post-secondary degree.**

Financial incentives linked to education attainment and retention. Describe **All licensed and registered providers that meet eligibility requirements for T.E.A.C.H. Early Childhood®MICHIGAN have access to financial assistance to attain a CDA and/or post-secondary degree. Incentives are linked to contract completion as part of degree attainment. In addition, providers make a commitment to remain employed at their current program after they earn the CDA and/or post-secondary degree.**

Registered apprenticeship programs. Describe _____

Outreach to high school (including career and technical) students. Describe _____

Policies for paid sick leave. Describe _____

Policies for paid annual leave. Describe _____

Policies for health care benefits. Describe _____

Policies for retirement benefits. Describe _____

Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe _____

Other. Describe _____

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language. **Printed materials describing the CDC program are available in Spanish and Arabic, our two largest second languages. Also, application materials for CCDF are available in Spanish and we have Spanish speaking staff available in our various units to support providers with the program and our requirements.**

Individual Great Start to Quality Resource Centers work with the provider populations in their region who are not English speaking to offer training, support through the child care licensing process and to become part of our tiered quality rating improvement system, Great Start to Quality.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to

implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- Other _____
- None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages **Spanish and Arabic.** **Some of the Great Start to Quality Resource Centers provide interpreters that speak languages other than Spanish and Arabic; they recruit interpreters based on the language needs of those within their region.**

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

- Yes. The State certifies that no later than September 30, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers _____
- No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____

Commented [CT16]: Separate document for Implementation plan

- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

Yes. If yes,

a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory’s progress in improving the quality of child care programs and services in the State/Territory. **Through Great Start to Quality data, pre and post training evaluations, Quality Improvement Consultation logs.**

b) Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe **Training and professional development are provided by our ten Great Start to Quality Resource Centers which are funded by CCDF quality dollars.**

Other funds. Describe **State funded preschool (GSRP) has state aid funding for training and technical assistance. We partner with Head Start and other**

state agencies to make additional training available. In addition there is funding for 21st Century Early Learning programs that provide supports for training and professional development.

- c) Check which content is included in training and professional development activities. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1.c. Describe **Child care providers access approved training through our ten Great Start to Quality Resource Centers and that training is aligned to the CKCCs. The CKCCs are aligned with our state early learning guidelines and address the items included in this indicator--health and safety, positive interactions and guidance, and social and emotional development. Some of the training offered through the Great Start to Quality Resource Centers is CSEFEL (Center on the Social Emotional Foundations for Early Learning) based; but, this training isn't available in all Great Start to Quality Resource Centers.**

As part of our RTT-Early Learning Challenge Grant we have a project that is focused on supporting healthy minds and bodies that includes:

- **Developing training and technical assistance materials and supports that promote both healthy habits for families and providers, as well as developmental screening and referral procedures**
- **Providing specialized consultants to support home-based providers in meeting the social-emotional and physical health needs of young children**

This work will be piloted in seven communities, with the hope to eventually move statewide.

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social - emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe **Great Start to Quality Resource Centers offer professional development on positive guidance and discipline, reducing challenging behaviors, and some offer specific training on intervention models including the pyramid model.**

We are currently developing a state policy on expulsion prevention and will make recommendations around training and technical assistance supports for providers as a part of that policy.

In addition, as part of our RTT-Early Learning Challenge Grant we have a project that is focused on supporting healthy minds and bodies that includes:

- Developing training and technical assistance materials and supports that promote both healthy habits for families and providers, as well as developmental screening and referral procedures
- Providing specialized consultants to support providers in meeting the social-emotional and physical health needs of young children; including offering training

This work will be piloted in seven communities, with the hope to eventually move statewide.

Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development.

Describe This topic is emphasized in the Great Start to Quality program standards; Great Start to Quality Resource Centers are offering training and technical assistance to support strong family engagement. Higher points are earned by providers by participating in annual cultural and linguistic responsiveness training.

