Child Care and Development Fund (CCDF) Plan
For
Michigan
FFY 2019-2021

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1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems, and outline the work they have done on their disaster preparedness and response plans.

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)).Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or 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)).

Effective Date: 10/01/2018

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Michigan Department of Education

Street Address: 608 W. Allegan St, P.O. Box 30008

City: Lansing

State: MI

ZIP Code: 48909

Web Address for Lead Agency: www.michigan.gov/mde

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Sheila

Lead Agency Official Last Name: Alles

Title: Interim State Superintendent

Phone Number: 517-241-7001

Email Address: alless@michigan.gov

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's or 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 the person with administrative responsibilities and include his or her contact information.

Effective Date: 10/01/2018

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Lisa

CCDF Administrator Last Name: Brewer Walraven

Title of the CCDF Administrator: Director, Child Development and Care

Phone Number: 517-241-6950

Email Address: brewer-walravenl@michigan.gov

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address: 608 W Allegan St

City: Lansing

State: MI

ZIP Code: 48909

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

CCDF Co-Administrator First Name: n/a

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Description of the role of the Co-Administrator:

Phone Number:

Email Address:

Address for the CCDF Co-Administrator (if different from the Lead Agency):

Street Address: n/a

City:

State:

ZIP Code:

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 public or private local agencies as long as it retains overall responsibility for the administration of the program (658D(b)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

Effective Date: 10/01/2018

- [x] All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- [ ] 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.

1. Eligibility rules and policies (e.g., income limits) are set by the:
   - [ ] State or territory
   - [ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

   If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

   - [ ] Other.

   Describe:

2. Sliding-fee scale is set by the:

☐ State or territory

☐ Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

☐ Other.

Describe:

3. Payment rates are set by the:

☐ State or territory

☐ Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

☐ Other.

Describe:

4. Other. List and describe other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

1.2.2 How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply

Effective Date: 10/01/2018

a) Who conducts eligibility determinations?

☐ CCDF Lead Agency

☑ Temporary Assistance for Needy Families (TANF) agency

- [ ] Other state or territory agency
- [ ] Local government agencies, such as county welfare or social services departments
- [ ] Child care resource and referral agencies
- [ ] Community-based organizations
- [ ] Other.

Describe

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

- [ ] CCDF Lead Agency
- [ ] TANF agency
- [ ] Other state or territory agency
- [ ] Local government agencies, such as county welfare or social services departments
- [ ] Child care resource and referral agencies
- [ ] Community-based organizations
- [x] Other.

Describe

Michigan has a 24/7 online searchable database that contains information about licensed child care providers, including their star rating and child care licensing reports and findings. In addition, Michigan funds ten Great Start to Quality(GSQ) Resource Centers that are available to assist parents with locating child care by calling a toll-free line.

c) Who issues payments?

- [x] CCDF Lead Agency
- [ ] TANF agency
- [ ] Other state or territory agency
- [ ] Local government agencies, such as county welfare or social services departments
- [ ] Child care resource and referral agencies
- [ ] Community-based organizations

☐ Other.

Describe

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). Note : The contents of the written agreement may vary based on the role the agency is asked to assume or type of project, but must include at a minimum, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

Effective Date: 10/01/2018

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) and the Michigan Association for the Education of YoungChildren (MiAEYC), to provide funds to contract for and monitor a variety of programs and services related to improving the quality of child care. The Department maintains oversight through requirements laid out in the agreement. The State Child Care Administrator and other staff meet regularly with ECIC staff and MiAEYC staff to monitor efforts and address issues as they arise. On a monthly basis, the Department reviews the Statement of Expenditures for contracted services for both entities. The grant agreement requires ECIC and MiAEYC to submit written reports to the Department for monitoring purposes. In addition, the Department has an approved monitoring plan and meets monthly with various staff at ECIC and MiAEYC 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 or MiAEYC to review and evaluate the work done under the grant agreement. This includes, but is not limited to, the Department's ability to conduct fiscal monitoring. In addition to our direct agreement with ECIC they contract with a

number of sub recipients. These sub recipients include, but are not limited to, agreements for systems that support GSQ and the ten GSQ Resource Centers in Michigan. In addition, the lead agency 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, along with other staff, meet with a designated point of contact with MDHHS, as needed, to monitor efforts and address issues as they arise. The lead agency also has a Performance Agreement to provide funds for child care licensing through the Bureau of Community Health Systems (BCHS). The lead agency maintains control through requirements laid out in the agreement. BCHS provides data on progress measures quarterly. Additionally, the State Child Care Administrator and other staff meet with a designated point of contact with BCHS, as needed, to monitor efforts and address issues as they arise.

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)).

Effective Date: 10/01/2018

Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

Michigan currently utilizes Insight, a platform developed and managed by New World Now, for our professional development registry. This platform is utilized by other states including: Minnesota, Wisconsin, Pennsylvania, Oklahoma, Montana, North Dakota, New York, and Palm Beach County Florida, allowing all states to benefit from changes made to the platform. In addition, Michigan utilizes WorkLife Systems to generate public facing information related to provider quality, star ratings, child care licensing reports and a 24/7 search engine for family use. Data on licensed providers and their star ratings is available for export by the public. This platform is also utilized by five other states within a consortium (Kansas,

Missouri, Virginia, Oklahoma, Ventura Co, CA, Arizona-Private Consulting Firm) allowing states to benefit from changes made to the platform.

Effective Date: 10/01/2018

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Effective Date: 10/01/2018

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

Paper records containing a social security number (SSN) / sensitive personal information (SPI) are required to be stored in a secure location. Paper records containing a SSN / SPI are not removed from the Child Development and Care (CDC) Program Office, unless CDC business requires that they be transferred to another secure office. When an SSN/SPI is exchanged on paper, steps are taken so the data is not revealed. For a mailing, the SSN shall not appear in an envelope window. Paper documents containing SSN are shredded locally and disposed of properly. All employees must properly safeguard SSN / SPI data from loss, theft, or inadvertent disclosure. Laptops, and other electronic devices / media containing SSN / SPI are encrypted and / or password protected. Documents containing SSN / SPI are not sent to public fax machines. Voice mail messages do not contain SSN /SPI. Sending SSN / SPI over the internet or by email is prohibited unless done in a secure environment. Appropriate measures are taken to ensure confidentiality of fax and paper. Staff are required to certify annually that they are aware of the requirements and will adhere to them.

Effective Date: 10/01/2018

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 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation
involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation in the development of the CCDF plan.

Effective Date: 10/01/2018

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

MDHHS Business Service Center Directors (BSC), Great Start Collaboratives (GSC), Great Start Parent Coalitions (GSPC)and the Great Start Regional Resource Centers received an email with notice of plan posting, webinars, hearing, and a survey available

to gather feedback. In addition, they received a detailed summary sheet of the changes the lead agency has made since reauthorization and what changes are left to make by September 30, 2018. Individual questions were answered by Michigan Department of Education (MDE) as received, and some comments were submitted through the hearing process for consideration. In addition, MDE holds quarterly meetings with various program offices within MDHHS to address program barriers and gather input.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The Office of Great Start (OGS) (created by an Executive Order and housed withinMDE 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 OGS engaged stakeholders across the state in the 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 2016, the OGS released a report (partner/creator Public Sector Consultant) to gather input on the state of child care in Michigan. The final report "Building a Better Child Care System: What Michigan Can Do to Help More Parents and Children Access Quality Care", is available and contains results and recommendations for improving access to quality child care. Both reports serve as a guide to the Department as we make changes to improve the program. In addition to the State Board of Education (SBE), MDE OGS 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 feedback for the plan.

c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for States to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many States and Tribes have consultation policies and procedures in place.

In January 2018, the Department participated in a MDHHS sponsored tribal consultation meeting where we shared updates and program changes since reauthorization and answered questions about policy while receiving suggestions for changes. We also discussed the Market Rate Survey (MRS) and invited all tribal partners to participate in the survey. The final MRS was emailed to all of the Tribes for their use as needed. Tribal members were also invited to join all sessions of drafting the State Plan. In addition, all tribal partners received an email with an overview of the changes that have been made and a link to the draft of the plan prior to the public hearing opportunities. The lead agency invited tribal organizations to submit questions and comments about the CCDF State Plan and MRS through email or via a survey. In April, the CDC program met again with tribal partners to continue to discuss program changes and requirements, as well as gather tribal needs. Tribal partners were also invited to apply for a Race to the Top-Early Learning Challenge(RTT-ELC) grant GSQ participation bonus or quality improvement grant.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

OGSstaff, ECIC staff, Migrant Telamon, Michigan Department of Health and Human Services (MDHHS), Great Start Readiness Program (GSRP), Michigan Afterschool Partnership, Michigan Association for Infant Mental Health, T.E.A.C.H. Early Childhood® MICHIGAN, Great Start to Quality staff across the state, MiAEYC, 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, Michigan Association of Infant Mental Health, MDE 21st Century Community Leaning Centers, Institutions of Higher Education, Head Start State Collaboration Office.

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:
Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

Effective Date: 10/01/2018

a) Date of the public hearing. 04/13/2018

Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g. the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in (a).
03/23/2018

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

The Great Start Operations Team (GSOT), the Professional Development Stakeholder Group, Child Care Licensing, Head Start,GSQ Resource Centers, GSCs, GSPCs, the MDHHS, Michigan Association of Intermediate School Administrators (MAISA K-12), along with various partners received an email with an overview of the plan and a link to the draft. They were each asked to distribute notice of the opportunity through their listservs and networks. MDE also shared through the OGS website (all items posted at the MDE website are Americans with Disabilities Act (ADA) compliant).

d) Hearing site or method, including how geographic regions of the state or territory were

addressed. An in-person hearing was held at the MiAEYC conference on April 13th in Grand Rapids, Michigan. Two other hearing opportunities were offered via webinar on April 17 and April 18.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) The plan was posted at the Departments website at www.michigan.gov/childcare. In addition, the Great Start Operations Team, the Professional Development Stakeholder Group, Child Care Licensing, Head Start, GSQ Resource Centers, GSCs, GSPCs, MDHHS, MAISA group K-12, along with various partners received an email with an overview of the plan and a link to the draft. They were each asked to distribute notice of the opportunity through their listservs and networks. MDE also shared through the OGS website (all items posted at the MDE website are ADA compliant). In addition, the Department created a summary of all implemented changes as well as those that were still pending.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? Comments received by the public were reviewed and evaluated for inclusion by the OGS prior to the submission of the plan. Any suggestions for policy changes were collected and will be reviewed and evaluated.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: https://www.acf.hhs.gov/occ/resource/pi-2009-01)

Effective Date: 10/01/2018

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

https://www.michigan.gov/documents/mde/FY_2019-2021CCDF_Plan_Draft_for_posting_618164_7.pdf

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

☑ Working with advisory committees.

Describe:

The plan, along with accomplishments and outstanding items were shared with the SBE and theOGS Advisory Committee prior to submission.

☐ Working with child care resource and referral agencies.

Describe:

☐ Providing translation in other languages.

Describe:

☑ Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

TheOGS has a listserv and a Facebook page that is utilized to share information. In addition, the Department utilizes emails and partner listservs to share information.

☑ Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

The OGS utilizes partners such as GSCs, GSPCs, the ECIC, Child Care Licensing,GSQ Resource Centers, and others to share via email, listservs and social media.

☐ Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or 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. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions 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 the quality of services for infants and toddlers through school-age children;
-- linking comprehensive services to children in child care or school age settings; or
-- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

Effective Date: 10/01/2018

☑ (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns.

Describe the coordination goals and process:

TheGSCs and GSPCs, in collaboration with the GSQ Resource Centers and school readiness advisory committees, were charged with addressing two goals: 1. Ensure the coordination and expansion of the local early childhood infrastructure and programs to allow every child in the community to be developmentally ready to succeed at the time of school entry. 2. Recruit and engage licensed childcare providers to participate in a Quality Rating Improvement System (QRIS) and to achieve higher levels of quality. Objectives for these goals included: making improvements to the system, increasing awareness, use and success of programs and making recommendations of local programming. In addition, required activities

included: 1. The development and implementation of strategies and opportunities to increase families' knowledge, understanding and utilization of high quality child care options, and childcare subsidy. 2. To engage families to discuss and potentially impact the current availability and/or need for wrap-around care (i.e. childcare) that is not offered for children once they enter preschool (i.e. summer, weekends, weather days, etc).

☑ (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(I)(A)(i) of the Head Start Act).

Describe the coordination goals and process:

Meeting monthly, the Great Start Operational Team (GSOT) serves as the State Advisory Council on Early Care and Education. GSOT membership contains the required agencies and partners in leadership roles in the system and seeks to ensure coordination of efforts that reach the four overarching goals of Michigan's system, of which child care is an integral part. In addition, the program is engaged by providing updates with theSBE and the OGS Advisory Council to ensure that there are coordinated system building efforts.

☑ Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

☑ (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes.

Describe the coordination goals and process, including which tribe(s) was consulted:

Consultation meetings sharing included topics that provided updates and opportunities for tribal partners to participate in the Departments' efforts to increase the quality of child care. These tribes, including; Bay Mills Indian Community, Grand Traverse Band of Ottawa and Chippewa Indians, Hannahville Indian Community, Nottawaseppi Huron Band of the Potawatomi, Keweenaw Bay Indian Community, Lac Vieux Desert Band of Lake Superior Chippewa Indians of Michigan, Little River Band of Ottawa Indians, Little Traverse Bay Bands of Odawa Indians, Match-e-be-nash-she-wish Band of Pottawatomi Indians of Michigan, Pokagon Band of Potawatomi Indians (Michigan and Indiana), Saginaw Chippewa Indian Tribe of Michigan, Sault Ste. Marie Tribe of Chippewa Indians of Michigan, included sharing the MRS overview, drafting of the CCDF Plan, working to increase communication and sharing, breaking down barriers, increasing coordination and providing connections to quality improvement activities.

☐ N/A-There are no Indian tribes and/or tribal organizations in the State.

☑ (REQUIRED) State/territory agency(ies) 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 and Part B, Section 619 for preschool).

Describe the coordination goals and process:

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 the Lead Agency for the state. MICC is charged with advising and assisting the Lead Agency on the coordination of an early intervention system. The State of Michigan created the Office of Great Start to redesign and enhance the early childhood system. The OGS includes Part C of IDEA, Part B, Section 619 and the CDC entities for the state.

☑ (REQUIRED) State/territory office/director for Head Start statecollaboration.

Describe the coordination goals and process:

Coordination goals are focused on ensuring low-income children have access to high quality care and that, for those who are eligible they can access child care subsidy to increase continuity of care and the utilization of maximum funding to support children and families. The two offices work in partnership to meet with the Early Head Start - Child Care (EHS-CC) Partnership grantees in Michigan, through the Michigan Head Start Association (MHSA), to support grantees and ensure child care barriers for families are known and addressed and support efforts around the early childhood workforce and technical assistance availability. In addition, the CCDF Administrator, Head Start State Collaboration Director, and theMHSA Director meet regularly to ensure coordination.

☑ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations.

Describe the coordination goals and process:

MDE works withthe MDHHS (which has funding for public health initiatives, mental health initiatives, home visiting, and Medicaid) to ensure that children are born healthy and children are healthy, thriving and developmentally on track by third grade. Efforts

include home visiting initiatives, immunizations, social emotional consultation, and developmental screening coordination to ensure access to children/families.

☑ (REQUIRED) State/territory agency responsible for employment services/workforce development.

Describe the coordination goals and process:

Michigan Economic Development Corporation-Workforce Development Agency (WDA) and theCDC Program coordinate with the Partnership. Accountability. Training. Hope. (PATH) program implemented by the WDA designed to establish and maintain a connection to the labor market for Temporary Assistance for Needy Families (TANF) recipients and recipients of child care assistance. Participants often also receive CDC services and are placed into employment and education and training programs.

☑ (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK).

Describe the coordination goals and process:

MDEis 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 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 to ensure coordination across programs.

☑ (REQUIRED) State/territory agency responsible for child carelicensing.

Describe the coordination goals and process:

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. OGS coordinates with LARA related to criminal history checks, implementation of new rules for programs, and GSQ.

☑ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs.

Describe the coordination goals and process:

As part of the lead agency, the CDC program shares informationwith CACFP (including home-based providers and license exempt providers who are related to the child) in order to facilitate recruitment of programs. This includes program information, such as reimbursement rates and income guidelines; how to apply to the program; forms and instructions; operational memos; training, such as webinars, as well as the training schedule; regulatory information; resources, including financial resources; and related websites. This information is provided through website and is sorted by topic area. Additional partners include the United States Department of Agriculture-Food and Nutrition Services (USDA-FNS) and the USDA-Team Nutrition. In addition, connections exist for the state's QRIS, GSQ by allowing for programs who participate to earn points towards their star rating.

☑ (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons.

Describe the coordination goals and process:

The McKinney-Vento State Coordinator and Special Populations Manager, also part of the lead agency, worked with the program to develop a "working with homeless children and families" training that is offered through theGSQ Resource Centers across the state. Regular meetings ensure the training is up to date and relevant. Beyond the regular meetings there are also opportunities for the homeless liaisons in local communities to share information about the child care program with families.

☑ (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program.

Describe the coordination goals and process:

The program goal is to provide accessibility to services that that are intended to allow children to be cared for in their own homes or in the home of relatives or to end the dependence of needy parents on government benefits by promoting job preparation and work. In January 2018, a simplified assistance application was launched, allowing a client to apply for five major programs. This application is the culmination of many state and private agencies, with public testing and feedback, working together for over

two years to achieve an application that is 80% smaller than its predecessor, customer focused rather than program focused, and the start of more customer focused initiatives in technology and case work. 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), qualify for CDC. Copayments are waived for these families, as well.

☑ (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program.

Describe the coordination goals and process:

MDHHShas funding for public health initiatives, mental health initiatives, and Medicaid. Further, the state's current social and emotional consultants, funded through the federal RTT grant (that will expire December 31, 2018) are providing training and ongoing coaching around infant mental health and Center on the Social Emotional Foundations for Early Learning (CSEFEL) strategies to increase the overall quality of social emotional services and health for providers, children and families. These social emotional consultants are focused on the highest risk populations, birth - 5 years, and linking providers and families to comprehensive community resources. Funding resources have been identified to continue in RTT communities into FY19.

☑ (REQUIRED) State/territory agency responsible for mental health

Describe the coordination goals and process:

The lead agency is currently working with the MDHHS to enhance the quality of services, through the work of the state's social emotional consultants, funded through the RTT grant (that will expire December 31, 2018). These social emotional consultants are increasing social emotional quality for children and families through shared provider training and ongoing coaching that is focused on the provider and children's social emotional health and well-being. This work prioritizes home based providers working with children 0-5 years and supports meeting the social-emotional and behavioral needs of young children. The state also has physical health

consultants that are working to support and increase quality for the overall physical health of children 0-5 years. Training and technical assistance materials have been developed and will be expanded for both social emotional and physical health services. Funding resources have been identified to continue in RTT communities into FY19.

☑ (REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development.

Describe the coordination goals and process:

Michigan does not indicate having a resource and referral system. However, we do have a network of localGSQ Resource Centers who assist providers with participating in GSQ (Michigan's tiered QRIS), providing workforce development, operating lending libraries and assisting parents without access to the 24/7 online database with finding child care. ECIC is charged with oversight and management of this work on behalf of the OGS.

☑ (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable).

