

# **Child Care and Development Block Grant (CCDBG) Act of 2014 – Implementation Status in Michigan**

October 2018

Michigan's State Plan for Fiscal Year (FY) 2019 – FY21 (October 1, 2018 – September 30, 2021) has been posted for public comment. This plan reflects where Michigan is in meeting the requirements of the Child Care and Development Block Grant (CCDBG) Act of 2014. Reauthorization requires that all requirements are implemented by September 30, 2018. Public Act (PA) 116 of 1973 (the law that governs child care licensing) was amended and new requirements went into effect on March 28, 2018. As part of the rule making process, the Michigan Department of Licensing and Regulatory Affairs (LARA) will convene a committee to update and revise the rule sets utilized for child care licensing. To find out additional information about these changes please visit [http://www.michigan.gov/documents/lara/BCAL\\_Pub\\_37\\_610359\\_7.pdf](http://www.michigan.gov/documents/lara/BCAL_Pub_37_610359_7.pdf).

## **HEALTH AND SAFETY REQUIREMENTS FOR CHILD CARE PROVIDERS**

States are required to establish **health and safety training requirements** in 11 different topic areas. (Section 5.2)

Required training topics include the following:

- Prevention and control of infectious diseases (including immunization).
- Prevention of sudden infant death syndrome (SIDS) 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, abusive head trauma and child maltreatment.
- 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).
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants.
- Precautions in transporting children (if applicable).
- Pediatric first aid and cardiopulmonary resuscitation (CPR) certification.
- Recognition and reporting of child abuse and neglect.

### **Child Care Centers, Group and Family Child Care Homes**

The following individuals will need to complete the new training requirements:

- Centers -- Licensee Designees, Program Directors, Lead Caregivers, and Caregivers  
Family and Group Homes -- Licensees and Assistant Caregivers

New applicants will also be required to complete the training requirements before a license is issued.

New staff members will have three months from the date of hire to complete the required training. Individuals that move from one facility to another will not have to retake the trainings as long as there is documentation that shows the individual has completed the required training.

### **License Exempt (formerly known as Unlicensed) Providers**

All health and safety requirements are completed before payment may be issued. Payment may be issued for care provided up to 30 days prior to these training requirements, after the date of enrollment.

Requires States to conduct **criminal history 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. (Section 5.4)

### **Child Care Centers, Group and Family Child Care Homes**

Effective March 28, 2018, existing staff members and volunteers with unsupervised access to children had until September 30, 2018, to complete their comprehensive background check. Comprehensive background checks include a fingerprint-based background check processed through the FBI Next Generation, Michigan State Police check, NCIC Sex Offender Registry Check, Michigan's Child Abuse/Neglect Registry Check, LARA's Disciplinary Action Registry Check, and a check of applicable state criminal and child abuse and neglect registry check for any state an individual has resided in during the past 5 years.

Prior to working in a child care facility, the following are required to complete a comprehensive background check.

- Family and Group Homes:
  - Applicant/licensee
  - Adult household members
  - Unsupervised volunteers
  - Minor Assistant Caregivers
- Child Care Centers:
  - Applicant/Licensee
  - Licensee Designee
  - Program Director
  - All child care staff, including self-employed and contractual
  - Minor caregivers
  - Volunteers with unsupervised access to the children

### **License Exempt – Unrelated**

License Exempt – Unrelated (formerly unlicensed) providers are required to complete a comprehensive background fingerprint check.

Comprehensive background checks include a fingerprint-based background check processed through the FBI Next Generation, Michigan State Police check, NCIC Sex Offender Registry Check, Michigan's Child Abuse/Neglect Registry Check, LARA's Disciplinary Action Registry Check, and a check of applicable state criminal and child

abuse and neglect registry check for any state an individual has resided in during the past 5 years.

Requires States to certify child care providers will comply with **child abuse reporting** requirements. (Section 5.2)

Michigan currently has requirements in place that require child abuse reporting for all child care providers. No change was needed.

Requires States to conduct **pre-licensure and annual unannounced inspections** of licensed CCDF providers and annual inspections of license-exempt CCDF providers. (Section 5.3.2)

### **Licensed**

Effective March 28, 2018 all licensed child care providers (family homes, group homes and centers) will have a pre-licensure visit and an annual unannounced inspection. School age portions of centers will not be exempt from inspection and will be inspected annually.

### **License Exempt**

All license exempt unrelated providers (formerly known as unlicensed) are required to have an annual health and safety visit. The Early Childhood Investment Corporation will conduct the annual visit. (The regulations do allow for states to exempt relatives and Michigan is exempting relatives at this time.) (Section 5.2.2)

States must establish **qualifications** and training for licensing inspectors and appropriate inspector-to-provider **ratios**. (Section 5.3.5)

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.

Consultants attend eight days of new consultant training with about 10-12 weeks of job shadowing other consultants. The current ratio for child care inspectors (licensing consultants) to providers is 1:99.5.

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. (Section 5.1)

Michigan currently has standards for group size limits and child to provider ratios based on the age of children in care.