As part of our RTT grant, we have a project focused on family engagement that will:

- Incorporate Strengthening Families Protective Factors into the Great Start to Quality program standards
- Place Family Engagement Consultants in targeted communities to support parents and providers
- Provide training modules to support the Great Start to Quality Family and Community Partnerships standards
- Assist families and providers in understanding and adopting protective factors into daily practice
- Establish and coordinate networks of trusted advisors able to provide support to families in their local communities

In addition, our RTT project focused on supporting healthy minds and bodies will provide specialized consultants to support home-based providers in meeting the social- emotional and physical health needs of young children.

Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are

aligned with the State/Territory Early Learning and Development Standards.

Describe **Great Start to Quality requires an approved curriculum—training and technical assistance through the Great Start to Quality Resource Center would support providers in delivering evidence based curricula and providing a developmentally appropriate learning environment. Approved curriculum is aligned to our state early learning guidelines.**

On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development. Describe **There are Family and Community Partnership Standards in Great Start to Quality. Resource Centers provide training and consultation to providers to support their understanding of the standards and ways to best implement the standards. Our RTT Family Engagement project will also provide training to support this indicator. Goals of this project include:**

- **Incorporate Strengthening Families Protective Factors into the Great Start to Quality program standards**
- **Place Family Engagement Consultants in targeted communities to support parents and providers**
- **Provide training modules to support the Great Start to Quality Family and Community Partnerships standards**
- **Assist families and providers in understanding and adopting protective factors into daily practice**

Establish and coordinate networks of trusted advisors able to provide support to families in their local communities

Using data to guide program evaluation to ensure continuous improvement. Describe **Great Start to Quality Resource Centers and Great Start Readiness Programs offer training and/or technical assistance that supports using the Program Quality Assessment tool to inform goal setting and pursuing continuous quality improvement.**

Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe _____

Caring for and supporting the development of children with disabilities and developmental delays. Describe **Great Start to Quality Resource Centers offer a variety of training on caring for and supporting the development of children with disabilities and delays. Many Great Start to Quality Resource Centers offer a series of trainings on inclusion and partner with their local intermediate school districts and Early On Training and Technical Assistance to**

offer specific topical training such as training focused on autism, speech and language development, sensory processing, and many others.

Supporting positive development of school-age children. Describe **Great Start to Quality Resource Centers offer and partner with others to provide training to support providers caring for school age children. School age training offered aligns to the National Afterschool Association Core Knowledge and Competencies. Through our 21st Century Community Learning Center grant, training and technical assistance is available to providers caring for school-age children. Some of the topics include parent engagement, conflict resolution, planning and reflection, active learning, building community, communication, and youth voice.**

Other. Describe _____

- d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education

Other. Describe _____

No

- 6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

- 1) Number of pre-service or orientation hours and any required areas/content **There is not currently a set number of required hours. The Child Care Center is required to provide an orientation of policies and practices and the child care administrative rules to staff before they care for children**

unsupervised. As a pre-service requirement, staff must complete blood borne pathogen training prior to unsupervised contact with children and for those staff caring for infants and toddlers, safe sleep and shaken baby syndrome training must be completed prior to caring for infants and toddlers. All program directors, lead caregivers, and at least one caregiver shall have current first aid and infant, child, and adult CPR training.

- 2) Number of on-going hours and any required areas/content **Currently staff are required to complete 16 clock hours of professional development annually on topics relevant to their job responsibilities that are aligned to the CKCC competency areas and/or are on the child care administrative rules.**

b) Licensed Group Child Care Homes

- 1) Number of pre-service or orientation hours and any required areas/content **Currently Caregivers must have proof of valid infant/child/adult cardiopulmonary resuscitation, first aid, and blood-borne pathogen training and attend a licensing orientation. Safe sleep and shaken baby syndrome training is included in orientation and is part of the application process for licensees and registrants. Caregivers are required to assure that assistant caregivers have safe sleep and shaken baby syndrome training prior to caring for children. Assistant caregivers are also required to have CPR, first aid, and blood borne pathogen training within 90 days of hire.**
- 2) Number of on-going hours and any required areas/content **Currently caregivers are required to complete 10 clock hours of professional development annually related to child development, program planning, and administrative management for a child care business. Assistant caregivers are required to complete 5 clock hours of professional development annually.**