Describe the coordination goals and process:

A CS Mott Foundation grant that funds the Michigan Afterschool Network - the Michigan After- School Partnership (MASP), which works to increase the supply and quality of out-of- school-time programming for children in Michigan. MDE-OGS supports and coordinates with the MASP to: Extend the day or year of services for families and smooth transitions for all children including vulnerable populations, between programs or as they age into school by ensuring inclusion of before-school, after-school, and summer programming options for families by linking MASP data onprogram offerings with family information resources. Provide training/professional development and quality supports for programs entering the GSQ; school age-QRIS. Networks are being developed to assist with transition from early childhood programs to out-of-school time (OST) programs with aligned standards of quality and continuity of supports for OST providers.

☑ (REQUIRED) Agency responsible for emergency management and response.

Describe the coordination goals and process:

As the lead agency,the MDE/CDC coordinated with the MDE Emergency Management Coordinator (EMC). The MDE EMC coordinated with MDHHS and LARA EMC to allow CDC staff to coordinate goals and processes to ensure all departments are aware of the others' plans.

The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.

☑ State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

Coordination goals focus on ensuring low-income children and families have access to high- quality care, particularly full-day, full-year services through an agreement. Increased access to child care subsidy as a mechanism for ensuring continuity of care and maximization of funding resources for full year, full day care. Meet with Michigan's EHS-CC Partnership grantees; coordinate with theMHSA to support grantees and identify access barriers; facilitate funding and other opportunities related to the Flint Water Emergency; and, support efforts around the early childhood workforce and provision of technical assistance.

☑ State/territory institutions for higher education, including community colleges

Describe

In an effort to support quality child care services, the lead agency partners with both Associate and Bachelor degree granting institutions to ensure coursework is aligned to our core knowledge and core competencies and to promote strong articulation agreements for ease of moving from the Child Development Association (CDA) to an associate or bachelor's degree. We host an annual higher education summit to connect and continue toward the ultimate goal of a competent workforce.

☐ 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 Child Home Visitation programs grant.

Describe

The MDHHS provides leadership for the Michigan Home Visiting Initiative (MHVI), which includes the Maternal, Infant and Early Childhood Home Visitation Program for which they are fiduciary, as well as home visiting programs funded with Medicaid, state public health, mental health, children's trust fund resources, and state school aid. The purpose of the Michigan Home Visiting Initiative (MHVI) is described in the initiative's overall goals: 1) to build the evidence-based home visiting (EBHV) system in the state, and 2) to integrate the home visiting system within the comprehensive Great Start Early Childhood system. Representativesfrom the Initiative participate on the GSOT with the State Child Care Administrator and other agency staff. Agencies bring forward requests for coordination of services or supports for young children and their families, as well as ensuring that GSOT is aware of program or agency goals that may impact or need cross-sector coordination.

☑ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

Medicaid is administered by the MDHHS. Representatives from this program participate on the GSOT with the State Child Care Administrator and other lead agency staff. This team provides guidance around issues related to public investment in early childhood. In addition, a cross agency work group (that includes local partners) was formed to increase coordination of information and resources for families and providers.

☑ State/territory agency responsible for child welfare.

Describe

The goal of the CDC program is to support low-income families by providing access to high-quality, affordable and accessible early learning and development opportunities and to assist the family in achieving economic independence and self-sufficiency. TheCDC program is intended to promote continuity of care and to extend the time an eligible child has access to child care assistance by providing a subsidy for child care services for qualifying families. In order to ensure access to the most vulnerable of this population, all age-eligible children whose family has a need and the child is in foster

care, the family receives TANF, the parent or child receive social security income (SSI), the parent is a migrant farmworker, the child is experiencing homelessness, or the family has an active substantiated neglect/abuse case qualify for protective services and shall be considered without an income test and is determined on a case by case basis. Additionally, children experiencing homelessness and those placed in licensed foster care are determined under expedited processing and presumptive eligibility that waives most verification requirements temporarily. MDE meets regularly with MDHHS staff from child welfare/foster care to ensure the policies and practices in place or proposed are serving this vulnerable population.

☐ State/territory liaison for military child care programs.

Describe

☑ Provider groups or associations.

Describe

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. In addition, as the funder of T.E.A.C.H. Early Childhood®, Michigan sits on the advisory team. Staff from the department are also involved in committees and workgroups of MiAEYC.

☑ Parent groups or organizations.

Describe

GSCs and GSPCs. The lead agency coordinates with the 60 GSPCs across Michigan by information sharing with their 9,000 members regarding quality child care to ensure information can be used for local planning with families.

☐ Other.

Describe

1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds

Optional Use of Combined Funds:
States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those 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, children experiencing homelessness, 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 to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive 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 a 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 Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start 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 CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start ' Child Care Partnerships:

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

Effective Date: 10/01/2018

☐ No (If no, skip to question 1.5.2)

☑ Yes. If yes, describe at a minimum:

a) How you define "combine"

GSRP funds are used for some populations of children who also utilize or could utilize child care subsidy, creating layered funding streams.

b) Which funds you will combine

At least ninety percent of the funds from GSRP, Michigan's State-funded pre-K program, serve four-year-old children from families at or below 250 percent of the federal poverty level (FPL).31.16% 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, currently representing sixteen percent of all children served in GSRP 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 wrap-around care. Michigan received five EHS-CC 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.

c) Your purpose and expected outcomes for combining funds, 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

To reduce transitions 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 or below 250 percent FPL.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

A majority, currently eighty-six percent, 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. This represents both the GSRP school-day option as well as the Head Start-GSRP blend option. Where GSRP operates, this creates the reduced need for CCDF funding to only require wrap-around before/after care.

e) 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.

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?

Note:
The Lead Agency must check at least public and/or private funds as matching, even if preK funds also will be used.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be

under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

Effective Date: 10/01/2018

☐ N/A - The territory is not required to meet CCDF matching and MOE requirements

☑ Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

-- If checked, identify the source of funds:

State general funds.

-- If known, identify the estimated amount of public funds that the Lead Agency will receive: $ 39,429,700

☐ Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

-- If checked, are those funds:

☐ donated directly to the State?

☐ donated to a separate entity(ies) designated to receive private donated funds?

-- If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

-- If known, identify the estimated amount of private donated funds that the Lead Agency will receive: $

☑ State expenditures for preK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent): 30

-- If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

Both the pre-K program and the child care program are part of the same agency. In addition to child care funds supporting wrap-around care for eligible pre-K children, the

pre-K program requires all programs to be rated at leat three stars in QRIS and ensures that 30% of pre-K programs are located in community-based organizations, including Head Start programs.

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: $ 7,910,108

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

GSRP, Michigan's pre-K program for four-year-olds determined to be at-risk for school failure, requires parent involvement in decision making at the local and grantee levels, in part to ensure that GSRP services meet the needs of parents. Several aspects of GSRP requirements support meeting those needs. Decisions are made at the local level as to the program options Intermediate School District as grantees and local partners will offer to families. Programs may either be part-day, school-day or a GSRP/Head Start blend. Recent years have seen a continuing move from part-day to the other two options, specifically in response to the needs of working parents.

☑ State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

-- The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

☐ No

☑ Yes

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

GSRP, Michigan's pre-K program for four-year-olds determined to be at-risk for school failure, requires parent involvement in decision making at the local and grantee levels, in part to ensure that GSRP services meet the needs of parents. Several aspects of GSRP requirements support meeting those needs. Decisions are made at the local level as to the program optionsintermediate school districts (ISD) as grantees and local partners will offer to families. Programs may either be part-day, school-day or a GSRP/Head Start blend. Recent years have seen a continuing move from part-day to the other two options, specifically in response to the needs of working parents.

-- Estimated percentage of the MOE Fund requirement that will be met with preK expenditures (not to exceed 20 percent): 20

-- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care:

GSRP plays an active role in the School Readiness Advisory Committee of their GSC'swork on building the local early childhood system. As a part of this effort the committee annually looks at the need for overall early childhood education and care services within the area as well as the need for GSRP sites. Parents are a part of this committee. The committee works on developing additional community partners, encouraging current child care center partners to expand services to new areas and increasing the ability of current child care centers to come into GSQ, Michigan's QRIS. GSRP often assists in these efforts by sharing professional learning opportunities with local child care providers.

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: $ 4,882,273

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (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 the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level-state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

The Head Start State Collaboration Office and theCDC 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. The CDC office has also entered into two partnership agreements in the city of Flint (due to the declaration of emergency related to lead in the water). The partnership agreements are built on the model mentioned above for the EHS-CCP, with the addition of the eligibility criteria for CDC being modified under a protective services definition. These partnerships, one with UM-Flint and the other with Genesee ISD (including the new Educare location) are also supported by local philanthropic dollars and blend CCDF funding, Head Start funding, Early Head Start funding, GSRP (state four-year-old preschool) funding, and CACFP funding.

Effective Date: 10/01/2018

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

Lead Agencies may use CCDF funds to establish or support a system of local or regional child care resource and referral (CCR&R) organizations 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 (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency, provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Section 619 and Part C of the Individuals with Disabilities Education Act;

- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;

- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, what services are provided and how it is structured and use section 7.6.1 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

Effective Date: 10/01/2018

☑ No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

☐ Yes. The state/territory funds a CCR&R system. If yes, describe the following:

a) What services are provided through the CCR&R organization?

b) How are CCR&R services organized, include how many agencies, if there is a statewide network and if the system is coordinated?

1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children'including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)'through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(I)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:

In August, 2018,CDC staff, along with the MDE EMC contacted local emergency managers to help coordinate emergency plans. The MDE EMC also contacted MDHHS EMC to help coordinate planning. Meetings were held with MDHHS EMC, other MDHHS staff, and CDC

to coordinate the planning. MDE CDC staff later coordinated with the State licensing agency (LARA). MDE CDC staff continue to coordinate their planning to address needs in all agencies. In September 2018, information was shared with child care providers in Michigan, identifying their local Emergency Manager for them to add into their emergency plan, as a point of contact in the event of an emergency.

Effective Date: 10/01/2018

1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

MDE has an agreement with the MDHHS to conduct eligibility determinations on behalf of MDE. As part of the MDHHS local office processes for determining eligibility, they create a local emergency plan. These plans include guidelines for critical functions that are maintained during an emergency. These include ensuring accountability and care of children. If a child is impacted by a disaster for which a State or Federal emergency is declared, the child may be eligible for CDC Disaster Assistance, waiving most verification requirements.

Effective Date: 10/01/2018

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

All local MDHHS offices must coordinate with the state level Emergency Coordination Center (this is activated by the MDHHS EMC). The MDEEMC is also part of the state level notification/team. In the event of an emergency, all services and resources are coordinated through the state level coordination center. All MDHHS local office plans are unique to their location but are required to include: resource list (temporary lodging and emergency supplies including food and clothing) and an emergency communication plan. The LARA EMC would

also be part of the state level coordination center and would implement their plan that incorporates child care providers.

Effective Date: 10/01/2018

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place-evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

The provisions listed here are required under the state's child care licensing rules and will be monitored through child care licensing for centers, group homes and family homes.
Homes: R400.1945 - emergency; plan; drill (1) an applicant or licensee shall have a written emergency response plan for the care of children that must be posted in a conspicuous location within the hcild care home. The plan must address the following types of emergencies:
(a) fire evacuation
(b) tornado wathces and warnings
(c) serious accident or injury
(d) water emergencies, if applicable.
(e) crisis management, including, but not limited to, all the the following:
1. intruders
2. active shooters
3. bomb threats
4. other man or woman caused events

For license exempt providers these provisions will be covered during the monitoring visits.
(BEM 704 - Health and Safety Coaching Visits;
License Exempt-Unrelated: A license exempt-unrelated provider must provide care where the child(ren) lives. This visit may be announced or unannounced. License exempt-unrelated providers must respond to the health and safety coach when they are contacted to set up this visit or when the coach arrives for an unannounced visit. Failure to respond to repeated, documented, contact attempts shall be considered refusal to complete the health and safety

visit. An additional unannounced visit(s) may be required for corrective action plans or other concerns arising out of an annual visit, when health and safety compliance is not demonstrated. The provider assignment to the child(ren) will end if the annual visit is not completed, or when health and safety compliance cannot be demonstrated after a corrective action plan. A provider will not be re-assigned to care for the child(ren) until the visit has been completed.
License Exempt-Parent on Site: An annual health and safety visit is required for a license exempt-parent on site provider. This visit may be announced or unannounced.
An additional unannounced visit(s) may be required for corrective action plans or other concerns arising out of an annual visit, when health and safety compliance is not demonstrated. The provider will become ineligible to receive CDC payment if the coaching visit is not completed, or when health and safety compliance cannot be demonstrated after a corrective action plan. A provider will not be re-enrolled to receive CDC payment for child care until the visit has been completed.
Center: R400.8161/Home: R400.1945 –

1. Written procedures for the care of children and staff for each of the following emergencies shall be developed and implemented:

a. Fire.
b. Tornado.
c. Other natural or man-made disasters.
d. Serious accident/illness/injury.
e. Crisis management including, but not limited to, intruders, active shooters,bomb threats, and other man-caused events.
The written procedures shall include all of the following:
- a. A plan for evacuation.
- b. A plan for safely moving children to a relocation site.
- c. A plan for shelter-in-place
- d. A plan for lockdown
- e. A plan for contacting parents and reuniting families.
- f. A plan for continuing operations during or after a disaster.
- g. A plan for how each child with special needs will be accommodated during each type of emergency.
- h. A plan for how infants and toddlers will be accommodated during each type of emergency.
- i. A plan for how children with chronic medical conditions will be accommodated during

each type of emergency.

Effective Date: 12/13/2019

1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers-emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

The provisions listed here are required under the state's child care licensing rules and will be monitored through child care licensing.

Centers: R 400.8161 - (5) A fire drill program consisting of at least 1 fire drill quarterly shall be established and implemented. (6) A tornado drill program consisting of at least 2 tornado drills between the months of March through November shall be established and implemented. (7) A written log indicating the date and time of fire and tornado drills shall be kept on file at the center. (8) Each staff member shall be trained at least twice a year on his or her duties and responsibilities for all emergency procedures referenced in subrule (1) and (2) of this rule.

Homes: R 400.1945 - (3) A caregiver shall inform all personnel of the overall evacuation plan and of his or her individual duties and responsibilities in the event of an emergency specified in subrule (1) of this rule. (4) Fire drills shall be practiced while children are in care at least once quarterly and a written record that includes the date and time it takes to evacuate shall be maintained. (5) At least 2 tornado drills must be practiced while children are in care between March and November, and a written record that includes the date shall be maintained.

For license exempt providers, these provisions will be covered during the monitoring visits. (BEM 704 - Health and Safety Coaching Visits;

License Exempt-Unrelated: A license exempt-unrelated provider must provide care where the child(ren) lives. An annual health and safety coaching visit at this location is required. The provider assignment to the child(ren) will end if the annual visit is not completed.

License Exempt-Parent on Site: An annual health and safety visit is required for a license exempt-parent on site provider. Failure to comply with this requirement will result in the child care provider being ineligible to receive CDC payment.

Effective Date: 12/13/2019

1.8.6 Provide the link to the website where the statewide child care disaster plan is available:

https://www.michigan.gov/mdhhs/0,5885,7-339-73970_61179_8367---,00.html

Effective Date: 10/01/2018

2 Promote Family Engagement through Outreach and Consumer Education

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

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

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is

provided to parents supported with CCDF funds.

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

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

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

Effective Date: 10/01/2018

- [x] Application in other languages (application document, brochures, provider notices)
- [x] Informational materials in non-English languages
- [ ] Website in non-English languages
- [x] Lead Agency accepts applications at local community-based locations
- [x] Bilingual caseworkers or translators available
- [ ] Bilingual outreach workers
- [x] Partnerships with community-based organizations
- [x] Other.

Describe:

Bilingual call center technicians for billing and payment issues.

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

Effective Date: 10/01/2018

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

Describe:

2.2 Parental Complaint Process

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

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

Complaint referrals from the public regarding licensed providers come to the Bureau of Community and Health Services (BCHS) either online at http://www.michigan.gov/lara/0,4601,7-154- 63294_27723_27777_72411---,00.html by fax, mail, or phone. Referrals are only considered a complaint if a program rule or act violation is

alleged. If a program rule or act violation is alleged, the complaint is entered into the Bureau Information Technician System (BITS) and assigned for investigation. Billing complaints are made by calling our toll-free 866-990-3227 line, or received by the Office of Inspector General, and are investigated by program monitoring analysts.

Effective Date: 10/01/2018

2.2.2 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

Complaints are based on licensing program rules or acts and are considered substantiated if the investigation finds a rule or act violation. Complaints are categorized as high or medium priority. High priority complaints require an onsite inspection within 24 hours. For investigations coordinated with law enforcement or other agencies, there may be exceptions to the on-site inspection timeline as they may require the department to refrain from a home visit if it is going to interfere with their investigation. All medium priority complaints require the investigation to begin within 5 calendar days, and an inspection to occur within 5 business days. In addition to the above, CDC complaints may also come through our toll-free 866-990-3227 line or the CDC Director's office. Complaints regarding violations of Licensing rules are referred to the Bureau of Community and Health Services (BCHS), Complaints of child abuse, child safety and/or neglect are referred to the Child Abuse and Neglect Complaint hotline, 855-444-3911, Complaints on all others matters (billing, payment, license exempt provider, etc.) are handled within program through a toll-free line. The complaints are entered into an internal tracking database and are either auto assigned or assigned to a staff member to address on an individual basis as they investigate the complaint and work toward resolution. The department's policy is to complete all Special Investigations within 60 days. There are exceptions or extensions that may be granted for some investigations.

Effective Date: 10/01/2018

2.2.3 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

Complaint referrals from the public regarding providers come to BCHS via online, fax, mail, or phone. Referrals are only considered a complaint if a program rule or act violation is alleged. Complaints are categorized as high or medium priority. High priority complaints require an onsite inspection within 24 hours. For investigations coordinated with law enforcement or other agencies, there may be exceptions to the on-site inspection timeline as they may require the department to refrain from a home visit if it is going to interfere with their investigation. All medium priority complaints require the investigation to begin within 5 calendar days, and an inspection to occur within 5 business days. If a program rule or act violation is alleged, the complaint is entered into BITS and assigned for investigation. Complaints regarding violations of Licensing rules are referred to the Bureau of Community and Health Services (BCHS). The department’s policy is to complete all Special Investigations within 60 days. There are exceptions or extensions that may be granted for some investigations. Complaints of child abuse, child safety and/or neglect are referred to the Child Abuse and Neglect Complaint hotline, 855-444-3911.

Effective Date: 10/01/2018

2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

Substantiated parental complaints are posted on the child care licensing website indefinitely.

Effective Date: 10/01/2018

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

Child care licensing complaints that are substantiated are posted on the child care licensing website for a period of two years.

Effective Date: 10/01/2018

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

https://www.michigan.gov/lara/0,4601,7-154-63294_27723_27777_72411---,00.html

Effective Date: 10/01/2018

2.3 Consumer Education Website

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional 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.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

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 site also has parent and provider oriented pages that allow the respective audiences to easily find the most useful resources for their needs. The state of Michigan is currently receiving technical assistance and will regularly review the site for improvement opportunities.

Effective Date: 10/01/2018

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

The lead agency's currentCDC website provides many of the required documents in Spanish translations. For items available in Spanish, titles and descriptions are listed on the website in Spanish, as well, for easy identification and understanding for individuals who do not speak English. Some documents are also available in Arabic, including the application for subsidy assistance. This information will continue to follow the practices utilized on the lead agency's current website to ensure the widest possible access to services for families that speak languages other than English as we work to expand and enhance the MiKidsMatter website.

Effective Date: 10/01/2018

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

The lead agency's current website complies the American's with Disabilities Act (ADA)to a minimum of the WCAG 2.0 AA standard, which can provide access to persons with low and no vision as well as persons with low and no hearing.

