

Child Care and Development Block Grant (CCDBG) Act of 2014 - Summary of Statutory Changes

Michigan Department of Education December 2015

HEALTH AND SAFETY REQUIREMENTS FOR CHILD CARE PROVIDERS

- Requires States to establish health and safety requirements in 10 different topic areas (e.g., prevention of sudden infant death syndrome (SIDS), first-aid, and CPR).
 - **While MI currently has orientation requirements for home based providers, this will be changed to a pre-service requirement to include health and safety training through a revision to PA 116, which governs child care licensing, and the child care rule sets in order to add these requirements. It will be added as an orientation requirement for home child care facility staff, through a revision of the licensing rules. For child care centers, a pre-service requirement will be added for applicants/licensees, through a revision of PA 116. It will be added as an orientation requirement for center staff through a revision of the licensing rules. As part of the rule making process LARA will be convening an ad hoc committee as required by PA 116. (5.1.6 and Implementation Plan)**
 - **Required training topics include:**
 - **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**
- Child care providers serving children receiving assistance through the Child Care and Development Fund (CCDF) program must receive pre-service and ongoing training on such topics.
 - **While MI currently has orientation requirements for home based providers this will require a revision to PA 116, which governs child care licensing, and the child care rule sets in order to add these requirements. As part of the rule making process LARA will be convening an ad hoc committee as required by PA 116. (5.1.6 and Implementation Plan)**
- Requires States 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 specifies disqualifying crimes.
 - **MI currently conducts FBI fingerprint checks on the program director and the registrant/licensee or licensee designee. This rule requires that all providers must have an FBI fingerprint prior to hire. It also specifies disqualifying crimes for this process. In addition, schools will no longer be able to use a school fingerprint for licensing purposes. MI will need to expand our requirements and revise PA 116, which governs child care licensing, and the child care rule sets in order to add these requirements. As part of the rule making process LARA will be convening an ad hoc committee as required by PA 116. This requirement will be effective September 30, 2017. (5.3 and Implementation Plan)**
 - Requires States to certify child care providers will comply with child abuse reporting requirements.
 - **MI currently has requirements in place that require child abuse reporting, therefore, changes are not required. (5.2.2e)**
- Requires States to conduct pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers.
 - **MI currently conducts pre-licensure visits for centers and group homes. Annual inspections are conducted for centers and group homes. Family home providers do not currently receive a pre-licensure visit or an annual inspection. In addition, the school-age portion of centers will no longer be able to obtain an exemption from inspection. MI will need to revise PA 116, which governs child care licensing, and the child care rule sets in order to add these requirements. As part of the rule making process LARA will be convening an ad hoc committee as required by PA 116. This requirement will be effective November 19, 2016.**
 - **In addition this adds new requirements that require an annual inspection visit for license exempt providers (currently in MI called unlicensed providers). We will be evaluating how to make**

this transition. (The regulations do allow for states to exempt relatives and MI plans to exempt relatives at this time.)

(5.2.2 and Implementation Plan)

- States must establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios.
 - **MI currently has requirements for the qualifications and training for licensing inspectors.**
 - **An appropriation that was granted in April of 2015 to the Michigan Department of Education, provides funding for an additional 35 licensing consultants, one full time Child Care Licensing Director and two area managers to ensure that we are reducing our consultant to provider ratios. Hiring for the first licensing consultants is set to begin in December 2015. (5.2.2 and Implementation Plan)**
- Requires States 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.
 - **Currently MI has standards for group size limits and child to provider ratios based on the age of children in care. These are outlines in Section 5.1.3 and 5.1.4.**
- Requires emergency preparedness planning and statewide disaster plans for child care.
 - **Currently MI requires some emergency preparedness planning for child care centers. We will be modifying PA 116, which governs child care licensing, and the child care rule sets in order to add these requirements. As part of the rule making process LARA will be convening an ad hoc committee as required by PA 116. We will also be implementing strategies for statewide disaster planning for child care. This includes making sure that all local emergency response teams are made aware that child care programs are within their communities and that they should be included in all planning. (1.8 and Implementation Plan)**