c) Licensed Family Child Care Provider

- 1) Number of pre-service or orientation hours and any required areas/content **Currently caregivers must have proof of valid infant/child/adult cardiopulmonary resuscitation, first aid, and blood-borne pathogen training and attend a licensing orientation. Safe sleep and shaken baby syndrome training is included in orientation and is part of the application process for licensees and registrants. Caregivers are required to assure that assistant caregivers have safe sleep and shaken baby syndrome training prior to caring for children. Assistant caregivers are also required to have CPR, first aid, and blood borne pathogen training within 90 days of hire.**
- 2) Number of on-going hours and any required areas/content **Currently caregivers are required to complete 10 clock hours of professional development annually related to child development, program planning, and administrative management for a child care business. Assistant**

caregivers are required to complete 5 clock hours of professional development annually.

d) Any other eligible CCDF provider

- 1) Number of pre-service or orientation hours and any required areas/content **Unlicensed/subsidized providers are required to attend a seven hour orientation covering health and safety, child development, and CPR and first aid.**
- 2) Number of on-going hours and any required areas/content **There is no ongoing training requirement; however, providers are encouraged to attend additional training and receive a higher rate of payment if they attend 10 hours of annually. Content areas include: child development, caring for children with special needs, interactions and relationships, accessing community resources, business basics, communication, and health, safety, and nutrition.**

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

Fully implemented. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance **The Great Start to Quality Resource Centers offer administrative focused trainings that include the topics suggested. Many recruit professionals (Accountant, Attorney, Human Resources Manager) to facilitate training on record keeping and taxes and personnel management and policy. Licensing requires administration coursework for Center Program Directors. Great Start to Quality has an indicator that requires two college credits in child care administration.**

As part of RTT, there will be a business focused series of training modules developed to support providers in enhancing their program administration skills. Suggested module topics will include: practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications. This will be piloted in six regions between now and December 2017. A train the trainer model is planned to allow for eventual statewide delivery.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned

activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. **States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.**

6.3.1 Describe the status of the State/Territory’s early learning and development guidelines appropriate for children from birth to kindergarten entry.

The State/Territory assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten

- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency **Updates are driven by the field and based on new research around children’s development. Birth to Three and Three to Five Early Learning Guidelines were updated in March 2013; Out of School Time Standards were first approved by the State Board of Education in March 2013.**
 - Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency’s policy citation(s) and describe using 6.3.2 through 6.3.4 below
 - Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implement this activity _____

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

Birth-to-three. Provide a link

http://www.michigan.gov/documents/mde/ECSQ_IT_approved_422341_7.pdf

Three-to-Five. Provide a link

http://www.michigan.gov/documents/mde/ECSQ_OK_Approved_422339_7.pdf

Birth-to-Five. Provide a link _____

Five and older (check if State/Territory has standards for five and older that complement but cover child development areas not covered by k-12 academic standards). Describe and provide a link

https://www.michigan.gov/documents/mde/MOST_SBE_APPROVED_031213_422342_7.pdf

The Michigan Out-of-School Time (MOST) Standards of Quality are designed to assist schools and other organizations in developing high quality, comprehensive OST programs for all children and youth in grades K-12. The standards are based on research concerning quality programs for school-age children and youth. A set of critical components for out-of-school time programs is presented in this document as seven distinct areas for which quality standards have been established.

These components are:

•Health and Safety;

•Human Relationships;

•Program Staffing;

•Indoor and Outdoor Environment;

•Program Activities;

•Administration; and

•Single Purpose Programs.

These standards define the recognized indicators of OST program quality.