Effective Date: 10/01/2018

2.3.4 Lead Agency processes related to child care.

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

Effective Date: 10/01/2018

a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:

https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/704.pdf (pages 10-12). Child care provided by specified relatives is exempt from licensing requirements. However, those child care providers and their household members are required to undergo pre-enrollment and ongoing background checks, including Internet Criminal History Access Tool (ICHAT), the Offender Tracking Information System (OTIS), the Public Sex Offender Registry (PSOR), and Michigan's child abuse and neglect Central Registry. These additional steps provide an assurance for health and safety. Because these individuals are related we work to empower parents to set up safety protocols with those individuals who the children are already around. Care provided by license exempt unrelated providers must undergo comprehensive background checks, including fingerprinting, as

well as an annual health and safety visit at the location of care. In addition, Michigan does not require tribal providers or military programs to be licensed due to the fact that they have their own program requirements and licensing rules to ensure the health and safety of children. For those who also serve CCDF children they are asked to self-certify that they meet the health and safety requirements through their own systems.

b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:

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

Family Homes: http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-82366--,00.html

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

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

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

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

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

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11:

1. Centers: http://www.michigan.gov/documents/lara/BCAL_PUB_8_3_16_523999_7.pdf (pages 10-11).
2. Homes: http://www.michigan.gov/documents/lara/lara_BCAL_PUB-724_0715_494800_7.pdf (pages 3 and 5).

2.3.5 List of providers

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

Effective Date: 10/01/2018

a) Provide the website link to the searchable list of child care providers:

www.greatstarttoquality.org

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

- ☐ License-exempt center-based CCDF providers
- ☐ License-exempt family child care (FCC) CCDF providers
- ☐ License-exempt non-CCDF providers
- ☐ Relative CCDF child care providers
- ☑ Other.

Describe

License Exempt-Tribal CCDF providers who request to be rated or listed are available in the search.

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

Licensed Providers

- ☑ Contact Information
- ☑ Enrollment Capacity
- ☑ Years in Operation
- ☐ Provider Education and Training

- [ ] Languages Spoken
- [x] Quality Information
- [x] Monitoring Reports
- [ ] Other.

Describe:

License-Exempt, non-CCDF Providers

- [ ] Contact Information
- [ ] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [ ] Quality Information
- [ ] Monitoring Reports
- [ ] Other.

Describe:

License-Exempt CCDF Center Based Providers

- [x] Contact Information
- [x] Enrollment Capacity
- [x] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [x] Quality Information
- [x] Monitoring Reports
- [ ] Other.

Describe:

License-Exempt CCDF Family Child Care

- [ ] Contact Information
- [ ] Enrollment Capacity
- [ ]

- ☐ Years in Operation
- ☐ Provider Education and Training
- ☐ Languages Spoken
- ☐ Quality Information
- ☐ Monitoring Reports
- ☐ Other.

  Describe:

Relative CCDF Providers

- ☐ Contact Information
- ☐ Enrollment Capacity
- ☐ Years in Operation
- ☐ Provider Education and Training
- ☐ Languages Spoken
- ☐ Quality Information
- ☐ Monitoring Reports
- ☐ Other.

  Describe:

Other.

Describe:

License exempt-tribal CCDF providers

- ☑ Contact Information
- ☑ Enrollment Capacity
- ☑ Years in Operation
- ☐ Provider Education and Training
- ☐ Languages Spoken
- ☑ Quality Information
- ☐ Monitoring Reports
- ☐ Other.

Describe:

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

Effective Date: 10/01/2018

a) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- [x] Quality rating and improvement system
- [ ] National accreditation
- [ ] Enhanced licensing system
- [x] Meeting Head Start/Early Head Start requirements
- [x] Meeting prekindergarten quality requirements
- [x] School-age standards, where applicable
- [ ] Other.

  Describe

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

- [x] Licensed CCDF providers.

  Describe the quality information:

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

☑ Licensed non-CCDF providers.

Describe the quality information:

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

☐ License-exempt center-based CCDF providers.

Describe the quality information:

☐ License-exempt FCC CCDF providers.

Describe the quality information:

☐ License-exempt non-CCDF providers.

Describe the quality information:

☐ Relative child care providers.

Describe the quality information:

☑ Other.

Describe

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

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

Effective Date: 12/17/2019

a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.

The state received TA from the OCC to make improvements to the MiKidsMatter site and content, including specific TA to address the plain language requirements of monitoring and inspection reports. Due to system limitations Michigan determined that we would need to create a plain language summary to place at the beginning of each monitoring and inspection report. This summary page summarizes the results of the visit and identifies failure to comply with health and safety requirements. A full monitoring and inspection report is included behind the summary page. This plain language summary was added to monitoring and inspection reports beginning September 1, 2019.

b) Are monitoring and inspection reports in plain language?

☑ If yes,

include a website link to a sample monitoring report.

https://childcaresearch.apps.lara.state.mi.us/Home/ViewReport/259774

☐ If no,

describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.

c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:

☑ Date of inspection

☑ Health and safety violations, including those violations that resulted in fatalities or serious injuries.

Describe how these health and safety violations are prominently displayed.

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

☑ Corrective action plans taken by the State and/or child care provider.

Describe

Corrective Action Plans are completed by the provider and outline what actions will be taken to address the rule violation. The summary indicates approval of the plan created by the provider. An additional visit is conducted to ensure compliance and rule compliance. The corrective action plans are publicly posted on the website with the corresponding licensing study report showing the original health and safety violations.

d) The process for correcting inaccuracies in reports.

If reports contain inaccuracies, they are removed from the website, corrections are completed either through addendums or amendments. Once completed, the addended or amended report is placed back on the website.

e) The process for providers to appeal the findings in reports, including the time requirements, timeframes for filing the appeal, for the investigation, and for removal of any violations from the website determined on appeal to be unfounded.

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

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

For special investigations, the consultant has 60 days from the date of complaint to provide a completed report to the child care provider. This includes a best practice of 45 days from the assignment of complaint to get the report to their manager. Typically, it takes no more than two or three days for the reports to be posted after they have been approved by a manager/supervisor. Reports requiring redaction will appear on the website after the redaction is completed (within two weeks) or corrective action plan will be posted to the website once a redaction has occurred, if applicable, and the corrective action plan is approved (within 20 days).

For all other report types, the consultant has five days after inspection to get all information relating to the inspection into BITS, generating the licensing study report (this is for CAPs done onsite or no CAPs). This information goes into the file and is posted through an interface, at least weekly. With a CAP, the 20-day allowance applies, resulting in posting within around 30 days of the visit.

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

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

h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports

posted on their consumer education website.

- ☐ License-exempt non-CCDF providers
- ☐ Relative child care providers
- ☐ Other.

  Describe

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

Effective Date: 08/08/2019

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

Child care licensing at LARA is the designated entity for licensed child care providers to submit reports of any serious injury or death. This information is compiled into a report and submitted quarterly to the lead agency.

MDE requires license exempt providers to report serious injury or death of a child in care. MDE tracks this information for posting to the aggregate data report.

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

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

c) The definition of "serious injury" used by the Lead Agency for this requirement.
Serious Injury means any significant impairment of the physical condition of the minor child as determined by qualified medical personnel that results from an emergency safety intervention. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.
https://www.michigan.gov/mikidsmatter/0,9220,7-376-87924-503902--,00.html

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

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

Effective Date: 10/01/2018

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

The lead agency provides contact information to assist parents with all child care subsidy related questions on the current website, the information portion of the subsidy application, the plain language handbook, and an authorization notice that is mailed when a provider is assigned. This same information is available on our new website at https://www.michigan.gov/mikidsmatter/.

Effective Date: 10/01/2018

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

Michigan's Consumer Education website, MiKidsMatter (https://www.michigan.gov/mikidsmatter) went live 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.

Effective Date: 10/01/2018

2.3.12 Other. Identify and describe the components that are still pending per the instructions on

CCDF Plan Response Options for Areas where Implementation is Still in Progress in the Introduction.

While the consumer education site (www.michigan.gov/mikidsmatter) is live, implementation is still pending for availability of aggregate data for deaths, injuries, and child abuse cases in child care settings, consumer ready corrective actions plans, consumer friendly monitoring reports/summaries, and multiple languages on the site. Michigan is receiving TA from OCC to help address these gaps.

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

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

Michigan shares eligibility information with parents through multiple channels. These channels include: GSQ, the state's QRIS, website, which provides information to parents, providers, and the public; tenGSQ Resource Centers located throughout the state, offering direct communication to parents, providers, and the public; partnerships with multiple entities, including providers of early intervention, GSPCs, and local MDHHS offices for dissemination of important information to the widest audience; The MDE CDC website , which houses information and resources for parents and providers; written materials available to consumers who prefer them; and social media channels and listservs may be used in addition to these to increase awareness of important changes related to eligibility, assistance, and facilitating programs (providers). All materials and sites are aimed at

presenting information in an accessible and easy to understand manner for consumers of all types.

Effective Date: 10/01/2018

2.4.2 The partnerships formed to make information about the availability of child care services available to families.

MDE/OGS partners with ECIC,GSQ Resource Centers, GSCs, GSPCs, Bureau of Community Health Systems (Child Care Licensing), MDHHS (TANF offices and new MiBridges portal), community-based organizations including: Benefit Access and 211, and public schools.

Effective Date: 10/01/2018

2.4.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description include, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

Effective Date: 10/01/2018

☑ Temporary Assistance for Needy Families program:

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

and the start of more customer focused initiatives in technology and case work. The application materials provide informational materials regarding available assistance programs, brochures, handouts, related to applying forassistance, types of assistance, tips and guides, information for finding quality childcare. Many materials are offered in Spanish and Arabic. Translation services are available to all clients. Local office lobbies also have an assistance navigator available to help any walk ins looking for assistance. MDHHS Assistance Payments Specialists assist people directly through telephone or a walk-in intake process for all benefit programs. 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). Benefit information details can be accessed through an internet service delivery portal, where clients can see pending documents, benefit summaries, redetermination dates, and more. United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all subsidy programs.

☑ Head Start and Early Head Start programs:

Information regarding Head Start and Early Head Start is provided to parents at the local level by grantees. Information provided varies due to local needs and communities. Outreach mechanisms can include activities such a 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 GSRP, in their service area. Some partners for outreach for Head Start/Early Head Start include: Head Start State Collaboration Office, state and regional GSRP, MHSA, and Office of Head Start, which serve as resources for providing information to parents.

☑ Low Income Home Energy Assistance Program (LIHEAP):

Michigan's CDC office partners with the MDHHS which offers an online, universal application where people can apply for multiple benefit programs, including LIHEAP energy assistance, all at the same time. In January 2018 a simplified assistance application was launched, allowing a client to apply for five major programs. This application is the culmination of many state and private agencies, with public testing and feedback, working together for over two years to achieve an application that is 80% smaller than its predecessor, customer focused rather than program focused,

and the start of more customer focused initiatives in technology and case work. The application materials provide informational materials regarding available assistance programs, brochures, handouts, related to applying for assistance, types of assistance, tips and guides, information for finding quality childcare. Many materials are offered in Spanish and Arabic. Translation services are available to all clients. Local office lobbies also have an assistance navigator available to help any walk ins looking for assistance. MDHHS Assistance Payments Specialists assist people directly through telephone or a walk-in intake process for all benefit programs. 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). Benefit information details canbe accessed through an internet service delivery portal, where clients can see pending documents, benefit summaries, redetermination dates, and more. United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all subsidy programs.

☑ Supplemental Nutrition Assistance Programs (SNAP) Program:

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

service delivery portal, where clients can see pending documents, benefit summaries, redetermination dates, and more. United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all subsidy programs.

☑ Women, Infants, and Children Program (WIC) program:

Michigan's CDC office partners with the MDHHS and provides referrals and information where people can apply for various benefit programs, including Women, Infants and Children (WIC). MDHHS Assistance Payments Specialists assist people directly through walk-in intake processes for all benefit programs. Information is available for programs at the MDHHS website (an in-person interview is not always required). United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all subsidy programs.

☑ Child and Adult Care Food Program(CACFP):

The Child and Adult Care Food Program, part of the MDE, hosts a website with information available to the general public about the program. Parents are provided program information as part of the contract with subrecipients of the program. Subrecipients are trained by program staff and encouraged to do local outreach in the communities directly to eligible participants and parents/guardians. Subrecipients are also required to provide information on all available programs/services, such as WIC, state health insurance or any other servicesthe participants and parents/guardians may require. In addition, MDE shares contact information of potential providers with CACFP.

☑ Medicaid and Children's Health Insurance Program (CHIP):

Michigan's CDC office partners with the 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. In January 2018, a simplified assistance application was launched, allowing a client to apply for five major programs. This application is the culmination of many state and private agencies, with public testing and feedback, working together for over two years to achieve an application that is 80% smaller than its predecessor, customer focused rather than program focused, and the start of more customer focused initiatives in technology and

case work. The application materials provide informational materials regarding available assistance programs, brochures, handouts, related to applying for assistance, types of assistance, tips and guides, information for finding quality childcare. Many materials are offered in Spanish and Arabic. Translation services are available to all clients. Local office lobbies also have an assistance navigator available to help any walk ins looking for assistance. MDHHS Assistance Payments Specialists assist people directly through telephone or a walk-in intake process for all benefit programs. 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). Benefit information details can be accessed through an internet service delivery portal, where clients can see pending documents, benefit summaries, redetermination dates, and more. United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all subsidy programs.

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

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

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

also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

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 eight. Partners (child care licensing, Early-On Training and Technical Assistance, MDHHS, Child and Adult Care Food Program CACFP, Local Community Mental Health agencies) also disseminate information via regular communication over email and webinars regarding the most up to date research, information and opportunities for parents, children, providers and the public. In addition, MDE passes this information to our partners to disseminate through various listservs. In addition, information is always available at websites such as Early On and MDHHS at https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2959_52710---,00.html, https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_7145_81755_81782-431105--,00.html and https://www.michigan.gov/mde/0,4615,7-140-63533-127141--,00.html. In addition to these practices for disseminating child development resources and information, MiKidsMatter compiles some child development resources, including some related to physical activity, in an easily navigable and accessible site. Parents, providers, and the general public can access information about child development topics through the categories featured on MiKidsMatter. In addition to these practices for disseminating child development resources and information, MiKidsMatter compiles some child development resources, including some related to physical activity, in an easily navigable and accessible site. Parents, providers, and the general public can access information about child development topics through the categories featured on MiKidsMatter.

Effective Date: 10/01/2018

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

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

Promotion/Prevention A promotion-based social and emotional toolkit for families was developed cross systems and is available via the MDHHS website at: www.michigan.gov/socialemotionalhealth. This toolkit includes a parent guide with information on typical and atypical social and emotional development, parenting tips to support social and emotional well-being and links to community resources for further support. Additionally, the toolkit includes a simple two-page fact sheet with a definition of social and emotional health and simple milestones. This toolkit is disseminated to front line staff working with families via state-level webinars, conferences and is available for free download. Social and emotional developmental wheels for families or those caring for infants and young children birth to five are available for purchase through the Michigan Infant Mental Health Association (MI-AIMH) (http://mi-aimh.org). Additionally, MI-AIMH has developed and distributed a social and emotional developmental wheel with strategies specifically targeted to fathers. Part C, MDHHS and MDE have all purchased wheels and distributed to front line staff for distribution to families across the state. Michigan's Part C program, Early-On has developed and distributes a 0-5 developmental milestone wheel for families. This wheel includes social and emotional behaviors and can be ordered online by staff to use with families or by families directly at no charge. Michigan'sRTT-ELC Grant provides, 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 increase family access to resources designed to promote the physical, social, and emotional health of their children. RTT integrates, in some communities, social and emotional (mental health), master's degree 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 RTT funding will end December 2018 and sustainability plans are being discussed for continuation in FY19.) Michigan's GSQ website links families to free Early-On developmental wheels and other resources, targeted digital media campaigns, print advertisement, social media (Facebook and Twitter), and access to online and phone referral systems. Intervention Early-On Michigan offers early

intervention services for infants and toddlers, birth to three years of age, with developmental delay(s) and/or disabilities, and their families. Families can access information for evaluation through: www.1800EarlyOn.org. Mental health and developmental disability services in Michigan are delivered through a county- based CMHSPs. The MDHHS Division of Mental Health Services to Children and Families, along with 46 regional CMHSPs, contracts public funds for intervention-based mental health, and developmental disability services. Medicaid funds, which are paid on a per Medicaid- eligible capitated basis, and require diagnosis, are contracted with CMHSPs, or affiliations of CMHSPs, as prepaid inpatient Health Plans (PIHPs). Substance Abuse services are provided through the 10 PIHPs. CMHSP's across the state providing intervention-based services to children 0-47 months must have an infant mental health endorsed practitioner. Example services for children 0-5 with a diagnosis include; Infant Mental Health Infant mental health services provide home-based parent-infant support and intervention services to families where the parent's condition and life circumstances or the characteristics of the infant threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant. Services reduce the incidence and prevalence of abuse, neglect, developmental delay, behavioral and emotional disorder. CMHSPs may provide infant mental health services as a specific service (Medicaid B 3 Service) or as part of a Department of Health and Human Services enrolled home-based program. The population served by an infant mental health specialist will vary community by community but typically involves children and families with multiple risks. Those risk factors may include adolescent parents, poor, single parents, 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 CMHSPs. The Division of Mental Health Services to Children and Families certifies home-based services programs operated through CMHSPs and their provider network and provides training and technical assistance to home-based services staff and programs. Families can access more information and assessment for services by contacting their local CMHSP list.

Effective Date: 10/01/2018

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

The suspension-expulsion policy recommends and encourages all early education and care providers to develop a clear policy that prevents or significantly limits suspensions and expulsions for children under eight-years-old. The policy also presents a set of quality indicators for providers to consider when developing their policy. The policy is posted on theMDE website at http://www.michigan.gov/documents/mde/Item_K_suspension_policy_birth_through_eight_543802_7.pdf. Michigan, through the Head Start State Collaboration office, is working with BUILD to convene a workgroup focusing on implementation and next steps. A press release and messages on Department of Education Listservs will be the primary source of getting information to parents, providers, and the general public. A workgroup plans on developing initial recommendations for potential policy changes and supports to early learning and care providers by October 2018.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

2.5.1 Certify by describing:

Effective Date: 10/01/2018

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

MDE is currently working with a cross-agency workgroup through the GSOT and Great Start Systems Team (GSST) to review and document current procedures and resources related to sharing developmental and behavioral screening information. In addition, the workgroup is working to determine communication methods targeted to providers and parents to increase knowledge and availability of developmental screenings, so these can be incorporated statewide. We expect recommendations from this work to be completed by September 30, 2018. The workgroup finished their recommendations and have recommended that two brochures be developed, one for parents and one for providers. Drafts have been completed and are under review prior to distribution for use in February 2019.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

MDHHS works with partners in local and state agencies (including evidence-based home visiting, Part C of the IDEA, community action agencies, and others) to connect families to Medicaid as needed. Once enrolled in Medicaid, families with children under the age of 21 are automatically eligible for the range of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, although participation in EPSDT is voluntary. In Michigan, EPSDT services include developmental screening that aligns with the Bright Futures Periodicity Schedule adopted by the American Academy of Pediatrics. Parents are advised of the benefits available through EPSDT through both a letter and a brochure describing the services. As part of work being completed by the cross-agency work group, the brochure and letter will be updated at the next revision opportunity to ensure that all state language referencing developmental and behavioral health screening align. There is not a date for the next revision as all Medicaid documents recently went through revision, but there is commitment that these changes will be made. Additionally, Medicaid is committed to working with the workgroup to ensure that the information about developmental screening through Medicaid is available in other locations.