TRANSPARENT CONSUMER AND PROVIDER EDUCATION INFORMATION

- States must make available by electronic means, easily accessible provider-specific information showing results of monitoring and inspection reports, as well as the number of deaths, serious injuries, and instances of substantiated child abuse that occur in child care settings each year.
 - **Currently monitoring and inspection reports can be found in two locations: the Great Start to Quality website (through the 24/7 search portal) at www.greatstarttoquality.org and at the child care licensing website at www.michigan.gov/michildcare . We are not currently displaying the number of deaths, serious injuries and instances of substantiated child abuse, but will be working to include this information at the child care licensing**

website. (2.3.1 and Implementation Plan)

- Requires States to have a website describing processes for licensing and monitoring child care providers, processes for conducting criminal background checks, and offenses that prevent individuals from being child care providers.
 - **Currently this information is housed at the Licensing and Regulatory Affairs website, where all child care licensing information is housed. As changes are made to the criminal history background checks this will be updated/modified. It can be found at: www.michigan.gov/michildcare. (2.3.1)**
- Funds a national website to disseminate consumer education information that allows search by zip code and referral to local child care providers, as well as a national hotline for reporting child abuse and neglect.
 - **The Office of Child Care will handle this contract. States are currently waiting on more information for how this site will work in coordination with the requirements states have to provide information. In addition, we are waiting on guidance related to the national hotline.**

FAMILY-FRIENDLY ELIGIBILITY POLICIES

- Establishes a 12-month eligibility re-determination period for CCDF families, 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.
 - **In July 2015, MI changed our eligibility policies to put into place 12 month continuous eligibility, which put us into compliance with this requirement. This new policy does not require the reporting of job loss, income below 85% of the State Median Income or breaks in training and education. (3.3.1)**
- Allows States the option to terminate assistance prior to re-determination if a parent loses employment, however assistance must be continued for at least 3 months to allow for job search.
 - **Michigan is in compliance. MI's continuous eligibility policy does not terminate for the loss of employment, but will continue eligibility for the full twelve months, allowing the parent to use that time for job search. (3.3.2)**
- Eligibility re-determination should not require parents to unduly disrupt their employment.
 - **Michigan has minimized requirements. 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. (3.3.3)

- Provides 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.
 - **In July 2015, MI implemented a graduated phase out of assistance allowing families to enter into the program at or below 121% of the FPL and continue to receive subsidy assistance up to 250% of the FPL. The eligibility scale for CDC can be found at www.michigan.gov/childcare. (3.1.5)**
- Requires procedures for enrollment of homeless children pending completion of documentation, and training and outreach to promote access to services for homeless families.
 - **MI is currently revising our policies to support homeless children and children in foster care by ensuring we break down barriers for the eligibility process. Beginning December 2015 all homeless children (and migrant children) will be categorically eligible (family contribution/co-payment waived by the Department). Between now and September 30, 2016 we will continue to work to promote access to services and resolve outstanding access issues. (3.2.2 and Implementation Plan)**

ACTIVITIES TO IMPROVE THE QUALITY OF CHILD CARE

- Phases-in increase in minimum quality set-aside from 4% to 9% over a 5-year period. In addition, requires States to spend minimum of 3% to improve the quality of care for infants and toddlers.
 - **Currently MI spends \$11,155,235, or 6% of our FY legislative appropriation on quality. The 3% infant and toddler spending becomes effective FY17. This year, based on our targeted infant set aside we will spend \$3,200,808 on infant/toddler activities, or 2%.**
- Requires States to spend quality funds on at least 1 of 10 specified quality activities, which include developing tiered quality rating systems and supporting statewide resource and referral services.
 - **Currently MI is engaged in quality efforts focused on:**
 - **supporting the training and professional development of the child care workforce**
 - **improving on the development or implementation of early learning guidelines**
 - **developing, implementing, or enhancing a tiered quality rating system for child care providers and services**
 - **improving the supply and quality of child care programs and services for infants and toddlers**
 - **supporting compliance with State/Territory requirements for**

licensing, inspection, monitoring, training, and health and safety

- **evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children**
 - **supporting the development or adoption of high quality program standards related to health, mental health, nutrition, physical activity and physical development (7)**
- Requires establishment of professional development and training requirements with ongoing annual training and progression to improve knowledge and skills of CCDF providers.