Other. Describe _____

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

- Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines. Describe _____
- The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe _____
- Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe _____
- Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe _____
- Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe _____

b) Indicate which funds are used for this activity (check all that apply)

- CCDF funds. Describe _____
- Other funds. Describe _____

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth

through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) 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, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

- 7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services **As a state, our overarching goals include investing in training and professional development to increase the competency of our workforce and supporting child care 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 Great Start to Quality, our tiered quality rating and improvement system.**

The purpose of Great Start to Quality (GSQ) is to improve the quality of care and education services provided to children in the state of Michigan by licensed and registered providers. In order to accomplish this goal, a system of change has been implemented in the state of Michigan. Currently, ten regional Resource Centers employing Quality Improvement Consultants and Quality Improvement Specialists work to support providers' participation in Great Start to Quality by providing outreach and engagement, resource and referrals, ongoing coaching, consultation, technical assistance and professional development opportunities. All in an effort to continue to move the providers along the quality continuum. In addition to supports for licensed and unlicensed providers, unlicensed providers are also provided the opportunity to provide in Orientations and ongoing trainings in an effort to improve the quality of care they provide on a daily basis.

In order to help achieve these goals we also have a Professional Development Stakeholder Group and three work streams that operate with the vision that all care and education professionals working with and on behalf of infants, toddlers, preschoolers and school age children, and their families, have the competence, skills and knowledge to prepare Michigan's children for success in school and life.

The Professional Development Stakeholder Group helps the Office of Great Start develop, promote and maintain a comprehensive, accessible, inclusive system of cross-sector partners, best practices, and resources for the professional development, career advancement, and recognition of individuals serving infants, toddlers, preschoolers, and school age children.

MI is in the process of developing a workforce registry that will not only provide workforce data, but will help inform future quality improvement needs and goals. Currently we rely on our quality rating and improvement system data, best practices from other states, federal level workforce and state of child care data.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.

- Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) **Quality funds (including targeted infant and toddler funds and school age/resource and referral) and discretionary funds.**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **Race to the Top Early Learning Challenge**

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.

- Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside,, including whether designated infant- and toddler set aside, etc.) funds are being used along with other CCDF funds **Targeted infant/toddler set aside**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **EHS/CC partnership project funds; Race to the Top Early Learning Challenge**

Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.

- Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.

- Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) **discretionary funds**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **Race to the Top Early Learning Challenge Funds**

Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.

- Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **Race to the Top Early Learning Challenge Funds, State General Funds**

Supporting accreditation. If checked, respond to 7.7.

- Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.

- Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **Race to the Top Early Learning Challenge Funds**

Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available **Great Start to Quality (GSQ), Michigan's quality rating and improvement system for child care and preschool is administered by the Early Childhood Investment Corporation (ECIC). A network of ten Great Start to Quality Resource Centers are contracted by ECIC to provide quality improvement technical assistance, training and resources designed to assist providers in increasing their quality levels.**
<http://greatstarttoquality.org/>

Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available _____

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

Participation is voluntary

Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) _____

Participation is required for all providers

Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels

Supports and assesses the quality of child care providers in the State/Territory

Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers

Embeds licensing into the QRIS. Describe _____

Designed to improve the quality of different types of child care providers and services

Describes the safety of child care facilities

Addresses the business practices of programs

Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled

Provides, to the maximum extent practicable, 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. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality _____

Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

Licensed child care centers

Licensed family child care homes

License-exempt providers

Early Head Start programs

Head Start programs

State pre-kindergarten or preschool program

Local district supported pre-kindergarten programs

Programs serving infants and toddlers

Programs serving school-age children **(Pilot in FY16)**

Faith-based settings

Other. Describe.

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. **As part of our Race to the Top-Early Learning Challenge grant, an evaluation/validation of Great Start to Quality will occur. The evaluation/validation will be completed by December 30, 2017.**

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

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and 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.