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

Currently MDE is working with a cross-agency workgroup (through GSOT and GSST) to review and document current procedures and resources related to sharing developmental and behavioral screening information. In addition, the workgroup is working to determine communication methods targeted to providers and parents to increase knowledge and availability of developmental screenings, so these can be incorporated statewide. We expect recommendations from this work to be completed by September 30, 2018. The workgroup finished their recommendations and have recommended that two brochures be developed, one for parents and one for providers. Drafts have been completed and are under review prior to distribution for use in February 2019.

Currently MDE is working with a cross-agency workgroup (through GSOT and GSST) to

review and document current procedures and resources related to sharing developmental and behavioral screening information. In addition, the workgroup is working to determine communication methods targeted to providers and parents to increase knowledge and availability of developmental screenings, so these can be incorporated statewide. We expect recommendations from this work to be completed by September 30, 2018. The workgroup finished their recommendations and have recommended that two brochures be developed, one for parents and one for providers. Drafts have been completed and are under review prior to distribution for use in February 2019.

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

Currently Michigan has a variety of opportunities that are initiated at the local level to share information with providers. MDE is working with a cross- agency workgroup (through GSOT and GSST) to identify best practices and share these with the GSQ Resource Centers, GSCs and Child Care Licensing Consultants to ensure families and providers have information about developmental and behavioral screenings. The workgroup finished their recommendations and have recommended that two brochures be developed, one for parents and one for providers. Drafts have been completed and are under review prior to distribution for use in February 2019.

e) How child care providers receive this information through training and professional development.

Currently Michigan has a variety of opportunities that are initiated at the local level to share information with providers. MDE is working with a cross-agency workgroup (through GSOT and GSST) to identify best practices and share these with the GSQ Resource Centers and Child Care Licensing Consultants to ensure providers have information about developmental screenings. A survey has been conducted to identify training opportunities offered through the GSQ Resource Centers on the use of development and behavioral screening as well as development delays and supporting conversations with families. The survey will also identify how they are connecting providers to the ASQ-3/SE-2 in communities that offer the on-line service.

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

MDE is still working with a cross-agency workgroup (through GSOT and GSST) to identify needed policies and procedures to ensure coordinated efforts for access to information. Recommendations have been created for review at the GSOT and will then be forwarded to GSST for approval. This review will be completed by both in FY19.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

2.6.1 Certify by describing:

Effective Date: 04/25/2019

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

The Client Authorization form (DHS-198C) has been updated to contain a consumer statement and provider specific information. General information is also provided on the Assistance Application.

b) What is included in the statement, including when the consumer statement is provided to families.

The statement includes information about the provider(s) a parent chooses, including

where to find up-to-date health and safety records, the date of last inspection, and any voluntary quality standards met by the provider. It also includes general information about background checks, parental complaints, and equal access. This document is provided to families when a child care provider is assigned to care for a child.

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

All licensed child care providers receive annual checks. You can find the results of these checks and any violations at www.greatstarttoquality.org. A child care provider's star rating is an indication of voluntary participation in theGSQ Rating and Improvement System. A blank star rating means that a provider is not participating. All licensed child care providers and any staff they employ with unsupervised access to children must pass an FBI fingerprint check. This is also required of unrelated providers who care for the child in the child's home. Parent complaints against child care homes or centers are processed through LARA. To file a complaint, visit www.Michigan.gov/LARA . Parent complaints against license exempt providers who accept CDC can be reported to the CDC Office by calling 1-866-990-3227. MDE works to confirm that child care provider payment rates provide equal access to child care like that of children not eligible for subsidy. However, the CDC payment amount may not cover all child care expenses. You are responsible for all child care costs that are not paid by the CDC program. Information that is specific to the provider that is assigned includes name, ID, license # (if applicable), star rating (if applicable), and last inspection date (if applicable).

3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, 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 a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local prekindergarten, and other collaborative programs to finish the program year. This type pf policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 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 said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

3.1.1 Eligibility criteria based on a child's age

Effective Date: 10/01/2018

a) The CCDF program serves children

from 0

(weeks/months/years)

through 12

years (under age 13). . Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

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))

☐ No

☑ Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: Over age 13, under age 18 and requires constant care due to physical, mental or psychological condition, or supervision has been ordered by a court; Age 18 and a full-time high school student expected to graduate before age 19, who requires constant care due to a physical, mental or psychological condition, or court order.

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))

☐ No.

☑ Yes

and the upper age is 18

(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?

"residing with":

Living in the same household as the parent, except for temporary absences, during the time period for which services are offered.

"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 MDHHS Children's Services has placed a child subsequent to a court order identifying MDHHS as responsible for the child's care and supervision.

3.1.2 Eligibility criteria based on reason for care

Effective Date: 10/01/2018

a) How does the Lead Agency define "working or attending a job training and educational program" for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

"Working":

Clients who are employed or self-employed. There is no minimum number of hours required. Michigan allows time for unpaid meals or breaks. Ten hours of travel time is added per two-week pay period, unless additional travel time is requested.

"Job training":

Participation in an employment preparation and/or training activity or post- secondary education program (including online) is allowed. Michigan allows up to one hour of study/tutor time for each hour of class or lab time (or per credit hour per week if online only), if requested. Michigan allows time for meals or breaks. Ten hours of travel time is added per two-week pay period, unless additional travel time is requested and supported.

"Education":

Participation in high school completion, General Education Degree (GED), Adult Basic Education (ABE), or English as Second Language (ESL) is allowed (includes online classes). Michigan allows up to one hour of study / tutor time for each hour of class or lab time, if requested. Michigan allows time for meals or breaks. Ten hours of travel time is added per two-week pay period, unless additional travel time is requested and supported.

"Attending job training or education" (e.g. number of hours, travel time):

Participation in an employment preparation and/ or training activity or post-secondary education program (including online) is allowed. Michigan allows up to one hour of study/tutor time for each hour of class or lab time (or per credit hour per week if online only), if requested. Michigan allows time for meals or breaks. Ten hours of travel time is added per two-week pay period, unless additional travel time is requested and

supported.

3.1.2 Eligibility criteria based on reason for care

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)?

☐ No.

If no, describe the additional work requirements:

☑ Yes.

If yes, describe the policy or procedure:

Michigan has a 12-month continuous eligibility requirement. Parents who lose their valid need reason after eligibility determination will not experience a negative action to their eligibility (including approved hours or family contribution) until the end of the 12-month continuous eligibility determination period.

3.1.2 Eligibility criteria based on reason for care

c) Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search)

☑ No.

☐

Yes.

If yes, describe the policy or procedure. (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

3.1.2 Eligibility criteria based on reason for care

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

☐ No.

☑ Yes. If yes:

i. Please provide the Lead Agency's definition of "protective services":

Definition of protective services - All age-eligible children whose parent/substitute parent has a need and the child is placed with a licensed foster parent(s), the child or parent is receiving TANF or SSI benefits, the parent is a migrant farmworker, the child is experiencing homelessness, or the family has an active substantiated neglect/abuse case. Eligibility for such a child shall be considered without an income test, determined on a case by case basis. Children who were impacted by the Flint water crisis are eligible based on lead levels without an income test or verified valid need reason, and the family contribution is waived. Additionally, children experiencing homelessness and those placed in licensed foster care are determined under expedited processing and presumptive eligibility that waives most verification requirements temporarily.

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

- ☐ No
- ☑ Yes

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

- ☐ No
- ☑ Yes

iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

- ☑ No
- ☐ Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

Effective Date: 10/01/2018

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

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 at the time of initial determination. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c) below the table.

	(a)	(b)	(c)	(d)
Family Size	100% of SMI($/Month)	85% of SMI ($/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) ($/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	3427	2913	1307	38%
2	4481	3809	1759	39%
3	5535	4705	2213	40%
4	6590	5601	2665	40%
5	7644	6497	3117	41%

c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

n/a

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03.

d) SMI source and year. https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03

e) Identify the most populous area of the State used to complete the chart above.

Rates are statewide.

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? 11/01/2017

g) Provide the citation or link, if available, for the income eligibility limits.
https://dhhs.michigan.gov/OLMWEB/EX/RF/Public/RFT/270.pdf#pagemode=bookmarks

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed $1,000,000, as certified by a family member (98.20(a)(2)(ii)).

Effective Date: 10/01/2018

a) Describe how the family member certifies that family assets do not exceed $1,000,000 (e.g., a checkoff on the CCDF application).

Self-certification by a checkbox on the Assistance Application and annual redetermination documents.

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

☑ No.

☐ Yes.

If yes, describe the policy or procedure and provide citation:

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

Two-parent households must confirm that child care valid need reason schedules overlap.

Effective Date: 10/01/2018

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

Effective Date: 10/01/2018

- [x] Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules
- [ ] Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- [ ] Establishing minimum eligibility periods greater than 12 months
- [ ] Using cross-enrollment or referrals to other public benefits
- [ ] Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- [ ] Providing more intensive case management for families with children with multiple risk factors;
- [ ] Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- [ ] Other.

  Describe:

3.1.7 Policies and processes for graduated phase-out of assistance at redetermination.

Effective Date: 10/01/2018

Lead Agencies are required to provide for a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income. Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

i. 85 percent of SMI for a family of the same size
ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:

(A) Takes into account the typical household budget of a low-income family
(B) Provides justification that the second eligibility threshold is:
(1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability
(2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the copayment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any

a) Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

☐ N/A - The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.

☐ N/A - The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.

☑ The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

Describe the policies and procedures.

Michigan has a graduated phase out for income eligible families. Families with income under 100% of the Federal Poverty Limit (FPL) do not have a family contribution/co-payment. Initial income eligibility is limited to a maximum of 130% FPL. Income greater than 100% FPL not exceeding 130% FPL is assigned a $15 per child co-payment ($45 per family co-payment limit). Families with income above the entry limit have five eligibility thresholds of progressively increasing co-payment amounts to allow for a graduated phase out, ending with the exit limit of 85% State Median Income by family size .

Provide the citation for this policy or procedure.

https://dhhs.michigan.gov/OLMWEB/EX/RF/Public/RFT/270.pdf#pagemode=bookmarks

☐ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

Provide the second tier of eligibility for a family of three.

Describe how the second eligibility threshold:

i. Takes into account the typical household budget of a low-income family:

ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

iv. Provide the citation for this policy or procedure:

☐ Other.

Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

☐ No

☑ Yes

i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.

Families with income under 100% FPL do not have a family contribution/co-payment. Income greater than 100% FPL not exceeding 130% FPL is assigned a $15 per child co-payment ($45 per family co-payment limit). Families with income above this amount have five eligibility thresholds of progressively increasing co-payment amounts to allow for a graduated phase out, ending with the exit limit of 85% State Median Income by family size.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)*

☐ No.

☑ Yes.

Describe:

Income eligible families who reach the exit limit of 85% State Median Income by family size must report this change in income.

3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)). Check the processes, if applicable, that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

Effective Date: 10/01/2018

☑ Average the family's earnings over a period of time (i.e. 12 months).

Describe:

Determinations may use 30, 60, 90 days of income to ensure it is representative of ongoing income.

☑ Request earning statements that are most representative of the family's monthly income.

Describe:

Verification of income can be excluded for prospective budgeting if not representative of ongoing income/hours.

☐ Deduct temporary or irregular increases in wages from the family's standard income level.

Describe:

☑ Other.

Describe:

Temporary excess income after initial eligibility may be permitted if it is verified that the income is not expected to last more than six months from the date of the change.

3.1.9 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

Effective Date: 04/24/2019

☑ Applicant identity.

Describe:

Verified through documentation but may be verified through SSN/name match through the Social Security Administration.

☑ Applicant's relationship to the child.

Describe:

Self-certification.

☑ Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Describe:

Self-certified, unless questionable. Documentation for immigration status of alien children.

☑ Work.

Describe:

Valid need reason; verified by documentation .

☑ Job training or educational program.

Describe:

Valid need reason; verified by schedule from oversight entity.

☑ Family income.

Describe:

Only for those who do not qualify for protective services. Verified by documentation.

☑ Household composition.

Describe:

Self-certification.

☑ Applicant residence.

Describe:

Must be verified at application by documentation.

☐ Other.

Describe:

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

Effective Date: 10/01/2018

☑ Time limit for making eligibility determinations

Describe length of time:

MDHHS local office staff have a maximum of 30 days to process complete applications.

☑ Track and monitor the eligibility determination process

☐ Other.

Describe:

☐ None

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

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 younger than age 6

(98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure 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.

Effective Date: 10/01/2018

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

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":

If the provider does not meet applicable state and local standards. Also, license exempt providers who are not licensed by the Bureau of Community Health Systems (BCHS) must meet MDE enrollment 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 the individual penalties associated with the TANF work requirements?

☐ In writing
☑ Verbally
☐ Other.
Describe:

d) Provide the citation for the TANF policy or procedure:
https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/233A.pdf#pagemode=bookmarks

3.2 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:
CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.2.1 Describe how the Lead Agency defines:

Effective Date: 10/01/2018

a) "Children with special needs":

Age 13, under age 18 and requires constant care due to physical, mental or psychological condition, or supervision has been ordered by a court; Age 18 and a full-time high school student expected to graduate before age 19, who requires constant care due to a physical, mental or psychological condition, or court order.

b) "Families with very low incomes":

Families with income at or below 100% of FPL.

3.2.2 Describe how the Lead Agency will prioritize or target child care services for the following children and families.

Effective Date: 10/01/2018

a) Identify how services are prioritized for children with special needs. Check all that apply:

- [ ] Prioritize for enrollment
- [x] Serve without placing these populations on waiting lists
- [ ] Waive copayments
- [x] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [ ] Other.

  Describe:

b) Identify how services are prioritized for families with very low incomes. Check all that apply:

- [ ] Prioritize for enrollment
- [x] Serve without placing these populations on waiting lists
- [x] Waive copayments
- [ ] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [ ] Other.

  Describe:

c) Identify how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- [ ] Prioritize for enrollment
- [x] Serve without placing these populations on waiting lists
- [x] Waive copayments
- [ ] Pay higher rates for access to higher-quality care

- [ ] Use grants or contracts to reserve slots for priority populations
- [ ] Other.

  Describe:

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- [ ] Prioritize for enrollment
- [x] Serve without placing these populations on waiting lists
- [x] Waive copayments
- [x] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [ ] Other.

  Describe:

3.2.3 List and define any other priority groups established by the Lead Agency.

Migrant farm workers, SSI recipients, foster care, children's protective services.

Effective Date: 10/01/2018

3.2.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

Waive co-payments, pay higher rate for quality care, no wait list.

Effective Date: 10/01/2018

3.2.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

Effective Date: 10/01/2018

a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

After identity of the applicant is verified and an interview is conducted, eligibility is presumed for up to 45 days based on the applicant's statement for any documentation that is not provided.

b) Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- [x] Lead Agency accepts applications at local community-based locations
- [x] Partnerships with community-based organizations
- [x] Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- [ ] Other

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.2.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health

agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:
Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

Effective Date: 10/01/2018

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

Children experiencing homelessness (as defined by Lead Agency's CCDF)

At application, applicantsare asked whether or not the child is up to date on immunizations (shots). If not, the child must be up to date by the next redetermination (12-months) or have a religious or medical objection that prevents them from being up to date. A cross agency workgroup was conducted to discuss current requirements and align policies and procedures for parents as much as possible. Child care subsidy requirements were aligned with TANF requirements to provide the most consistency for parents applying for assistance.

Provide the citation for this policy and procedure.

Brides Eligibility Manual (BEM) 202, Immunizations.

Children who are in foster care.

At application, applicants will be asked whether or not the child is up to date on immunizations (shots). If not, the child must be up to date by the next redetermination (12-months) or have a religious or medical objection that prevents them from being up to date. A cross agency workgroup was conducted todiscuss current requirements and align policies and procedures for parents as much as possible. Child care subsidy requirements were aligned with TANF requirements to provide the most consistency for parents applying for assistance.

Provide the citation for this policy and procedure.

BEM 202, Immunizations.

b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

A cross-agency policy workgroup was designated to identify what immunization policies are already in place and where alignment across programs might happen in a way that would provide consistency to parents and children. The following policy areas coordinated their policy requirements of parents as it relates to children's immunizations: MDHHS; Child Welfare/Children's Services/Foster Care, Family Independence Program (FIP), Public Health Code (PHC); LARA, BCHS; MDE, CDC. Additional support was provided by: MDHHS, Medical Assistance (MA) program; MDE, Homeless Education Program. A number of areas were reviewed to identify potential alignment; changes were recommended in the following areas: vaccination schedule, grace period, waiver, and verification requirements. The recommendations include the following: Communications from all entities strive to allow room for physicians to provide guidance in the child's best interest, over and above those minimum State of Michigan vaccination minimum requirements. The Center for Disease Control and prevention immunization recommendations should be encouraged. Child care subsidy align with TANF subsidy in allowing families one year from the time it is discovered that a child is not age appropriately immunized to become compliant with immunization requirements. In an effort to prevent an additional burden on parents, it was recommended that Child care subsidy adopt the same or similar self-certification as utilized by TANF and child care homes.

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

- [ ] No.
- [x] Yes.

Describe:

12-month grace period, as described above, applies to all CCDF applicants.

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency 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 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

Effective Date: 10/01/2018

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

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. Income eligible families who reach 85% of the SMI will no longer be eligible.

b) How does the Lead Agency define "temporary change?'

A time-limited absence from (or reduction in hours at) work, training or educational

program for a parent participating in such an activity, which does not extend beyond the next eligibility determination.

c) Provide the citation for this policy and/or procedure.

Bridges Administrative Manual (BAM) 210-Redetermination/Ex Parte review.

3.3.2 Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation for the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

Effective Date: 10/01/2018

a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

- [x] No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.
- [ ] Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

ii. Describe what specific actions/changes trigger the job-search period.

iii. How long is the job-search period (must be at least 3 months)?

iv. Provide the citation for this policy or procedure.

b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.

☐ Not applicable.

☐ Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

i. Define the number of unexplained absences identified as excessive:

ii. Provide the citation for this policy or procedure:

☑ A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

BAM 220, CDC EDG Closure Reasons.

☑ Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

BAM 220, CDC EDG Closure. Reasons; BAM 720, Definitions.

3.3.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

Effective Date: 10/01/2018

a) Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

- [x] No
- [ ] Yes

b) Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of SMI or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

- [x] Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

CDC clients are required to report changes in group composition/death, out of state residency, assets that exceed $1 million, or income that exceeds the income

eligibility scale for the family size (income eligible families only).

☑ Changes that impact the Lead Agency's ability to contact the family.

Describe:

Clients must report change in address. Documentation is not required.

☑ Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

CDC clients are required to report changes in child care providers or settings.

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- ☑ Phone
- ☐ Email
- ☑ Online forms
- ☐ Extended submission hours
- ☑ Postal Mail
- ☑ FAX
- ☑ In-person submission
- ☐ Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary

change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

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. A redetermination for CDC cannot be completed earlier than the 12-month eligibility period. Income eligible families who reach 85% of the SMI by family size will no longer be eligible. Families may report any change in circumstance. Reported changes are documented and only changes which result in a positive action may affect the case, except the following: Client requests closure, unable to locate, child support non-cooperation (income eligible only), substantiated welfare fraud or intentional program violation (IPV)sanction, incarceration, loss of Michigan residency, income over 85% SMI, child leaves the home, minor parent turns 18, or assets exceed $1 million.

ii. Provide the citation for this policy or procedure.

BAM 220-Negative Actions; BAM 210- Redetermination/Ex Parte review.

3.3.4 Prevent the disruption of employment, education, or job training activities

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g. use of languages other than English, access to transportation, accommodation of parents working non-traditional hours, etc.).