## **Child Care Center**

- Infant/toddler
  - Ratio 1:4
  - Group size of 12
- Preschool
  - Ratio 1:8 for 30 months until 3 years old, 1:12 for 4 year olds
  - Group size of 16 for children 30 months until 3 years old
- School-age
  - Ratio 1:18
  - No group size

## **Group and Family Child Care Home**

- Infant/toddler
  - Ratio 1:4
  - Group size of four children per caregiver under 30 months and of the four, only two children can be 18 months and under
- Preschool
  - Ratio 1:6
  - Group size of 16 for children 30 months until 3 years old
- School age
  - Ratio 1:6
  - No group size

## **License Exempt Related and Unrelated**

- Ratio 1:6
- Group size of 6

Requires **emergency preparedness** planning and statewide disaster plans for child care. (Section 1.8)

Currently, Michigan requires some emergency preparedness planning for child care centers. However, additional requirements have been added to PA 116, which governs child care licensing. In addition, MDE has notified all local emergency response teams to make them aware of child care programs within their communities, which should be included in all local planning.

The new child care licensing rules will address emergency preparedness plans that must include the following procedures:

- Evacuation from current site.
- Relocation to a safe, clean site.
- Shelter-in-place where adults and children should take cover.
- Lock-down procedures.
- Communication and reunification with families.
- Continuity of operations under a range of circumstances.
- Accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Training on emergency preparedness and response planning will be required for all staff and volunteers in the center.

## **TRANSPARENT CONSUMER AND PROVIDER EDUCATION INFORMATION**

States must provide information to parents, the general public, and child care providers through a State website, which is consumer-friendly and easily accessible. To assist families with any questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website. (Section 2.3)

Michigan's Consumer Education website, MiKidsMatter (<https://www.michigan.gov/mikidsmatter>) went live September 30th, 2018. The site is a landing page that combines common and most frequently used resources for families with children in one place. The site provides easier access to child care search tools, provider enrollment and application resources, child development resources, and a wealth of other resources. The state of Michigan is currently receiving technical assistance and will regularly review the site for improvement opportunities.

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. (Section 2.3)

Currently, monitoring and inspection reports can be found at the Great Start to Quality website (through the 24/7 search portal) at [www.greatstarttoquality.org](http://www.greatstarttoquality.org). To meet the additional requirements, Michigan has begun displaying the number of deaths, serious injuries and instances of substantiated child abuse on the new consumer education website.

States must provide CCDF parents with a consumer statement in hard copy, or electronically (such as referral to a consumer education website), that contains specific information about the child care provider they select. (Section 2.7)

The DHS-198-C, CDC Client Notice, provides parents with confirmation of a provider being assigned to their child for eligibility purposes. This document also provides details about the child care provider they selected.

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. (Section 2.3.1)

All child care licensing information is housed at LARA's child care licensing website, [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare). All changes and updates will be maintained at this site.

## **FAMILY-FRIENDLY ELIGIBILITY POLICIES**

Establishes a 12-month eligibility redetermination 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. (Section 3.3.1)

In July 2015, Michigan changed its eligibility policies to put in place 12-month continuous eligibility. This new policy does not require parents to report job loss, income changes below program income limits, or breaks in training and education. This creates greater stability of care for children, families and child care providers. Michigan worked to overhaul the Assistance Application, which was released statewide on January 22, 2018. The result is easier access to CDC, with a size reduction of 80% from the previous application. Testing has shown much faster and more accurate completion. Michigan continues to make improvements, building on this change for online access and case work efficiencies.

Allows States the option to terminate assistance prior to redetermination if a parent loses employment, however assistance must be continued for at least 3 months to allow for job search. (Section 3.3.2)

Michigan's 12-month continuous eligibility policy does not terminate eligibility for the loss of employment, allowing the parent to use that time for job search.

Eligibility redetermination should not require parents to unduly disrupt their employment. (Section 3.3.3)

Michigan has minimized requirements. A redetermination for Child Development and Care (CDC) may not be completed earlier than 12 months. Any changes that result in case closure require the family be given a period of 12 days to negate the action or request a hearing if they disagree with the action. Changes that increase a family's benefit amount are effective when reported and may trigger retroactive benefit issuance if the change affects benefits previously issued. CDC redeterminations are mailed to the parent, but may also be completed online, and no interview is required.

Provides for a graduated phase-out of assistance for families whose income has increased at the time of redetermination but remains below the federal threshold. (Section 3.1.5)

In July 2015, Michigan implemented a graduated phase out for child care assistance. Families may enter into the program at or below the entry limit, 130% of the Federal Poverty Level (FPL), and continue to receive subsidy assistance up to the exit limit, 85% of the State Median Income (SMI). The eligibility scale for CDC can be found at [www.michigan.gov/childcare](http://www.michigan.gov/childcare).

Requires procedures for enrollment of homeless children pending completion of documentation, and training and outreach to promote access to services for homeless families. (Section 3.2.2)

Michigan revised policies to support homeless children and children in foster care by breaking down barriers for the eligibility process. Beginning January 2016, all homeless and foster children are eligible with no income test, and family co-payment is waived by CDC. These individuals are also eligible for expedited processing (within 7 days) and temporarily deferred verification requirements.