7.3.1 What activities 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? Check all that apply and describe.

Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe _____

Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe _____

Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe **For state fiscal year 16, 25% of the Great Start to Quality Resource Center budgets must be dedicated to infant and toddler training and professional development. In addition, focused efforts to increase the capacity of the Quality Improvement Consultants to support providers serving infants and toddlers. The ECIC has a staff member designated with the background and leadership in infant-toddler development and supports to provide these QICs with coaching in their roles. 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.**

-
- Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe _____
- Providing coaching and/or technical assistance on this age group's unique needs from State-wide networks of qualified infant-toddler specialists. Describe **Quality Improvement Consultants are receiving statewide infant toddler training to directly support providers serving infants and toddlers.**
- 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 **Sharing information about and referring families to Early On® (Michigan's Part C of I.D.E.A) is best practice for child care programs serving infants and toddlers. Completing developmental screenings is an indicator in Great Start to Quality and Quality Improvement Consultants provide training and technical assistance on choosing a developmental screening, communicating with families about children's development, and seeking additional support through Early On®. Early On® is expected to serve eligible infants and toddlers in the "least restrictive environment," which, for a portion of the identified infants and toddlers, is the child care setting. Child care providers might coordinate with early intervention specialists for services to be delivered at the child care program or as part of a team developing an Individualized Family Service Plan. This coordination is designed to promote optimal child development. MDE/OGS houses both Part C and CCDF which allows for ongoing discussion around coordination.**
- Developing infant and toddler components within the State's/Territory's QRIS. Describe _____
- Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe **Child Care Licensing requirements provide special provisions for licensed and registered providers caring for infants and toddlers including better adult child ratios and additional educational requirements for those serving as lead caregivers in infant and/or toddler classrooms.**
- Developing infant and toddler components within the early learning and development guidelines. Describe **MI currently has early learning guidelines specifically for infants and toddlers.**
- Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe _____
- Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe _____

Other. Describe _____

- 7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory **As part of their contract with the lead agency, the Early Childhood Investment Corporation, we will monitor the number and roles of infant toddler project staff, planned infant toddler learning community meetings and the infant toddler training and consultation work being offered through the ten Great Start to Quality Resource Centers.**

In addition, in the late fall of 2015, MI conducted a survey of all registered and licensed providers to gain a better understanding of those serving infants/toddlers at this time. These data will contribute to establishing metrics for our ongoing work and prioritization for serving infants and toddlers.

7.4 Child Care Resource & Referral

- 7.4.1 Describe the status of the child care resource and referral system

State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system _____

State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe _____

State/Territory is in the development phase

- 7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory _____

7.5 Facilitating Compliance with State Standards

- 7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe **We use quality funds to support Child Care Licensing (consultants and managers). Currently, there are 70 Child Care Licensing Consultants and 6 Area Managers. In FY16 we will be increasing our child care licensing consultant number to 105 and our area manager number to eight. In addition, we will now have a full time, dedicated Child Care Licensing Director. The increase in staffing ratios will help ensure that child care licensing requirements are being met, by bringing the ratios to 98:1.**

In addition, we have two RTT projects—one that is focused on the monitoring of key indicators that will streamline program monitoring efforts to allow licensing consultants to increase focus on improving program quality and a second project designed to support licensing consultants as

ambassadors for Great Start to Quality (GSQ) to increase provider engagement, participation and overall quality.

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory **With the increase in licensing consultants and area managers, we plan to see a reduction in caseloads and an increase in the number of on-site inspections and an increase in the amount of time consultants are able to 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

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

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children **MI will be using RTT-ELC funds and state general funds to implement a study of our GSQ (tiered quality rating system) that asks for: validating, using research-based measures, that the tiers in the State's Tiered Quality Rating and Improvement System accurately reflect differential levels of program quality; and assessing, using appropriate research designs and measures of progress, the extent to which changes in quality ratings are related to progress in children's learning, development, and school readiness. We expect the study to be done in FY16 and FY17.**

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory **MI will be using RTT-ELC funds and state general funds to implement a study of our GSQ (tiered quality rating system) that asks for: validating, using research-based measures, that the tiers in the State's Tiered Quality Rating and Improvement System accurately reflect differential levels of program quality; and assessing, using appropriate**

research designs and measures of progress, the extent to which changes in quality ratings are related to progress in children’s learning, development, and school readiness. We expect the study to be done in FY16 and FY17.