Effective Date: 10/01/2018

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility.

- [x] Advance notice to parents of pending redetermination
- [x] Advance notice to providers of pending redetermination
- [x] Pre-populated subsidy renewal form
- [x] Online documentation submission
- [x] Cross-program redeterminations
- [ ] Extended office hours (evenings and/or weekends)
- [ ] Other.

Describe:

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

- [x] Postal Mail
- [ ] Email
- [x] Online forms
- [x] FAX
- [x] In-person submission
- [ ] Extended submission hours
- [ ] Other.

Describe:

3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

3.4.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

Effective Date: 10/01/2018

a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than $0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest Initial or First Tier Income Level Before a Family Is No Longer Eligible	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	1005	32	3.21%	1307	32	2.47%
2	1353	32	2.38%	1759	32	1.83%
3	1702	65	3.79%	2213	65	2.97%
4	2050	97	4.72%	2665	97	3/63%
5	2398	97	4.03%	3117	97	3.10%

b) What is the effective date of the sliding-fee scale(s)? October 1, 2017

c) Identify the most populous area of the state used to complete the chart above.

Rates are statewide.

d) Provide the link to the sliding-fee scale:

https://dhhs.michigan.gov/OLMWEB/EX/RF/Public/RFT/270.pdf#pagemode=bookmarks

e) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

n/a

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

Effective Date: 10/01/2018

- [x] The fee is a dollar amount and:
  - [ ] The fee is per child, with the same fee for each child.
  - [ ] The fee is per child and is discounted for two or more children.
  - [x] The fee is per child up to a maximum per family.
  - [ ] No additional fee is charged after certain number of children.
  - [ ] The fee is per family.
  - [ ] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

    Describe:

  - [ ] Other.

    Describe:

- [ ] The fee is a percent of income and:
  - [ ] The fee is per child, with the same percentage applied for each child.
  - [ ] The fee is per child, and a discounted percentage is applied for two or more children.
  - [ ] The fee is per child up to a maximum per family.
  - [ ] No additional percentage is charged after certain number of children.
  - [ ] The fee is per family.
  - [ ] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

☐ Other.

Describe:

3.4.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Effective Date: 10/01/2018

☐ No.

☑ Yes, check and describe those additional factors below.

☐ Number of hours the child is in care.

Describe:

☑ Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

Co-payments are waived for 3, 4, or 5 star rated child care providers.

☐ Other.

Describe:

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 (98.45(k)) or for families who are receiving or needing to receive protective services, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

Effective Date: 10/01/2018

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

☑ Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size.

☑ Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

BEM 703, CDC Protective Services, includes Children's Protective Services, Foster Care, TANF/SSI, Migrant Farmworkers, and Homeless. These groups are income waived and co-payment waived.

☐ Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency.

Describe the policy and provide the policy citation.

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care or care provided in the child's own home In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each State/Territory identifies and defines its own categories and types of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

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 receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

Consumer education information is provided to parents through the lead agency website, www.michigan.gov/childcare, verbal communication at the time of application, referral to GSQ Resource Centers and www.greatstarttoquality.org, and multiple points of communication throughout the eligibility and renewal process. Parents also receive information through a notice when a childcare provider has been assigned to a child. Payment issuance is made once eligibility is determined, an allowable (enrolled or licensed) child care provider is assigned to a child on the parent's case, and the child care provider bills for care that was provided. When the provider assignment is certified on the parent's case, a notice is mailed to the parent and provider informing them of the number of approved hours, the approval begin date, and the family contribution amount.

Effective Date: 10/01/2018

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

Effective Date: 10/01/2018

- ☐ Certificate that provides information about the choice of providers
- ☐ Certificate that provides information about the quality of providers
- ☑ Certificate not linked to a specific provider, so parents can choose any provider
- ☑ 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 the application
- ☐ Community outreach, workshops, or other in-person activities
- ☑ Other.

Describe:

Information is included on the application, and on the lead agency's website, located at www.michigan.gov/childcare. In addition, parents who need additional assistance can call theirGSQ Resource Center at 877-614-7328 for assistance in finding child care, or visit www.greatstarttoquality.org.

4.1.3 Child care services available through grants or contracts.

Effective Date: 10/01/2018

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 to be paid in the certificate program.

- ☐ No. If no, skip to 4.1.4.

☑ Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

Michigan currently has agreements in place with the Flint Early Childhood Partnership (UM-Flint and GISD) and the EHS-CC Partnership grantees.

☐ Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

ii. The type(s) of child care services available through grants or contracts:

iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

iv. The process for accessing grants or contracts:

v. How rates for contracted slots are set through grants and contracts:

vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

vii. If contracts are offered statewide and/or locally:

4.1.3 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care? Check all that apply.

- ☐ 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 children experiencing homelessness
- ☐ Programs to serve children in underserved areas

- [ ] Programs that serve children with diverse linguistic or cultural backgrounds
- [x] Programs that serve specific geographic areas
  - [x] Urban
  - [ ] Rural
- [ ] Other

Describe

4.1.3 Child care services available through grants or contracts.

c) Will the Lead Agency use grants or contracts for child care services to increase the quality of specific types of care? Check all that apply.

- [ ] Programs to serve children with disabilities
- [x] 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
- [x] Programs that serve specific geographic areas
  - [x] Urban
  - [ ] Rural
- [ ] Other

Describe

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

Michigan's child care licensing rules and regulations require providers to ensure parents have unlimited access to their child regardless of whether they receive CCDF funding. In addition, our current license exempt-related and unrelated provider population is notified of

this requirement at the time of application.

Effective Date: 10/01/2018

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 (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

Effective Date: 10/01/2018

- [ ] No.
- [x] 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 the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

    Describe:
  - [x] Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2).

    Describe:

    18-year-old minimum.
  - [ ] Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

    Describe:
  - [ ] Restricted to care by relatives.

    Describe:
  - [ ] Restricted to care for children with special needs or a medical condition.

    Describe:

☑ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

Both related and unrelated license-exempt providers must complete a seven hourGSQ Orientation (covering health and safety, cardiopulmonary resuscitation (CPR) and first aid, child development, nutrition, etc.) prior to receiving a subsidy payment. Payment may be issued retroactively for care that was provided up to 30 days prior to the orientation but after the provider was enrolled and all criminal history background checks are completed.

☑ Other.

Describe:

Currently in-state public criminal history checks and central registry checks are completed for both the provider and all adult household members prior to enrollment and on an ongoing basis for related license exempt providers and for the provider only for license exempt unrelated providers. Criminal history checks include Central Registry, Michigan criminal history records, incarceration information, and the PSOR. Daily matches are ongoing for central registry and ongoing monthly checks on other information is conducted. Unrelated license exempt providers are also required to have an FBI fingerprint check and monitoring visit.

4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note - Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.

- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.

- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.

- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care'such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.

- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.

- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.

- Describe how the alternative methodology will use current, up to date data.

- Describe the estimated reporting burden and cost to conduct the approach.

4.2.1 Please identify the methodology(ies) used below to assess child care prices and/or costs.

Effective Date: 10/01/2018

- [x] MRS
- [ ] Alternative methodology.
  Describe:

- [ ] Both.
  Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors (98.45 (e)).

Describe how the Lead Agency consulted with the:

Effective Date: 10/01/2018

a) State Advisory Council or similar coordinating body:

In 2016, the Department commissioned a report "Building a Better Child Care System: What Michigan Can Do to Help More Parents and Children Access High Quality Care" which helped guide the overall development of the MRS. Over 1,000 responses/feedback were received during the development of the report and came from a variety of sectors across Michigan, including parents, providers, partners and the OGS Advisory Council. In addition, the OGS Advisory Council and GSOT were asked to provide feedback on the final report and recommendations.

b) Local child care program administrators:

The Department commissioned a report "Building a Better Child Care System: What Michigan Can Do to Help More Parents and Children Access High Quality Care" which

helped guide the overall development of the MRS. Child care program administrators were included in the development of report recommendations, as well as asked to provide feedback on the final report and recommendations.

c) Local child care resource and referral agencies:

The Department commissioned a report "Building a Better Child Care System: What Michigan Can Do to Help More Parents and Children Access High Quality Care" which helped guide the overall development of the MRS.GSQ Resource Centers and all staff who are part of GSQ were included in the development of the report recommendations and were asked to provide feedback on the final report and recommendations.

d) Organizations representing caregivers, teachers, and directors:

The Department commissioned a report "Building a Better Child Care System: What Michigan Can Do to Help More Parents and Children Access High Quality Care" which helped guide the overall development of the Market Rate Survey. Organizations representing caregivers, teachers, and directors were offered an opportunity to provide comments and feedback on the recommendations included in the final report.

e) Other. Describe:

n/a

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, 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 methods.

The 2017 MichiganMRS targeted the priced child care market, and was based on a complete sampling frame of all licensed child care providers in the priced market, was conducted over a three-month period with results promptly reported, included providers from every county, and included price data reported by county and by GSQ region. The overall participation rate

for the 2017 Michigan MRS was 29%, including 28% participation by centers, 29% by family homes and 35% by group homes. This included a response from at least one provider in each of Michigan's 83 counties. This is a substantial increase from the prior 2015 Michigan MRS of 11.2% overall participation. Although these participation rates are substantially lower than the federally recommended rates, there are other measures of total survey quality to consider when considering the reliability and validity.Michigan conducted numerous analyses comparing respondents to non-respondents on characteristics known for the full population of licensed child care providers and was not able to detect any bias introduced by nonresponse. In regard to including the priced child care market, the 2017 Michigan survey targeted the priced child care market as recommended. The survey was conducted over a three-month period with results promptly reported. To represent geographic variation, the 2017 Michigan survey included providers from every county, and price data are reported by county and by Great Start to Quality region. In regard to using rigorous data-collection procedures, while every effort was made to ensure quality data-collection processes within the scope of time and resources available, the overall participation rate for the 2017 Michigan survey was 29%—well below the target response rate, although substantially increased relative to the prior Michigan survey. When response rates are less than what best practices recommend, analysts should examine the respondents in comparison to non-respondents to try to identify any systematic differences between the groups. Survey respondents were substantially more likely to be represented in I-Billing data, indicating they have billed the State of Michigan for subsidy reimbursements over the course of the last two years. Centers responding to the survey had greater average capacity (80) than non-respondents (68) and were licensed approximately two years longer. Although there were clear and meaningful differences between those responding to the survey and those not responding in terms of past participation with the CDC program (as evidenced by having a record in the I-Billing system), no differences in rates could be discerned. The research team conducted an analysis of variance (ANOVA) using the presence of an I-Billing record as the grouping variable and final hourly blended rate for infants, toddlers, preschool, and school-aged children as the dependent variable, and conducted the analysis separately for family homes, group homes, and centers. While differences in mean rates did emerge, they were not statistically significant and not consistent in terms of which rate was higher (i.e., among the providers with or without I-Billing records). Similarly, no clear of impact of year first licensed on rate data could be discerned. While a handful of the oldest providers (licensed in the 1970s and 1980s) did show modestly higher rates, there were too few of these licensees and too modest a difference in the average age of centers participating versus centers not

participating to conclude any impact on the rate data. Michigan's MRS did not weight data based on I-Billing records or facility age based on these findings that no bias (related to prices) was introduced by differences in the characteristics of responding providers versus non-responding providers. The Michigan MRS did not weight the data based on center capacity. Licensing records have one data point for capacity, which is total permitted capacity at any single time. The survey found that reported slots, in aggregate, were substantially greater than known capacity. For example, a provider might have a state-reported capacity of 100 and report 30 slots for infants, 45 slots for toddlers, 45 slots for preschool, and 30 slots for school-aged children, totaling 150. While we believe the discrepancies are a function of part-time attendance and specialty programs (100 half-time preschoolers are compatible with a capacity of 50), the data are inadequate to fully disentangle which children are being served full time and which are being served part time, which is the data needed to allocate total capacity to the varied age groups. These data quality considerations outweighed the marginal improvement in calculated rates that could have been afforded by introducing a slot-based weight. It was also noted that since larger centers are modestly overrepresented in the data, and tended to report modestly higher rates, the impact of a slot-based weight would have been dampened. As described elsewhere in this appendix, survey data were weighted based on county and facility type. Rate analyses were conducted separately for four age groups and three facility types.

Effective Date: 10/01/2018

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

Effective Date: 0

a) Geographic area (e.g., statewide or local markets). Describe:

The 2017 Michigan survey included providers from every county and price data are reported by county and byGSQ region.

b) Type of provider. Describe:

Michigan's MRS includes all licensed/registered providers in Michigan. A total of 9,223

licensed providers were identified for the survey, with 2,705 of those providers responding. The sample included a representative mix of child care centers, group homes and family homes throughout the state. In addition, although not licensed by the SOM, tribal providers were also invited to participated. Three tribal providers responded to the survey. Nearly half of the responses (48.5%) were from child care centers, one third (32.9%) were from family homes and 18.6% were from group homes. Sixty percent of the providers indicated that they currently care for a child receiving the child care subsidy.

c) Age of child. Describe:

Ages of children were broken into four categories for analysis. Infant, toddler, preschool and school age. Ages were compared across all licensed/registered provider types listed above.

d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.

In addition to the above items, Michigan also included analysis across quality levels, whether or not the child care subsidy offered to families is enough to cover the cost of care, whether or not registration fees are charged, and what the most common frequency of payment is used by providers across the state.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

Effective Date: 10/01/2018

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). by responding to the questions below.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). 04/05/2018

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. 4/10/2018

c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. https://www.michigan.gov/documents/mde/MRS_final_Rpt_62015_7.pdf . This report was shared electronically on our website, with partners by email, and notification of its availability was posted on social media outlets.

d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

The Department utilized a survey that focused on the key findings and recommendations of the report. The survey asked them to indicate whether or not they agreed with the key findings and recommendations and why. Michigan plans to use the survey results, in addition to the report to draw attention to the needed changes in provider rates. In addition, the Department will utilize a child care provider advisory group to continue to break down barriers identified in the report.

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

Effective Date: 10/01/2018

a) Infant (6 months), full-time licensed center care in the most populous geographic region
Rate $ 4.00 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 64

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region
Rate $ 3.15 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 78

c) Toddler (18 months), full-time licensed center care in the most populous geographic region
Rate $ 4.00 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 66

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region
Rate $ 3.15 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 81

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate $ 2.75 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 49

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region
Rate $ 2.65 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 68

g) School-age child (6 years), full-time licensed center care in most populous geographic region
Rate $ 2.75 per hour unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 59

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region
Rate $ 2.65 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 71

i) Describe how part-time and full-time care were defined and calculated.

The cost analysis required that weekly rates be imputed where the provider had not reported them. Fortunately, most providers did report weekly rates. For those that did not, we calculated a low value based on aneight-hour day and 40-hour week and a higher value based on a nine-hour day and 45-hour week. The imputed weekly rate for infants, toddlers, preschoolers, and school-aged children was set as the weekly rate where one was reported, and as the mean of other rates reported (converted to a weekly equivalent) when no weekly rate was reported. No part-time rates were considered in these calculations. The rates were calculated with weights for county and facility type.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). July 2017

k) Identify the most populous area of the state used to complete the responses above.

Rates are statewide.

l) Provide the citation or link, if available, to the payment rates.

http://www.michigan.gov/documents/mde/Payment_Rates_for_Website_469416_7.pdf

m) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

n/a

4.3.2 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a 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 and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

Effective Date: 10/01/2018

☐ Differential rate for *non-traditional hours*.

Describe:

☑ Differential rate for *children with special needs*, as defined by the state/territory.

Describe:

All age-eligible children whose family has a need and the child is in foster care, the family receives TANF, the parent or child receive SSI, the parent is a migrant farmworker, the child is experiencing homelessness, or the family has an active substantiated neglect/abuse case qualify for protective services and shall be considered without an income test, determined on a case by case basis. A child who was impacted by the Flint water crisis is eligible without an income test or need reason and is assigned a $0 family contribution based on lead levels. In addition, a grant agreement has been created to formalize the relationship and requirements of the Flint Early Childhood Partnership and the Department for contracted child care slots for families impacted by the Flint water crisis. This agreement was approved by theSBE on October 11, 2016.

☑ Differential rate for *infants and toddlers*. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

Licensed providers, license exempt-related and unrelated providers, centers, and group/family homes who have taken additional training receive higher rates for children up to 2 ½ years.

☐ Differential rate for *school-age programs*. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

☑ Differential rate for higher quality, as defined by the state/territory.

Describe:

Licensed providers with a star rating of 2, 3, 4, or 5, tribal, and military providers receive tiered rates and Level 2 license exempt-related and unrelated providers.

☐ Other differential rates or tiered rates.

Describe:

☐ Tiered or differential rates are not implemented.

4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

Effective Date: 04/25/2019

a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

According to the MRS, a full range of providers are available to parents searching for care. The study indicates that child care centers serve the majority of children receiving child care subsidy, with ninety percent of the providers completing the survey indicating that they currently care for a child receiving the child care subsidy. Providers identified several barriers to providing care for subsidy children, which included low reimbursement rates, approved hours and communication, to name those most commonly included. In addition, providers identified needing efficiencies to change the rate structure to more closely match how they are charging families for care. When subsidies are inadequate to pay the full cost of child care, many parents are billed for the balance.

According to our MRS, 26% of child care providers report hourly rates. While the majority of our subsidy recipients are authorized for part or full time care, Michigan found that approximately 15% of parents use hourly care, which is care totaling less than 15 hours per week. The hourly payment noted in our plan is available to cover these instances where the parent does not need part or full time care and has a provider willing to accommodate their hourly schedule.

Three-quarters of survey respondents who accept subsidies charge parents the full amount of the bill not covered by CDC subsidies. Only 12.3% charge parents nothing beyond what they receive in subsidies, while the remaining respondents do something in between (e.g., charging a portion, address the issue on a case-by-case basis). The study indicated that most facilities charge by the week or the day (Ninety-four percent of all respondents with a full-time rate shared a weekly rate. Forty-seven percent have a daily rate, and 26% shared an hourly rate). Because many providers found that rates per hour paid by CDC were below their rates, that billable hours allowed by CDC were below actual hours of care provided, or both, many parents were left with a substantial financial liability after subsidies had been paid. In an effort to address this barrier, the Michigan Legislature passed legislation requiring the Department to change the current provider rate structure. This legislation required the Department to reimburse providers based on a tiered, bi-weekly reimbursement (part-time/ full-time) versus the previous hourly structure. This change is consistent with the MRS finding that it would benefit providers to be reimbursed on a daily or weekly basis, rather than hourly.

The following are definitions of the part-time and full-time tiers:

1. Less than part-time: an average of 15 or fewer hours per week, or 30 or fewer hours in a two-week period.
2. Part-time: between an average of more than 15 hours per week up to 30 hours per week, or 31 to 60 hours every two weeks.
3. Full-time: between an average of more than 30 hours per week up to 40 hours per week, or 61 to 80 hours every two weeks.
4. Full-time plus: an average of more than 40 hours per week, or 81 or more hours every two weeks.

In March 2019 (effecting care reimbursement as of February 17, 2019), Michigan changed how providers are reimbursed with child care subsidy funds. Child care centers, group child care homes and family child care homes (FCC), whether licensed or license exempt, receive a tiered part-time/full-time reimbursement for care. When a center or FCC provider bills part time for a child, the provider is reimbursed for 60 hours per two-week period. When a center or FCC provider bills full time for a child, the provider is reimbursed for 80 hours per two-week period. When a center or FCC provider bills full time plus for a child, the provider is reimbursed for 90 hours per two-week period. Center or FCC providers billing less than part time are reimbursed at the hourly rate. License exempt-related and license exempt-unrelated providers (sometimes referred to as family, friend and neighbor providers) are reimbursed at the hourly rate.