• **Michigan utilizes a variety of strategies to ensure there is a progression to improve knowledge and skills for all providers:**

- **State/Territory professional development standards and competencies**
- **Career ladder or lattice**
- **Articulation agreements between two- and four-year postsecondary early childhood education or degree programs**
- **Community-based training approved by a state regulatory body to meet licensing or regulatory requirements**
- **Workforce data, including recruitment, retention, registries or other documentation, and compensation information**
- **Continuing education unit trainings and credit-bearing professional development**
- **State-approved trainings**

(6.1.2)

- Requires States to implement Early Learning and Development Guidelines describing what children should know and be able to do, appropriate from birth to kindergarten entry.

• MI currently has the following Early Learning Guidelines:

• **Birth-to-three**

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

• **Three-to-Five**

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

• **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

- Includes provisions on social-emotional health of children, including providing consumer and provider education about policies regarding expulsions of children from early care and education programs and developmental screenings for children at risk of cognitive or developmental delays.

- **MI has several social emotional resources available for both parents and providers, but we will be working to better coordinate these resources for use by parents and providers. Through our RTT-ELC grant we will also be piloting social-emotional consultants to support parents and providers.**
- **The Office of Great Start is working on a policy regarding expulsions of children from early care and education programs, with the goal of getting the State Board of Education to endorse this in the spring of 2016.**
- **While MI does have developmental screenings available we need to better coordinate access to these, as well as providing information to parents and providers (2.2.1; 2.2.7; 2.2.8; 2.3 and Implementation Plan)**

OTHER PROVISIONS

- *Equal Access:* Requires States to conduct a market rate survey, or use an alternative methodology, such as a cost estimation model, and describe how payment rates will be established based on results of the survey or alternative methodology, taking into account cost of providing higher quality services.
 - **MI's Market Rate Survey (MRS) was conducted in the spring of 2015 and was posted to the Office of Great Start's website in July 2015 (www.michigan.gov/childcare). Over the course of the next several months the Office of Great Start will evaluate the results of the MRS to determine the adequacy of our current rates. (4.2; 4.3; 4.4; and 4.5 and Implementation Plans).**
- *Supply-building:* States must develop strategies for increasing supply and quality of services for children in underserved areas, infants and toddlers, children with disabilities, and children in non-traditional hour care—which may include use of grants/contracts and alternative reimbursement.
 - **Michigan will be working to identify additional strategies to help us make decisions around increasing the supply and quality of services for the children listed above. We currently utilize tiered reimbursement to provide a higher rate of reimbursement for programs rated 2, 3, 4 and 5 stars as one mechanism to increase access to quality. (4.6 and Implementation Plans 4.5.2 and 4.6.3)**
- *Provider payment practices:* States must establish policies that reflect generally accepted payment practices for child care providers, including (to the extent practicable) paying for absence days, and timely reimbursement for child care services.
 - **MI currently:**
 - **Allows providers to bill on a bi-weekly basis, with payments being generated on a weekly basis to accommodate late billings**
 - **MI currently allows for the billing of 208 absence hours in a FY to support the fixed costs of care**
 - **MI provides notice in eligibility changes related to payment**

changes vis the DHS-198

- **MI has a toll free line to assist providers with billing and payment issues**
- **Providers are given 90 days to bill for child care provided. In extenuating circumstances providers can be granted an exception to this rule**

(4.5)

- *Plan period:* Changes CCDF Plan period from 2 to 3-year Plan cycle.
 - **The current plan period is for FY16 – FY18.**
- *Waiver authority:* Allows HHS to waive provisions or penalties in the statute for up to 3 years (with the option of a 1 year extension) based on a request from a State identifying duplicative requirements preventing effective delivery of child care services, extraordinary circumstances, or an extended period of time for a State legislature to enact legislation to implement the statute.
 - **MI is currently waiting on guidance from the Office of Child Care related to whether or not we'd be eligible for any waivers as we work to implement the new requirements.**