7.7 Accreditation Support

- 7.7.1 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?
- Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation _____
- Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe _____
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development
- 7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory’s progress in improving the quality of child care programs and services in the State/Territory _____

7.8 Program Standards

- 7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe **The vision of high quality for all is actualized in Great Start to Quality, with minimal licensing standards as the foundation and a staircase of graduated improvements in quality to reach the highest quality standards at the top. Programs receive higher ratings by implementing increasingly higher indicators/standards.**

Our Early Learning Guidelines each have dedicated sections on quality program standards and were used to inform the Great Start to Quality Indicators.

As part of our RTT grant, we will be reviewing the Great Start to Quality (GSQ) indicators related to health, safety, nutrition, and social-emotional development against the Stepping Stones to Caring for Our Children Standards to determine if there are gaps and opportunities for strengthening our GSQ indicators. At the conclusion of the grant we expect to have a set of recommendations for possible changes to strengthen the indicators.

- 7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory’s progress in improving the quality of child care programs and services in the State/Territory **Once the GSQ standards are strengthened through alignment with nationally**

recognized physical and social-emotional health standards, we should be able to capture information about the number of programs meeting the new standards.

7.9 Other Quality Improvement Activities

- 7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. _____

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

- 8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements. **In January 2016, our policy manuals were updated to reflect our definitions for all violation types. Staff were included in the development of these definitions and we expect technology support to be implemented by the end of 2016 to allow for a fraud designation in our eligibility system. In addition, in January 2016 we implemented a new time and attendance review process to ensure that we monitor for program integrity, while being fair to both parents and providers by reducing the burdens expected of them. Our new efforts will focus on offering support to address administrative errors and ensuring intentionality prior to making a fraud referral for investigation.**
- 8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
 - Orientations
 - Onsite training
 - Online training
- Regular check-ins to monitor implementation of the new policies. Describe _____
- Other. Describe _____

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. **The lead agency is required to comply with Public Act 272 of 1986 (Section 18.1485 of the Michigan Compiled Laws) which requires each Michigan Department (1) to evaluate its systems of internal controls, (2) to develop a report that includes a description of any material inadequacy or weakness discovered during the internal control evaluation, and (3) to develop corrective action plans and a time schedule for correcting deficiencies identified. The lead agency has an agreement with the Early Childhood Investment Corporation (ECIC), to provide funds to contract for and monitor a variety of programs and services related to quality child care. The Department maintains control through requirements laid out in the agreement. The State Child Care Administrator and other staff meet regularly with ECIC staff to monitor efforts and address issues as they arise. On a monthly basis, the Department reviews the Statement of Expenditures for both ECIC administrative costs as well as for contracted services. The grant agreement requires ECIC to submit bi-annual reports to the Department for monitoring purposes. In addition, the Department has an approved monitoring plan and meets monthly with various staff at ECIC to get updates and review program implementation. The agreement also provides that the Department may request other information it deems necessary to assure compliance. Department staff or its designee may visit the offices of ECIC to review and evaluate the work done under the grant agreement.**

The lead agency also has a Performance Agreement with the Michigan Department of Health and Human Services (MDHHS), to provide funds for client eligibility determination, fraud investigations, and administrative hearings. The lead agency maintains control through

requirements laid out in the agreement. MDHHS provides data on progress measures quarterly. Additionally, the State Child Care Administrator meets with a designated point of contact with DHS, as needed, to monitor efforts and address issues as they arise.

The lead agency also has a Performance Agreement with the Michigan Department of Licensing And Regulatory Affairs (LARA), to provide funds for child care licensing through the Bureau of Community Health Systems. The lead agency maintains control through requirements laid out in the agreement. LARA provides data on progress measures quarterly. Additionally, the State Child Care Administrator meets with a designated point of contact with MDHHS, as needed, to monitor efforts and address issues as they arise.

Definition: “Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as “vendors”). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified.”

- 8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.
- a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.
- Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
 - Run system reports that flag errors (include types). Describe System reports identify high risk provider billings, such as: Unlicensed providers who are billing for more than 6 children. Providers billing over a set number of hours for school age children- Providers billing the maximum hours. Providers billing for care provided every day of the week.