## **ACTIVITIES TO IMPROVE THE QUALITY OF CHILDCARE**

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. (Section 7.5)

Currently, Michigan spends \$19,440,664, or 8% of our FY 18 award on quality. Our targeted infant set aside we will spend \$7,290,249 on infant/toddler activities, or 3%.

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. (Section 7)

Michigan is engaged in quality efforts focused on the following:

- Supporting the training and professional development of the child care workforce.
- 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 requirements for:
  - Licensing.
  - Inspection.
  - Monitoring.
  - Training.
  - Health and safety.
- Evaluating the quality of child care programs in the State, including evaluating how programs positively impact children.

Requires establishment of professional development and training requirements with ongoing annual training and progression to improve knowledge and skills of CCDF providers. (Section 6.1.2)

Michigan uses the following strategies to improve knowledge and skills for all child care providers:

- State professional development standards and competencies.

Michigan Department of Education

- Career pathways.
- Agreements between two and four-year post-secondary early childhood education or degree programs.
- Community-based training, approved by a state regulatory body, to meet licensing or regulatory requirements.
- Workforce data and compensation information.
- Continuing education unit trainings and credit-bearing professional development.
- State-approved trainings.

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. (Section 6.3.1)

Michigan currently has the following Early Learning Guidelines:

- Birth-to-three  
[http://www.michigan.gov/documents/mde/ECSQ\\_IT\\_approved\\_422341\\_7.pdf](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](http://www.michigan.gov/documents/mde/ECSQ_OK_Approved_422339_7.pdf)
- Five and older

Contact the Preschool and Out-of-School Time Learning office at [21stcccl@michigan.gov](mailto:21stcccl@michigan.gov).

Requires States to provide information on social-emotional health of children, including policies regarding expulsions of children from early care and education programs and developmental screenings for children at risk of cognitive or developmental delays. (Section 2.5)

Michigan has several social-emotional resources available for both parents and providers and will continue to improve coordination of these resources. Through our Race To the Top-Early Learning Challenge grant we have social-emotional consultants in nine regions across the state. The social emotional consultants directly support early care and education providers, in home and center-based care. In addition to social emotional health and behavioral support, the consultants offer training and ongoing coaching around the effects of trauma, how to build adult and child resilience and help providers integrate an intentional equity perspective into their work with children and families.

In December 2016, the Michigan State Board of Education adopted the Statement and Guidance on Developing a Policy for Prevention of Suspension and/or Expulsion of Children Birth through Age 8 in Early Education and Care Programs, which is at [www.michigan.gov/greatstart](http://www.michigan.gov/greatstart). While Michigan does not have a coordinated system for offering developmental screenings available, we plan to continue to better coordinate access, as well as providing information to parents and providers.

## **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. (Sections 4.2; 4.3; 4.4; and 4.5).

Payment rates for providers were increased in 2017 based on the 2015 Market Rate Survey (MRS) findings, though not all payment rates reach the market rate. Michigan's most recent MRS was conducted in early 2018 and is posted at the CDC website ([www.michigan.gov/childcare](http://www.michigan.gov/childcare)). In FY19, based on a legislative boilerplate requirement, the Department will move to a bi-weekly tiered reimbursement model for CDC subsidy payments (date TBD).

**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. (Section 4.6)

Michigan will be working to identify additional strategies to help make decisions around increasing the supply and quality of services for children. Michigan currently utilizes tiered rates to provide a higher hourly pay for programs rated 2, 3, 4 and 5 stars as one mechanism to increase access to quality. In addition, co-payment withholdings are waived for children enrolled in 3, 4 or 5 star rated child care.

Michigan is also piloting a program centered on Michigan's Early Head Start-Child Care Partnership grants. The pilot allows Early Head Start child care partners (EHS-CCP) to bill for the full amount of subsidy a partnership-enrolled child is eligible for, encouraging stable and continuous care for infants and toddlers in poverty; and increasing the capacity of providers to provide quality care to low-income infants and toddlers.

**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, reasonable registration fees, and timely reimbursement for child care services. (Section 4.5)

### **Absences**

Providers are allowed to bill for up to 360 absence hours per fiscal year for days when the child would normally be in care. This constitutes over 15% of full time attendance.

### **Registration Fees**

Michigan collected registration fee information within the 2018 MRS. Michigan has used this information to begin the reimbursement of some registration fees to providers.

## **Timely Reimbursement**

Michigan currently:

- Has a toll-free number of 866-990-3227 to assist providers with billing and payment issues.
- Allows providers to bill bi-weekly, with payments being generated weekly to accommodate late billings.
- Allows provider to bill up to 360 absence hours in a year to support the fixed cost of care.
- Provides notice of eligibility changes related to payment changes through the CDC Provider Notice [DHS-198].
- Allows providers 90 days to bill for child care provided. In extenuating circumstances, providers can be granted an exception to this rule.