On average per month, CDC served 34,387 children and had 19,653 cases in fiscal year 2018.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Based on the 2017 MRS, Michigan does not have adequate payment rates. For centers, the subsidy rates at all quality levels are below the 75th percentile for all age groups. Compared to centers, the reimbursement rates across all age groups and quality levels for home-based providers are closer to the market rate and, at higher quality levels, even surpass market rates. With these rates and the added fact that providers have a hard time collecting the remaining balance from parents, being a child care provider caring for subsidy children requires making many sacrifices. The significant amount of out of pocket costs makes it difficult for families to cover child care costs and often places providers in a difficult position related to collecting the difference. (75.8% said they charge families the difference between their rates and the subsidy collected. 8.2% charge those families

a co-pay that covers a portion of the difference and 3.7% indicate that decisions related to collecting the difference is based on a case by case basis.). In Michigan, the legislature, through the legislative appropriation process determines child care provider rates. For the FY19 budget process the Department shared the MRS report (which is also posted on the Department's website), along with a proposal for changing rates. However, the legislative appropriation made to the Department included the rate structure change referenced above, but not a rate increase.
On average per month, CDC served 34,387 children and had 19,653 cases in fiscal year 2018.

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.

As part of the MRS, Michigan used data that was available to the Department to help populate and inform Provider Cost of Quality Calculator (PCQC). Inputs were drawn from the market rate survey results, as well as multiple secondary sources, including:
•The Bureau of Labor Statistics (BLS)
•The Michigan Department of Licensing and Regulatory Affairs, Child Care Licensing Division
•The Michigan Department of Education, Office of Great Start
•The Center for Educational Performance and Information (CEPI)
•The Early Childhood Investment Corporation (ECIC)
In addition, interviews were conducted with 11 providers, representing a mix of centers and home-based programs. Information provided by the interviewees helped to refine cost estimates and provided additional context related to the costs of providing care. After utilizing the PCQC, additional data and provider interviews, it was determined that base payments rates are not enough to support the cost of meeting health, safety, quality and staffing requirements under CCDF. It was determined that staffing alone accounts for 75%-85% of operating costs in child care centers. Due to the fact that Michigan is subsidizing a large portion of the new criminal history check requirements for

providers and developed cost-free health and safety training modules, programs are more concerned about ongoing health and safety costs. Food was also identified as a high cost for programs, as well as home insurance for those operating a program in their home. Costs for higher quality programs in the GSQ were also identified. A common factor seemed to be enrollment and being able to count on that enrollment to meet costs. Since this was Michigan's first year using the PCQC, and we were just at the beginning of implementing the new health and safety requirements, we were somewhat limited in our analysis. Now that providers are implementing, we believe that in the future we will be able to better estimate the cost of implementing the health and safety requirements.

From March 2018 - August 2018, Michigan had 29.32% providers increase their quality rating by meeting higher quality standards and 65% of licensed providers inspected were in full compliance with licensing requirements.

d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, Pre-K standards, Head Start performance standards, or State defined quality measures).

By utilizing the various hypothetical models populated in the PCQC it does appear that there is a higher cost with higher ratings. Through the testing of various hypothetical models, it was clear that reducing the number of children served had the biggest impact. It is also difficult to account for the various requirements across licensing, national accreditation and GSQ. Currently, Michigan utilizes a tiered reimbursement system, with higher levels of quality receiving a higher reimbursement rate, to help account for these differences across the levels of quality. Data used to inform PCQC inputs were drawn from the market rate survey results, as well as multiple secondary sources, including:

•The Bureau of Labor Statistics (BLS)
•The Michigan Department of Licensing and Regulatory Affairs, Child Care Licensing Division
•The Michigan Department of Education, Office of Great Start
•The Center for Educational Performance and Information (CEPI)
•The Early Childhood Investment Corporation (ECIC)

In addition, interviews were conducted with 11 providers, representing a mix of centers and home-based programs. Information provided by the interviewees helped to refine cost estimates and provided additional context related to the costs of providing care. Since this was Michigan's first year using the PCQC and we were just at the beginning of implementing the new health and safety requirements we were somewhat limited in our analysis. Now that providers are implementing we believe that in the future we will be able to better estimate the cost of implementing the health and safety requirements.

From March 2018 - August 2018, Michigan had 29.32% providers increase their quality rating by meeting higher quality standards and 65% of licensed providers inspected were in full compliance with licensing requirements.

e) How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

☑ Limit the maximum co-payment per family.

Describe: .

Co-payment per child, along with a family limit, is limited to no more than 10% of any income category.

☑ Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

Co-payment per child, along with a family limit, is limited to no more than 10% of any income category.

☑ Minimize 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 3.1.7.

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. There are five additional income levels in the sliding co-payment scale to more gradually ease families from child care assistance as they increase their income level up to 85% SMI.

☐ Other.

Describe:

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

☐ No

☑ Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

Michigan does not require providers to accept subsidy children. Due to Michigan's low reimbursement rates, it would be cost prohibitive for providers to not charge families and could significantly reduce the number of subsidy providers. By waiving co-payments for those choosing high quality care, we are minimizing parental cost. Additionally, while not completely sufficient, we expect the block reimbursement rate structure change to help close the gap between state subsidy reimbursement rates and the amounts providers charge.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

According to Michigan's 2017 MRS, three quarters of child care providers charge an amount in addition to the subsidy. About 50% of surveyed providers, including nearly 90% of child care centers, also charge a registration fee. Approximately 88.8% of providers who responded to the MRS accept subsidy. Of those, about 12.7% accept subsidy as full payment, while 87.3% charge additional amounts.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

According to Michigan's 2017 MRS, because many providers find that rates per hour paid by CDC are below their rates, that billable hours allowed by CDC are below actual hours of care provided, or both, many parents are left with a substantial financial liability after subsidies have been paid. While not completely sufficient, we expect the block reimbursement rate structure change to help close the gap between state subsidy reimbursement rates and the amounts providers charge.

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.

Michigan uses a variety of strategies to ensure families have access to a variety of providers who accept subsidy children by ensuring we provide: reimbursement for an adequate number of absences, providing reimbursement for some registration fees, making payments to providers within 21 days, allowing 90 days for back-billing and in March 2019 we moved to a block reimbursement rate structure, as described above. In addition, all licensed providers in Michigan are eligible to receive child care subsidy payments, therefore CCDF children can be assigned to them without delay, allowing them to begin billing for the care of CCDF eligible children as soon as the parent selects

them. License exempt providers are enrolled through the lead agency and must be approved prior to being eligible to receive payments.

h) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

☐ Geographic area.

Describe:

☑ Type of provider.

Describe:

Child care centers, homes, and license exempt all receive different rates of pay.

☑ Age of child.

Describe:

Children age birth to 2 ½ years receive a higher reimbursement rate.

☑ Quality level.

Describe:

Licensed providers with a star rating of 2, 3, 4, or 5 receive tiered rates and Level 2 license exempt providers are paid above the base rate.

☐ Other.

Describe:

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

☐ Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

☐ Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

☐ Feedback from parents, including parent surveys or parental complaints.
Describe:

☑ Other.
Describe:
n/a

4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.5.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

Effective Date: 02/17/2019

a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

☐ Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

n/a

☑ Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Child care providers bill electronically after care has been provided on a bi-weekly basis. 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 withineight to ten days. If billing is done after the deadline, but before 90 days, payment is generated within eight to ten days of billing. Payroll is processed on a weekly basis to ensure providers are paid in a timely manner.

b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

☐ Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

n/a

☑ Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

All Michigan child care providers billing for CDC are allowed to bill for up to 360 absence hours per child per fiscal year for days when the child would normally be in

care, regardless of the reason for the absence. For children in full time care who attend 85% or more of the time, the 15% absence is covered, resulting in full payment. The maximum payment issued per child is for 90 hours every two weeks (Michigan pays biweekly). There are 26 two-week pay periods per year. 90 hours multiplied by 26 pay periods is equal to 2,340 maximum available hours per child per year. 2,340 hours multiplied by 15 percent (amount required to be covered) is equal to 351 hours per year. Michigan allows 360 hours per year, exceeding the requirement for full time enrollment. For part time enrollment, 360 hours is an even greater percentage of allowable absence hours (example: for a child approved 60 hours every two weeks, 360 hours covers up to 23 percent of absences).
Additionally, to ensure the child has absence hours available through the year, billing of absence hours is limited to 10 days of billing for absences in a row when no billing for care is submitted.

☐ Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

n/a

☐ Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

n/a

c) The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

The 2017 Michigan MRS indicated that most facilities charge by the week or the day (Ninety-four percent of all respondents with a full-time rate shared a weekly rate. Forty-seven percent have a daily rate, and 26% shared an hourly rate). Because many providers found that rates per hour paid by CDC were below their rates, that billable hours allowed by CDC were below actual hours of care provided, or both, many parents were left with a substantial financial liability after subsidies had been paid. In an effort to address this barrier, the Michigan Legislature passed legislation requiring the Department to change the current provider rate structure. This legislation required the Department to reimburse providers based on a tiered, bi-weekly reimbursement (part-time/ full-time) versus the previous hourly structure. This change is consistent with the MRS finding that it would benefit providers to be reimbursed on a daily or weekly basis, rather than hourly.

According to our MRS, 26% of child care providers report hourly rates. While the majority of our subsidy recipients are authorized for part or full time care, Michigan found that approximately 15% of parents use hourly care, which is care totaling less than 15 hours per week. The hourly payment noted in our plan is available to cover these instances where the parent does not need part or full time care and has a provider willing to accommodate their hourly schedule.

In March 2019 (effecting care reimbursement as of February 17, 2019), Michigan changed how providers are reimbursed with child care subsidy funds. Child care centers, group child care homes and family child care homes (FCC), whether licensed or license exempt, receive a tiered part-time/full-time reimbursement for care. When a center or FCC provider bills part time for a child, the provider is reimbursed for 60 hours per two-week period. When a center or FCC provider bills full time for a child, the provider is reimbursed for 80 hours per two-week period. When a center or FCC provider bills full time plus for a child, the provider is reimbursed for 90 hours per two-week period. Center or FCC providers billing less than part time are reimbursed at the hourly rate. License exempt-related and license exempt-unrelated providers (sometimes referred to as family, friend and neighbor providers) are reimbursed at the hourly rate. The Department plans to continue utilizing the 2017 MRS to continue to address the payment amounts to better support the cost of high-quality care for parents and providers.

ii. Paying for reasonable mandatory registration fees that the provider charges to

private-paying parents.

Describe the policy or procedure.

Michigan collected registration fee information from licensed child care providers as part of the 2017 MRS. Based on the information obtained the Department took an average amount (by provider type) to determine amounts allowable for reimbursement. Requesting reimbursement for child care fees is permitted for licensed and license exempt child care centers, group homes and family homes at the amount established by the Department. This is intended to cover fees that are sometimes charged to parents, such as registration fees, annual fees and field trip fees. The fees charged to CDC clients and/or the CDC program must not exceed what is charged to the general public. License exempt-related (family) and license exempt-unrelated (friend and neighbor) providers are not eligible for payment of child care fees, as there is not data to support that these providers are charging these fees, nor are they part of the general childcare market.

d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe:

Information related to all program requirements for billing and the dispute resolution process are laid out in the CDC Handbook. All child care providers agree that they have read the CDC Handbook, available at our website Michigan.gov/childcare, each time they submit billing. Billing disputes can be resolved by calling the program office toll-free line at 866-990-3227.

e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:

Bridges generates a DHS-198, 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); or the family contribution changes.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

If there is a billing or payment issue, child care providers or parents may contact the CDC program during normal business hours at 866-990-3227. The situation is reviewed and resolved as soon as possible by a unit dedicated to ensuring accurate provider payments.

g) Other. Describe:

n/a

4.5.2 Do payment practices vary across regions, counties, and/or geographic areas?

Effective Date: 10/01/2018

☑ No, the practices do not vary across areas.

☐ Yes, the practices vary across areas.

Describe:

4.6 Supply-Building Strategies to Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16(x)).

4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

Effective Date: 10/01/2018

☑ In licensed family child care.

Michigan tracks the number of providers monthly in the Bureau Information Tracking System (BITS) database. Each month, data reports are run that include the number of child care family homes and group homes (both included in family child care). A capacity report is also run monthly. Licensing consultants work closely with the Great Start Resource Center to provide support to licensed providers.

☑ In licensed child care centers.

Michigan tracks the number of providers monthly in the BITS database. Each month, data reports are run that include the number of child care centers. A capacity report is also run monthly. Licensing consultants work closely with the Great Start Resource Center to provide support to licensed providers.

☐ Other.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

Effective Date: 10/01/2018

a) Children in underserved areas. Check and describe all that apply.

☑ Grants and contracts (as discussed in 4.1.3).

Describe:

The Head Start State Collaboration Office and the CDC 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. In Genessee County, partnerships were created through Genesee ISD, as well as in collaboration with the University of Michigan-Flint, to create grants allowing for layered funding to provide access to children in Flint that were affected by the water crisis from 2014-2016. This is limited to children under 4 years old at the time of eligibility determination.

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

Michigan, through itsGSQ Resource Centers offers an infant/toddler support network through Infant Toddler Specialists who lead peer to peer opportunities, provider technical assistance and offer specialized training.

☐ Recruitment of providers.

Describe:

☑ Tiered payment rates (as discussed in 4.3.2).

Describe:

All age-eligible children whose family has a need and the child is in foster care, the family receives TANF, the parent or child receive SSI, the parent is a migrant farmworker, the child is experiencing homelessness, or the family has an active substantiated neglect/abuse case qualify for protective services and shall be considered without an income test, determined on a case by case basis. A child who was impacted by the Flint water crisis is eligible without an income test or need reason and is assigned a $0 family contribution based on lead levels. In addition, a grant agreement has been created to formalize the relationship and requirements of the Flint Early Childhood Partnership and the Department for contracted child care slots for families impacted by the Flint water crisis. This agreement was approved by the SBE on October 11, 2016.

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☑ Mental Health Consultation.

Describe:

Master's degree prepared consultants work within child care settings to provide programmatic coaching and support to increase the mental health climate and care for all children, particularly those at high risk. 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'sRTT funding will end December 2018 and sustainability plans are being discussed.) Funding for RTT locations to be continued in FY19.

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

b) Infants and toddlers. Check and describe all that apply.

☑ Grants and contracts (as discussed in 4.1.3).

Describe:

The Head Start State Collaboration Office and theCDC 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. In Genesee County, partnerships were created through Genesee ISD, as well as in collaboration with the University of Michigan-Flint, to create

grants allowing for layered funding to provide access to children in Flint that were affected by the water crisis from 2014-2016. This is limited to children under 4 years old at the time of eligibility determination.

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

Michigan, through itsGSQ Resource Centers offers an infant/toddler support network through infant toddler specialists who lead peer to peer opportunities, provider technical assistance and offer specialized training.

☐ Recruitment of providers.

Describe:

☑ Tiered payment rates (as discussed in 4.3.2) .

Describe:

Infants and toddlers receive a higher CCDF reimbursement for all provider types, except license exempt - related and unrelated who do not take an additional 10 hours of health and safety training each year.

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☑ Mental Health Consultation.

Describe:

Infants and toddlers are a priority population for theRTT social emotional consultation. A high number of children 0-3 are served through home-based child care which is a target of consultation. These services are offered within 18 counties and will be available through 2018.

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

c) Children with disabilities. Check and describe all that apply.

☑ Grants and contracts (as discussed in4.1.3).

Describe:

Michigan currently has agreements in place with the Flint Early Childhood Partnership (UM-Flint and GISD) and the EHS-CC Partnership grantees.

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

Michigan, through itsGSQ Resource Centers offers an infant/toddler support network through Infant Toddler Specialists who lead peer to peer opportunities, provider technical assistance and offer specialized training.

☐ Recruitment of providers.

Describe:

☑ Tiered payment rates (as discussed in 4.3.2).

Describe:

All age-eligible children whose family has a need and the child is in foster care, the family receives TANF, the parent or child receive SSI, the parent is a migrant farmworker, the child is experiencing homelessness, or the family has an active substantiated neglect/abuse case qualify for protective services and shall be considered without an income test, determined on a case by case basis. A child who was impacted by the Flint water crisis is eligible without an income test or need reason and is assigned a $0 family contribution based on lead levels. In addition, a grant agreement has been created to formalize the relationship and requirements of the Flint Early Childhood Partnership and the Department for contracted child care slots for families impacted by the Flint water crisis. This agreement was approved by theSBE on October 11, 2016.

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☑ Mental Health Consultation.

Describe:

Infants and toddlers are a priority population for theRTT social emotional consultation. A high number of children 0-3 are served through home-based child care which is a target of consultation. These services are offered within 18 counties and will be available through 2018. Funds have been identified for RTT locations to continue into FY19.

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

d) Children who receive care during non-traditional hours.Check and describe all that apply

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

Michigan, through itsGSQ Resource Centers offers an infant/toddler support network through Infant Toddler Specialists who lead peer to peer opportunities, provider technical assistance and offer specialized training.

☐ Recruitment of providers.

Describe:

☑ Tiered payment rates (as discussed in 4.3.2) .

Describe:

All age-eligible children whose family has a need and the child is in foster care, the family receives TANF, the parent or child receive SSI, the parent is a migrant farmworker, the child is experiencing homelessness, or the family has an active substantiated neglect/abuse case qualify for protective services and shall be considered without an income test, determined on a case by case basis. A child

who was impacted by the Flint water crisis is eligible without an income test or need reason and is assigned a $0 family contribution based on lead levels. In addition, a grant agreement has been created to formalize the relationship and requirements of the Flint Early Childhood Partnership and the Department for contracted child care slots for families impacted by the Flint water crisis. This agreement was approved by theSBE on October 11, 2016.

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☑ Mental Health Consultation.

Describe:

RTTfunded social and emotional consultants serve child care providers in a set number of counties with non-traditional hours such as centers, home based and family child care providers. As long as care settings are part of the QRIS system consultants can provide support through 2018. Funds have been identified for RTT locations to continue into FY19.

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

e) Other. Check and describe all that apply:

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☐ Technical assistance support.

Describe:

☐ Recruitment of providers.

Describe:

☐ Tiered payment rates (as discussed in 4.3.2).

Describe:

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☑ Other.

Describe:

n/a

4.6.3 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Effective Date: 10/01/2018

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

Michigan has implemented policy around CDC Protective Services for a child in foster care, a family receiving TANF, a parent or child receiving SSI, a parent who is a migrant farmworker, a child experiencing homelessness, or a family with an active substantiated neglect/abuse case. Public Act 268, Section 1101, allows CDC eligibility for children affected by the Flint water crisis. Additionally, children experiencing homelessness and those placed in licensed foster care are determined under expedited processing and presumptive eligibility that waives most verification requirements for a temporary period of time.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

Michigan has implemented CDC Protective Services for a child in foster care, a family receiving TANF, a parent or child receiving SSI, a parent who is a migrant farmworker, a child experiencing homelessness, or a family with an active substantiated neglect/abuse case. Public Act 268, Section 1101, allows CDC eligibility for children affected by the Flint water crisis. Additionally, children experiencing homelessness and those placed in licensed foster care are determined under expedited processing and presumptive eligibility that waives most verification requirements for a temporary period of time.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children, whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

Note: When responding to questions in this section, the OCC recognizes that each State/Territory identifies and defines its own categories of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements are in effect for all child care staff members that are licensed, regulated or registered under state/territory law and all other providers eligible to deliver CCDF services.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check all that apply and provide a citation to the licensing rule.

Effective Date: 12/17/2019

☑ Center-based child care.