- Review of enrollment documents, attendance or billing records
- Conduct supervisory staff reviews or quality assurance reviews
- Audit provider records
- Train staff on policy and/or audits
- Other. Describe _____
- None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- Run system reports that flag errors (include types). Describe System reports identify high risk provider billings, such as: Unlicensed providers who are billing for more than 6 children. Providers billing over a set number of hours for school age children. Providers billing the maximum hours. Providers billing for care provided every day of the week.
- Review of enrollment documents, attendance or billing records
- Conduct supervisory staff reviews or quality assurance reviews
- Audit provider records
- Train staff on policy and/or audits
- Other. Describe _____
- None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

- a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?
- Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount **\$250.00 threshold for clients. No minimum for providers, all over issuances are subject to recovery.**

Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)

Recover through repayment plans

Reduce payments in subsequent months

Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments. Describe **The lead agency has a unit dedicated to assisting both parents and providers with payment issues, as well as reviewing time and attendance billing records to ensure proper billing. This unit also establishes recoupment on the time and attendance records they review. In the event that the unit determines intentionality in the billing practices they will refer cases to the Michigan Department of Health and Human Services (MDHHS) Office of Inspector General Office (OIG) where an additional investigation will determine whether or not the billing was intentional. The lead agency then works closely with the MDHHS Debt Collection Section to establish repayment agreements.**

Other. Describe

None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines _____

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount _____

Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)

Recover through repayment plans

Reduce payments in subsequent months

Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments. Describe composition of unit below

Other. Describe **The lead agency has a unit dedicated to assisting both parents and providers with payment issues, as well as reviewing time and attendance billing records to ensure proper billing. This unit also establishes recoupment on the time and attendance**

records they review. In the event that the unit determines intentionality in the billing practices they will refer cases to the Michigan Department of Health and Human Services (MDHHS) Office of Inspector General Office (OIG) where an additional investigation will determine whether or not the billing was intentional. The lead agency then works closely with the MDHHS Debt Collection Section to establish repayment agreements.

None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines _____

c) Check which activities the Lead Agency will use for administrative error?

Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount **\$250 threshold for clients. No minimum for providers, all improper payments are subject to recovery.**

Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)

Recover through repayment plans

Reduce payments in subsequent months

Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments. Describe composition of unit below

Other. Describe **The lead agency has a unit dedicated to assisting both parents and providers with payment issues, as well as reviewing time and attendance billing records to ensure proper billing. This unit also establishes recoupment on the time and attendance records they review. In the event that the unit determines intentionality in the billing practices they will refer cases to the Michigan Department of Health and Human Services (MDHHS) Office of Inspector General Office (OIG) where an additional investigation will determine whether or not the billing was intentional. The lead agency then works closely with the MDHHS Debt Collection Section to establish repayment agreements**

None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines _____

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified. **When it is determined by a court, an Administrative Law Judge, or a signed repayment agreement that a client or adult group member intentionally violated a program rule, a referral should be submitted to the Office of Inspector General (OIG). If the OIG investigation determines an intentional program violation was committed, a program disqualification occurs.**

Disqualification periods will be: Six months for the first occurrence. Twelve months for the second occurrence. Lifetime for the third occurrence.

Clients have the right to contest a department decision affecting eligibility or benefit levels whenever they believe the decision is incorrect. The department (through DHHS) provides an administrative hearing to review the decision and determine its appropriateness in accordance to policy. This item includes procedures to meet the minimum requirements for a fair hearing.

Efforts to clarify and resolve the client's concerns must start when the hearing request is received and continue through the day of the hearing.

Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified. **Providers who have been convicted of fraud are disqualified from program participation. Additionally, a provider who intentionally fails to cooperate with program rules will be determined ineligible for the Child Development and Care program for the following intervals:**

(a) For the first occurrence, 6 months.

(b) For the second occurrence, 12 months.

(c) For the third occurrence, lifetime.

Prosecute criminally

Other. Describe _____