Describe and Provide the citation:

Per the Child Care Organizations Act, MCL 722.111, et seq. (PA 116 as amended in 2018), 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 thatprovides care for not less than two consecutive weeks, regardless of the number of hours of care per day.

☑ Family child care.

Describe and Provide the citation:

Per the Child Care Organizations Act, MCL 722.111, et seq. (PA 116 as amended in 2017), a family child care home license allows a provider to care or supervise from one to six 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 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 four weeks in a calendar year. A group home license allows a provider to care or supervise from seven to twelve 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 for more than four weeks in a calendar year.

☐ In-home care (care in the child's own home).
Describe and provide the citation (if applicable):

5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Effective Date: 10/01/2018

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.
Child care provided by relatives (either in the relative's home or the child's home) is exempt from child care licensing. While these providers are exempt from licensing, the relative and any adult household members are required to undergo pre-enrollment and ongoing background checks, including ICHAT, OTIS, PSOR, and Michigan's Child Abuse and Neglect Central Registry. In addition, these providers are required to take a seven-hour health and safety training orientation that includes the completion of CPR and First Aid. Children in these care situations are likely spending time with these relatives in addition to the time they are in a child care situation, therefore Michigan empowers parents to set up safety protocols with individuals the children are already spending time with. In addition, Michigan exempts tribal providers, military providers and care situations with parents on site during the entire time of care from child care licensing. Tribal providers and military providers receiving CCDF subsidy payments will self-certify they meet all required health and safety requirements through their own monitoring and tribal rules/laws through an annual certification process. Allowing these two provider types to self-certify is a reflection of the fact that they have their own requirements that are in place for the programs, often in addition to state requirements.

Parent on Site providers who receive CCDF subsidy payments also self-certify annually that they meet all health and safety requirements related to health and safety training completion, staff will receive comprehensive criminal history checks and programs will receive an annual health and safety visit. Through these requirements Michigan is allowing a child care choice that meets the parent's needs, while ensuring the children are provided with a safe/healthy environment in a convenient location.

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care or any other factors applicable to the exemption

Effective Date: 10/01/2018

☐ Center-based child care.

If checked, describe the exemptions.

☐ Family child care.

If checked, describe the exemptions.

☑ In-home care.

If checked, describe the exemptions.

Both Related and Unrelated providers are license exempt when providing care in the child's home. A License Exempt-Related provider must be an adult (18 years or older), provide care for no more than six children at one time, and related to the child(ren) by blood, marriage or adoption as a (Great) grandparent, (Great) aunt or uncle, or a sibling (allowable only if the provider lives at a different residence). Note: A divorce ends a relationship gained through marriage. A License Exempt-Unrelated provider must be an adult (18 years or older), provide care for no more than six children at one time, and provide care where the child(ren) lives.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories.

Effective Date: 12/17/2019

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):

Birth to one year.

-- Ratio:

1:4

-- Group size:

12

-- Teacher/caregiver qualifications:

Be at least 19 years, high school diploma or GED, and three semester hours or 4.5 continuing education units (CEU) in infant/toddler development within six months of hire. Prevention of sudden infant death syndrome and use of safe sleep practices, prevention of shaken baby syndrome, abusive head trauma, and child maltreatment,, and infectious disease training, including immunizations. One of the following is also required: Bachelor's degree or higher in Early Childhood Education, Child Development, or a child-related field; Associate degree or higher in Early Childhood Education or Child Development; Montessori credential with 480 hours experience; valid child development associate credential with 480 hours experience; high school diploma or GED with 12 semester hours and 960 hours

experience; high school diploma or GED with a combination of 12 semester hours and/or 18 CEUs to equal 180 clock hours with 1,920 hours experience; high school diploma or GED with a combination of six semester hours and/or nine CEUs to equal 90 clock hours with 3,840 hours experience. Assistant teacher qualifications: must be at least 18 years old.

2. Toddler

-- How does the State/territory define toddler (age range):

1 year to 30 months.

-- Ratio:

1:4

-- Group size:

12

-- Teacher/caregiver qualifications:

At least 19 years old, high school diploma or GED, and obtain three semester hours or 4.5 CEUs in infant/toddler development within six months of hire. Prevention of sudden infant death syndrome and use of safe sleep practices, and prevention of shaken baby syndrome, abusive head trauma, and child maltreatm training, and prevention and control of infectious disease and immunization traini One of the following is also required: Bachelor's degree or higher in Early Childhood Education, Child Development, or a child-related field; Associate degr or higher in Early Childhood Education or Child Development; Montessori credential with 480 hours experience; valid child development associate credenti with 480 hours experience; high school diploma or GED with 12 semester hours and 960 hours experience; high school diploma or GED with a combination of 12 semester hours and/or 18 CEUs to equal 180 clock hours with 1,920 hours experience; high school diploma or GED with a combination of six semester hour and/or nine CEUs to equal 90 clock hours with 3,840 hours experience. Assistant teacher qualifications: must be at least 18 years old.

3. Preschool

-- How does the State/territory define preschool (age range):

30 months until eligible to attend kindergarten.

-- Ratio:

1:8 for 30 months until three years old; 1:10 for three-year olds; 1:12 for four-year olds.

-- Group size:

16 for children 30 months until three years old.

-- Teacher/caregiver qualifications:

At least 19 years old, high school diploma or GED, , recognition and reporting of child abuse and neglect, prevention and control of infectious disease training, including immunizations, prevention of shaken baby syndrome, abusive head trauma, and child maltreatment, and must meet one of the following: Bachelor's degree or higher in Early Childhood Education, Child Development, or a child-related field; Associate degree or higher in Early Childhood Education or Child Development; Montessori credential with 480 hours experience; valid child development associate credential with 480 hours experience; high school diploma or GED with 12 semester hours and 960 hours experience; high school diploma or GED with a combination of 12 semester hours and/or 18 CEUs to equal 180 clock hours with 1,920 hours experience; high school diploma or GED with a combination of six semester hours and/or nine CEUs to equal 90 clock hours with 3,840 hours experience (this option not allowed for lead caregivers hired after 1/2/14). Assistant teacher qualifications: must be at least 18 years old.

4. School-age

-- How does the State/territory define school-age (age range):

A child eligible from kindergarten until 13 years old.

-- Ratio:

1:18

-- Group size:

none

-- Teacher/caregiver qualifications:

At least 18 years old. Assistant teacher qualifications: at least 18 years old.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers

n/a

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups.

If mixed-ages, ratio and group size is determined by the youngest child.

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care.

Early childhood program directors must be at least 21 years of age,high school diploma or GED, prevention of infectious disease training, including immunizations; shaken baby syndrome, abusive head trauma, and child maltreatment; recognition and reporting of child abuse and neglect; and must meet one of the following: Bachelor's degree or higher in Early Childhood Education, Child Development; Bachelor's degree or higher in child related field or Child Development with 18 semester hours in Early Childhood Education or Child Development with 480 hours of experience; Associate degree or higher in Early Childhood Education or Child Development with 18 semester hours in Early Childhood or Child Development with 480 hours experience; Montessori credential with 18 semester hours in Early Childhood Education or Child Development with 960 hours or experience; valid Child Development associate credential with 18 semester hours in Early Childhood Education or Child Development with 960 hours experience; Sixty semester hours with 18 semester hours in Early Childhood Education or Child Development with 1,920 hours experience school-age only program directors must be at least 21 years old, high school 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 degree or higher in child-related field with 480 hours experience; Montessori credential with 12 semester hours in child-related field with 480 hours experience; valid Michigan school-age/youth development credential with 12 semester hours in child-related field with 480 hours experience; sixty semester hours with 12 semester hours in child-related field with 720 hours experience; high school diploma/GED with six semester hours in child-related field with 2,880 hours experience.

b) Licensed CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

Birth to one year .

-- Ratio:

1:6

-- Group size:

Each caregiver can only have four children under 30 months and of the four, only two children can be 18 months or younger.

-- Teacher/caregiver qualifications:

Licensee must be 18 years or older, high school diploma, GED, or the 30 hour alternative training track from MiRegistry, reside in child care home, proof of valid certification of infant/child/adult CPR and first aid, and prevention and control of infectious disease training, including immunizations, and attend licensing orientation. Must also have prevention of sudden infant death syndrome and use of safe sleep practices and prevention of shaken baby syndrome, abusive head trauma, and child maltreatment training prior to caring for children. Child Care Assistant qualifications: must be 14 years of age or older. Child Care Assistants under 18 years old shall always work under the supervision of the licensee or child care staff member at the site where care is being provided. Have proof of valid infant/child/adult CPR and first aid certification, and blood born pathogen training.

2. Toddler

-- How does the State/territory define toddler (age range):

One year to 30 months.

-- Ratio:

1:6

-- Group size:

Each caregiver can only have four children under 30 months and of the four, only two can be 18 months or younger.

-- Teacher/caregiver qualifications:

Licensee must be 18 years or older, high school diploma, GED, or 30 hours of the alternative training track in MiRegistry, reside in child care home, proof of valid infant/child/adult CPR and first aid CPR, and prevention of infectious disease training, including immunizations, and attend licensing orientation. Must also have safe sleep practices to prevent sudden infant death syndrome and prevention of shaken baby syndrome, abusive head trauma, and child maltreatment training prior to caring for children. They must also have training of recognition and reporting of child abuse and neglect. Child Care Assistant qualifications: must be 14 years of age or older. Assistants under 18 years old shall always work under the supervision of the licensee or child care staff member at the site where care is being provided. Have proof of valid certification in infant/child/adult CPR, first aid, and prevention of infectious disease training, including immunizations, prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. They must also receive training in practices to prevent sudden infant death syndrome and recognition and reporting of child abuse and neglect.

3. Preschool

-- How does the State/territory define preschool (age range):

30 months until eligible to attend kindergarten.

-- Ratio:

1:6

-- Group size:

6 for children 30 months until three years old.

-- Teacher/caregiver qualifications:

Licensee must be 18 years or older, high school diploma, GED, or 30 our alternative training track through MiRegistry, reside in child care home, proof of

valid certification in infant/child/adult CPR, first aid, and prevention of infectious disease training, including immunizations, and attend licensing orientation. Must also have safe sleep practices to prevent sudden infant death syndrome, and prevention of shaken baby syndrome, abusive head trauma, and child maltreatment training prior to caring for children. Child Care Assistant care giver qualifications: must be 14 years of age or older. Child Care Assistants under 18 years old shall always work under the supervision of the licensee or child care staff member at the site where care is being provided. Have proof of valid certification in infant/child/adult CPR, first aid, prevention of infectious disease training, including immunizations, prevention of shaken baby syndrome, abusive head trauma, and child maltreatment training. They must also have safe sleep practices to prevent sudden infant death syndrome and recognition and reporting of child abuse and neglect training.

4. School-age

-- How does the State/territory define school-age (age range):

A child eligible for kindergarten until 13 years.

-- Ratio:

1:6

-- Group size:

Six

-- Teacher/caregiver qualifications:

Licensee must be 18 years or older, high school diploma, GED, or 30 hours in an alternative training track, reside in child care home, proof of valid certification in infant/child/adult CPR and first aid, prevention of infectious disease training, including immunizations and attend licensing orientation. Must also have safe sleep practices to prevent sudden infant death syndrome and prevention of shaken baby syndrome, abusive head trauma, and child maltreatment training prior to caring for children. Child Care Staff Member qualifications: must be 18 years of age or older. Child Care Assistant qualifications: must be 14 years of age or older. Child Care Assistants under 18 years old shall always work under the supervision of the

licensee or Child Care Staff Member at the site where care is being provided. Child Care Staff Members and Child Care Assistants must have proof of valid certification in infant/child/adult CPR and first aid, prevention of infectious disease training, including immunizations. They must also have safe sleep practices to prevent sudden infant death syndrome, prevention of shaken baby syndrome, abusive head trauma and child maltreatment, and recognition of and reporting child abuse and neglect training prior to caring for children.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes

n/a

c) In-home CCDF providers:

1. Describe the ratios

1:6

2. Describe the group size

Six

3. Describe the maximum number of children that are allowed in the home at any one time.

Six, if they all live in the home or are all related to the provider.

4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size

Children of the child care provider are not required to be included in the child to provider ratio.

5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day

Children under 12 months old are limited to two.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

a) To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note: This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

Effective Date: 12/17/2019

1. Prevention and control of infectious diseases (including immunization)

   -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

   For licensed child care, before unsupervised contact with children, each caregiver, site supervisor and program director shall complete prevention and control of infectious disease training, including immunizations. At the time of initial attendance, one of the following shall be obtained and kept on file and accessible in the center for children under school-age: (a) a certificate of immunization showing a minimum of one dose of each immunizing agent specified by the Department of Health and Human Services and (b) a copy of a waiver addressed to the Department of Health and Human Services and signed by the parent stating immunizations are not being administered due to religious or medical reasons. A center than enrolls a homeless child pursuant to section 722 of the McKinney-Vento act will not be cited for noncompliance when a homeless child is unable to produce health and immunization records.
   Regardless of provider assignment, to be eligible for CCDF payments in Michigan, the

child's parent must self-certify that the child is up to date on immunizations (shots) or that the child is not up to date based on a medical or religious objection.

-- List all citations for these requirements, including those for licensed and license-exempt programs

Child Care Licensing Rules (center) R400.8131(4); R 400.8143(3) and (homes) R400.1907(1). BEM 202 (CCDF eligibility including licensed and license exempt).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Center: Documentation that the child is up to date, in progress, or has a waiver must be on file;

Homes: Self-certification that the child is up to date, in progress, or has a waiver. Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training.

License Exempt-Unrelated and License Exempt-Parent on Site providers must comply with completion of Great Start to Quality Orientation (GSQO) training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Prevention and control of infectious diseases (including immunization) is covered in the training and followed up on at the visit. The full GSQO training and binder can be found at http://www.greatstarttoquality.org/great-start-quality-orientation.

-- Describe any variations based on the age of the children in care

Children under two months old are exempt from immunizations requirements.

-- Describe if relatives are exempt from this requirement

Relatives are given information about the preventionand control of infectious disease (including immunizations) as part of their required seven-hour health and safety orientation training.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

All child care staff members and child care assistants are required to have prevention of sudden infant death syndrome (SIDS) and the use of safe-sleep practices training before caring for infants and toddlers. Cribs and porta-cribs are required to have firm fitting mattresses with tight fitted sheet. Soft objects, including bumper pads, stuffed toys, blankets, quilts, comforters or other objects cannot be in the crib with the infant. Blankets cannot be draped over or within reach of the cribs when in use. Infants must be placed on their back to sleep.
Infants that cannot easily roll from stomach to back must be placed on their back when found face down. Infants that can roll easily from stomach to their back shall be placed on their back initially, but then allowed to adopt whatever position they prefer to sleep. Infant breathing shall be monitored frequently.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Child Care Center Licensing Rules R 400.8131(2); 400.8176(6)-(14); R 400.8188(3)-(11). Family and Group Home licensing rules: R 400.1912(1)-(6). BEM 704 (license exempt).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Centers:
(1) All bedding and sleeping equipment must be appropriate for the child, clean, comfortable, safe, and in good repair.
(2) Heavy objects that could fall on a child, such as shelving and televisions, must not be above sleeping equipment.
(3) A crib or porta-crib must be provided for all infants in care.
(4) A crib, porta-crib, cot, or mat, and a sheet or blanket of appropriate size must be provided for all toddlers and preschoolers under 3 years of age in care.
(5) A cot or a mat and a sheet or blanket of appropriate size must be provided as follows:
(a) For all preschoolers 3 years of age and older in care for 5 or more continuous hours.
(b) For any child in care who regularly naps.
(c) Upon a parent's request for any child in care.
(6) Car seats, infant seats, swings, bassinets, and play yards are not approved

sleeping equipment.
(7) Documentation from the child's health care provider is required if a child has a health issue or special need that requires the child to sleep in something other than a crib or porta-crib for infants or toddlers, or cot or mat for toddlers. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner, including an end date.
(8) Swaddling with a sleep sack swaddle attachment or swaddle wrap is allowed only for infants up to 2 months of age. If a child has a health issue or special need that requires the child use a swaddle attachment or swaddle wrap after the child is 2 months of age, documentation from the health provider is required. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner, including an end date.
(9) A center shall not use stacking cribs.
(10) Cribs and porta-cribs must comply with the federal product safety standards issued by the United States Consumer Product Safety Commission, which are available at no cost at the commission's website, www.cpsc.gov. These standards are also available for inspection or distribution at no cost from the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Child Care Division, 611 West Ottawa Street, Lansing, MI 48933.
(11) A crib or porta-crib must have a firm, tight-fitting waterproof mattress.
(12) A tightly fitted bottom sheet must cover the crib or porta-crib mattress with no additional padding placed between the sheet and mattress.
(13) Soft objects, bumper pads, stuffed toys, blankets, quilts, comforters, and other objects that could smother a child must not be placed in, or within reach of, a crib or porta-crib with a resting or sleeping infant.
(14) Blankets must not be draped over cribs or porta-cribs when in use.
(15) Cots and mats must be constructed of a fabric or plastic that is easily cleanable.
(16) All sleeping equipment and bedding must be washed, rinsed, and sanitized when soiled, between uses by different children, and at least once a week regardless of use by different children.
(17) When sleeping equipment and bedding are stored, both of the following apply:
(a) Sleeping surfaces shall not come in contact with other sleeping surfaces.
(b) Bedding must not come in contact with other bedding.
(18) All occupied cribs, porta-cribs, cots, and mats must be placed in such a manner that there is a free and direct means of egress and must be spaced as follows:

(a) Cribs and porta-cribs must be at least 2 feet apart. Cribs or porta-cribs with solid-panel ends may be placed end-to-end. (b) Cots and mats must be at least 18 inches apart. o Homes: The licensee shall assure that Child Care Staff Members and Child Care Assistants have training that includes information regarding safe sleep practices to prevent sudden infant death syndrome and shaken baby syndrome, abusive head trauma, and child maltreatment prior to caring for children. (1) Infants, birth to 12 months of age, shall be placed on their backs for resting and sleeping. (2) Infants unable to roll from their stomachs to their backs, and from their backs to their stomachs, shall be placed on their backs when found in any other position. (3) When infants can easily turn over from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but allowed to adopt whatever position they prefer for sleeping. (4) If a child has a health issue or a special need that requires the child sleep in an alternate position or in something other than a crib, porta-crib, or play yard for infants and toddlers, or cot or mat for toddlers, documentation from the child's health care provider is required. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner and include an anticipated end date (5)
Personnel shall maintain supervision and monitor infants' breathing, sleep position, bedding, and possible signs of distress, except as provided in R 400.1922. (6) Video surveillance equipment and baby monitors must not be used in place of subrule (5) of this rule Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training. License Exempt- Unrelated and License Exempt-Parent on Site providers must comply with completion of Great Start to Quality Orientation (GSQO) training and an annual health and safety coaching visit at the location of care in which follow up information may be provided.
SIDS and safe sleep practices are covered in the orientation and followed up on at the visit. The full GSQO training and binder can be found at http://www.greatstarttoquality.org/great-start-quality-orientation.

-- Describe any variations based on the age of the children in care
Centers:
R400.8176 Sleeping Equipment
Rule 176
(3) A crib or porta-crib must be provided for all infants in care.
(4) A crib, porta-crib, cot, or mat, and a sheet or blanket of appropriate size must be

provided for all toddlers and preschoolers under 3 years of age in care.
(5) A cot or a mat and a sheet or blanket of appropriate size must be provided as follows:
(a) For all preschoolers 3 years of age and older in care for 5 or more continuous hours.
(b) For any child in care who regularly naps.
(c) Upon a parent's request for any child in care.
(6) Car seats, infant seats, swings, bassinets, and play yards are not approved sleeping equipment.
(7) Documentation from the child's health care provider is required if a child has a health issue or special need that requires the child to sleep in something other than a crib or porta-crib for infants or toddlers, or cot or mat for toddlers. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner, including an end date.
(8) Swaddling with a sleep sack swaddle attachment or swaddle wrap is allowed only for infants up to 2 months of age. If a child has a health issue or special need that requires the child use a swaddle attachment or swaddle wrap after the child is 2 months of age, documentation from the health provider is required. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner, including an end date.
(9) A center shall not use stacking cribs.
(10) Cribs and porta-cribs must comply with the federal product safety standards issued by the United States Consumer Product Safety Commission, which are available at no cost at the commission's website, www.cpsc.gov. These standards are also available for inspection or distribution at no cost from the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Child Care Division, 611 West Ottawa Street, Lansing, MI 48933.
(11) A crib or porta-crib must have a firm, tight-fitting waterproof mattress.
(12) A tightly fitted bottom sheet must cover the crib or porta-crib mattress with no additional padding placed between the sheet and mattress.
(13) Soft objects, bumper pads, stuffed toys, blankets, quilts, comforters, and other objects that could smother a child must not be placed in, or within reach of, a crib or porta-crib with a resting or sleeping infant.
(14) Blankets must not be draped over cribs or porta-cribs when in use.
R 400.8188

Rule 188

(1) Children under 3 years of age shall be provided opportunities to rest regardless of the number of hours in care.

(2) A center shall permit children under 18 months of age to sleep on demand.

(3) Infants shall rest or sleep alone in cribs or porta-cribs.

(4) Infants shall be placed on their backs for resting and sleeping.

(5) Infants unable to roll from their stomachs to their backs and from their backs to their stomachs shall be placed on their backs when found face down.

(6) When infants can easily turn over from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever position they prefer for sleep.

(7) For an infant who cannot rest or sleep on her or his back due to disability or illness, written instructions, signed by the infant's licensed health care provider, detailing an alternative safe sleep position or other special sleeping arrangements for the infant must be followed and kept on file at the center. The instructions must include an end date.

(8) A sleeping infant's breathing, sleep position, and bedding must be monitored frequently for possible signs of distress.

(9) An infant's head must remain uncovered during sleep.

(10) Toddlers shall rest or sleep alone in cribs, porta-cribs, or on mats or cots.

(11) Infants and toddlers who fall asleep in a space that is not approved for sleeping shall be moved to approved sleep equipment appropriate for their age and size.

(12) Naptime or quiet time must be provided when children under school-age are in attendance 5 or more continuous hours per day.

(13) For children under school age who do not sleep at rest time, quiet activities must be provided such as reading books or putting puzzles together.

Homes:

R 400.1916 Bedding and sleeping equipment. Rule 16.

(1) All bedding and sleeping equipment must be in accordance with U.S. Consumer Product Safety Commission standards as approved for the age of the child using the equipment and must be clean, comfortable, safe, and in good repair. The standards are available at http://www.cpsc.gov.

(2) All bedding and sleeping equipment must be cleaned before being used by another child.

(3) All bedding used by children must be washed when soiled and weekly at a minimum.
(4) All cribs, play yards, or porta-cribs must be equipped with a firm, tight-fitting mattress with a waterproof, washable covering, as recommended and approved by the U.S. Consumer Product Safety Commission.
(5) Play yard mattresses must be purchased from the manufacturer of the play yard and be manufactured after February 19, 2014. Play yards must meet the Consumer Product Safety Commission safety standards for play yards, 16 CFR part 1221 (2019). Licensees shall comply with this subrule by December 31, 2019. These standards are available at http://www.cpsc.gov. They are also available for inspection and distribution at the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Child Care Licensing Division, 611 W Ottawa, Lansing, MI 48933-1070.
(6) Infants, birth to 12 months of age, shall rest or sleep alone in an approved crib, play yard, or porta-crib. This equipment must meet all of the following requirements:
(a) Cribs, porta-cribs and play yards must comply with the product safety standards issued by the Consumer Product Safety Commission, 16 CFR 1219 (2019), 16 CFR 1220 (2019), and 16 CFR 1221 (2019), which are available at http://www.cpsc.gov. These standards are also available for inspection and distribution at the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Child Care Licensing Division, 611 W Ottawa, Lansing, MI 48933-1070.
(b) A tightly fitted or snug bottom sheet must cover the crib or porta-crib mattress with no additional padding placed between the sheet and the mattress.
(c) Stacking cribs must not be used.
(7) An infant's head shall remain uncovered during sleep.
(8) Soft objects, bumper pads, stuffed toys, blankets, quilts or comforters, pillows, and other objects that could smother an infant must not be placed with, under, or within reach of a resting or sleeping infant.
(9) An infant who is less than 2 months of age may be swaddled with a sleeping sack swaddle attachment.
(10) If an infant who is older than 2 months of age has a health issue or special need that requires the child to use a sleeping sack swaddle attachment, documentation of this health issue or special need from the child's health care provider is required. This documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner, including an end date.

(11) Blankets must not be draped over cribs, porta-cribs, or play yards while they are in use.
(12) Children 12 to 24 months of age shall rest or sleep alone in an approved crib, porta-crib, play yard, or on a cot or mat sufficient for the child's length, size, and movement.
(13) None of the following are approved sleeping equipment for children 24 months of age or younger:
(a) Infant car seats.
(b) Infant seats.
(c) Infant swings.
(d) Bassinets.
(e) High chairs.
(f) Water beds.
(g) Adult beds.
(h) Soft mattresses.
(i) Sofas.
(j) Bean bags.
(k) Other soft surfaces.
(14) Children 24 months of age or younger who fall asleep in a space that is not approved for sleeping shall be moved to approved sleeping equipment appropriate for their size and age.
(15) Children over 24 months of age shall have an individual, age appropriate, clean, comfortable, and safe place to sleep or rest. The floor may be used only when padded, warm, and free from drafts and when there is a mat, sleeping bag, blanket, or similar piece of bedding between the floor and the child.

-- Describe if relatives are exempt from this requirement

Relatives are given information about the prevention of Sudden Infant Death Syndrome (SIDS) and the use of safe-sleep practices as part of their required seven-hour health and safety orientation training.

3. Administration of medication, consistent with standards for parental consent

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Alicensee or child care staff member shall give or apply medication, prescription or nonprescription, only with prior written permission from a parent.

-- List all citations for these requirements, including those for licensed and license-exempt providers

R 400.8152(2) (centers); R 400.1918(2) (homes); and BEM 704 (license exempt).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Medication administration standards are covered for license exempt child care providers in the seven-hour health and safety orientation training. Standards include:

- Make sure all medicines (even over the counter) are labeled, kept in the original child-safe container and out of reach of children
- Read and follow manufacturer's directions or prescription label for giving medicine
- Obtain parent permission and maintain a record of dispensing

License Exempt-Unrelated and License Exempt-Parent on Site providers must comply with completion of Great Start to Quality Orientation (GSQO) training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Administration of medication, consistent with standards for parental consent are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at http://www.greatstarttoquality.org/great-start-quality-orientation.

-- Describe any variations based on the age of the children in care

n/a

-- Describe if relatives are exempt from this requirement

Relatives are given information about the administration of medication, consistent with standards for parental consent as part of their required seven-hour health and safety orientation training.

4. Prevention of and response to emergencies due to food and allergic reactions

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Parents address on the Child Information Record any allergies a child may have close collaboration between the home and facility is necessary for children on special diets. Parents may have to provide food if the facility, after exploring all community resources, is unable to provide the special diet. Facilities shall make a verbal report to the department within 24 hours of notification by a parent that a child received medical treatment or was hospitalized for an injury, accident, or medical condition that occurred while the child was in care. Examples of medical conditions that occur while the child is in care and for which the child later receives medical treatment or is hospitalized include, but are not limited to: Seizures, a serious allergic reaction. All providers-licensed and license exempt are required to complete training on prevention and response to emergencies due to food and allergic reactions. Training addresses common food allergies, the difference between allergies and intolerances; symptoms, what to do if an allergic reaction occurs, how to use an epipen, and creating a care plan.

-- List all citations for these requirements, including those for licensed and license-exempt providers

R 400.8158(2); R 400.8330(4) (centers); R 400.1907(1)(a) & (b) (homes); BEM 704 (license exempt).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

A center shall assure a child with special dietary needs is provided with snacks and meals in accordance with the child's needs and with the instructions of the child's parent or licensed health care provider. Homes: child care home providers have parents sign a Child in Care Receipt that addresses any medical conditions the child may have, including allergies. Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training. License Exempt-Unrelated and License Exempt-Parent on Site providers must comply with completion of Great Start to Quality Orientation (GSQO) training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Prevention of and response to emergencies due to food and allergic reactions are covered in the GSQO orientation and followed up on at the visit. The full GSQO

training and binder can be found at http://www.greatstarttoquality.org/great-start-quality-orientation.

-- Describe any variations based on the age of the children in care

n/a

-- Describe if relatives are exempt from this requirement

Relatives are given information about the prevention of and response to emergencies due to food and allergic reactions as part of their required seven-hour health and safety orientation training.

5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The appropriateness, safety, cleanliness, and general adequacy of the premises, including maintenance of adequate fire prevention and health standards to provide for the physical comfort, care, and well-being of the children received. The premises shall be maintained in a clean and safe condition and shall not pose a threat to health or safety.

-- List all citations for these requirements, including those for licensed and license-exempt providers

R 400.8380(1) and R 400.8501 (centers); R 400.1932(1) and R 400.1942 (homes); BEM 704 (license exempt).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Center playgrounds must be approved by a certified playground safety inspector. Homes: The caregiver must ensure that barriers exist to prevent children from gaining access to any swimming pool, drainage ditch, well, natural or constructed pond or other body of open water located on or adjacent to the property where the child care home is located. Such barriers shall be of a minimum offour feet in heights and

appropriately secured to prevent children from gaining access to such areas; Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training. License Exempt-Unrelated and License Exempt-Parent on Site providers must comply with completion of Great Start to Quality Orientation (GSQO) training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water,and vehicular traffic are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at http://www.greatstarttoquality.org/great-start-quality-orientation.

-- Describe any variations based on the age of the children in care

n/a

-- Describe if relatives are exempt from this requirement

Relatives are given information about building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic as part of their required seven-hour health and safety orientation training.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

All caregivers are required to be trained in the prevention of shaken baby, andabusive head trauma before caring for children. CHild maltreatment is included as part of recognizing and reporting suspected child abuse or neglect; but is specifically called out in the proposed licensing rules. Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training. License Exempt-Unrelated and License Exempt-Parent on Site providers must comply with completion of Great Start to Quality Orientation (GSQO) training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at http://www.greatstarttoquality.org/great-start-

quality-orientation.
In the mandated reporter training, providers are given the Department of Health and Human Services (formerly DHS) Central Intake: 855-444-3911 number (open 24/7) for reporting suspected child abuse or neglect. They are specifically told they are mandated reporters. Information is shared on the signs of abuse and neglect and providers are encouraged that if they are uncertain if what they are observing is neglect or abuse, to err on the side of caution and make the call.
In the health and safety orientation for license exempt providers, they are provided with the mandated reporter guide and there is a short video that addresses this topic.

-- List all citations for these requirements, including those for licensed and license-exempt providers

R 400.8131(3) and R 400.8125(5)(a) - (c) (centers); R 400.1905(3)(b)&(c) (homes); BEM 704 (license exempt).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Centers: Child Care Staff Members shall have training that includes information about the prevention of sudden infant death syndrome and the use of safe sleep practices before caring for infants and toddlers. All child care staff members who work directly with children shall have training on prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. They must also have training on recognition and reporting child abuse and neglect. (5) A written statement shall be signed and dated by staff and volunteers at the time of hiring or before volunteering indicating all of the following information: The individual is aware that abuse and neglect of children is against the law. (b) The individual has been informed of the center's policies on child abuse and neglect. (c) The individual knows that all staff and volunteers are required by law to immediately report suspected abuse and neglect to children's protective services.
Homes: The caregiver shall assure that assistant caregivers have training that includes information regarding safe sleep practices to prevent sudden infant death syndrome and prevention of shaken baby syndrome, abusive head trauma, and child maltreatment, and recognition and reporting of child abuse and neglect prior to caring for children.

-- Describe any variations based on the age of the children in care

Our current center rules focus the requirement for training on shaken baby syndrome to staff that are caring for infants and toddlers. In the proposed rules, this has been amended to be inclusive of all staff, regardless of the age of children they are serving.

-- Describe if relatives are exempt from this requirement

Relatives are given information about the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment as part of their required seven-hour health and safety orientation training.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-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)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Emergency procedures.

(1) Written procedures for the care of children and staff for each of the following emergencies shall be developed and implemented:

- Fire.
- Tornado.
- Other natural or man-made disasters.
- Serious accident/illness/injury.
- Crisis management including, but not limited to, intruders, active shooters, bomb threats, and other man-caused events.

2. The written procedures shall include all of the following:

- (a) A plan for evacuation.
- (b) A plan for safely moving children to a relocation site.
- (c) A plan for shelter-in-place
- (d) A plan for lockdown
- (e) A plan for contacting parents and reuniting families.
- (f) A plan for how each child with special needs will be accommodated during

each type of emergency.
- (g) A plan for how infants and toddlers will be accommodated during each type of emergency.
- (h) A plan for how children with chronic medical conditions will be accommodated during each type of emergency.

3. The plans required by subrule (1)(a) to (d) shall be posted in a place visible to staff and parents.

4. The crisis management plan shall be maintained in a place known and easily accessible to staff.

5. A fire drill program consisting of at least 1 fire drill quarterly shall be established and implemented.

6. A tornado drill program consisting of at least 2 tornado drills between the months of April March through November shall be established and implemented.

7. A written log indicating the date and time of fire and tornado drills shall be kept on file at the center.

8. Each staff member shall be trained at least twice a year on his or her duties and responsibilities for all emergency procedures referenced in subrule (1) and (2) of this rule.

9. If cribs are used in emergency evacuations, then all doors within the means of egress shall be wide enough to readily accommodate the crib evacuation.

-- List all citations for these requirements, including those for licensed and license-exempt providers

R 400.1945 (homes); R 400.8161 (centers); BEM 704 (license exempt).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Centers: R 400.8161(1)-(9)
Homes: R 400.1945(1) - (6)

Emergency procedures.
(1) Written procedures for the care of children and staff for each of the following emergencies shall be developed and implemented:
Fire.
Tornado.
Other natural or man-made disasters.
Serious accident/illness/injury.
Crisis management including, but not limited to, intruders , active shooters, bomb threats, and other man-caused events.

The written procedures shall include all of the following:
http://www.greatstarttoquality.org/great-start- quality-orientation.

-- Describe any variations based on the age of the children in care

Emergency plans must include provisions to support the specific needs of infants and toddlers and how their needs will be accommodated in each type of emergency.

-- Describe if relatives are exempt from this requirement

Relatives are given information about emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-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)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions as part of their required seven-hour health and safety orientation training.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Containers of poisonous or toxic materials shall be clearly labeled for easy identification of contents and stored out of reach of children. Health and safety training on this topic includes toxic substances, mistaken identity items and proper disposal of hazardous materials.

-- List all citations for these requirements, including those for licensed and license-exempt providers

R 400.8131(5)(e) (centers); R 400.1905(4)(d) (homes); BEM 704 (license exempt).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Centers: All child care staff members who work directly with children have 90 days of being hired to complete the hazardous materials training.
Homes: The licensee, child care staff member, and child care assistant shall complete hazardous material training within 90 days of being licensed or hired. All dangerous and hazardous materials or items shall be stored securely and out of the reach of children. Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training.
License Exempt-Unrelated and License Exempt-Parent on Site providers must comply with completion of Great Start to Quality Orientation (GSQO) training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Handling and storage of hazardous materials and the appropriate disposal of bio- contaminants are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at http://www.greatstarttoquality.org/great-start-quality-orientation.

-- Describe any variations based on the age of the children in care

n/a

-- Describe if relatives are exempt from this requirement

Relatives are given information about handling and storage of hazardous materials and the appropriate disposal of bio- contaminants as part of their required seven-hour health and safety orientation training.

9. Precautions in transporting children (if applicable)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Before each time a child is transported in a vehicle, parent permission must be on file, unless it is routine transportation (defined as regularly scheduled travel on the same day, at the same time, to the same destination). Child information cards and a first aid kit must be in the vehicle with thechild care staff members when transporting children.

-- List all citations for these requirements, including those for licensed and license-exempt providers

R 400.1951(1)-(9) (homes); R 400.8149(1)-(3), R 400.8720(1)-(9) and R 400.8760(1)-(5) (centers); BEM 704 (license exempt).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Centers: Parent's written permission shall be obtained annually for routine transportation. Parent's written permission for any transportation not considered routine shall beobtained before each trip. Centers that use multifunction school activity buses and school buses to transport children to and from school shall do all of the following: (a) Contact the department of state police to determine if an annual inspection by the department of state police is required under section 39 of the pupil transportation act, 1990 PA 187, MCL 257.1839. (b) If directed by the department of state police, obtain an annual inspection by the department of state police. A copy of the inspection shall be kept on file at the center. The use of passenger vans with a rated seating capacity of 11 or more, including volunteer vehicles, is prohibited. Motor vehicle seats used by children, staff, and volunteers shall not face sideways. All motor vehicles used to transport children shall carry all of the following safety equipment: (a) Three bidirectional emergency reflective triangles properly cased and securely stored in the motor vehicle. (b) A first aid kit shall be securely stored in an accessible location in the driver compartment. (2) Any motor vehicle with a manufacturer's rated seating capacity of more than 10 occupants used to transport children shall carry both of the following additional safety equipment: (a) Not less than three 15-minute flares or an approved battery-operated substitute properly cased and securely stored in the driver's compartment. (c) Fire extinguisher of dry chemical type rated not less than 2A-10BC mounted in an accessible place in the driver's compartment. The fire extinguisher shall be inspected and maintained in accordance with NFPA-10. The fire extinguisher shall bear a tag indicating the last date of inspection or service and the initials of the person who performed the inspection or service. The ratio of staff/volunteers to children in transit, including children related to the staff member/volunteer, licensee, or driver, shall be based on the following provisions: (a) For infants and toddlers, there shall be 1 staff member/volunteer for 4 children. The driver shall not count in the staff/ volunteer to child ratio. (b) For preschoolers under three years of age, there shall be 1 staff member/volunteer for 8 children. The driver shall not count in the staff/volunteer to child ratio. (c) For 3-year-olds, there shall be 1 staff member/volunteer for 10 children. The driver may count in the staff/volunteer to child ratio. (d) For 4-year-olds, there shall be 1 staff member/volunteer for 12 children. The driver may count in the staff/volunteer to child ratio. (e) For school-agers, there

shall be 1 staff member/volunteer for 18 children. The driver may count in the staff/volunteer to child ratio. This requirement does not apply when school-age children are transported to and from school on school transportation or are using public transportation. (f) An additional staff member/volunteer is not required if only 1 child under 36 months of age is transported. Homes: A vehicle used to transport children in care shall be maintained in a good, safe working condition. The caregiver shall assure that the driver of a vehicle transporting children shall be an adult, have a valid driver's license, valid vehicle registration, and proof of current no fault insurance. The caregiver shall notify the parents when drivers other than caregiving staff are used to transport children. Each child passenger restraint device and each safety belt shall be installed, anchored, and used according to the manufacturer's specifications and shall be maintained in a safe working condition. Each child transported shall remain seated and properly restrained by the passenger restraint device appropriate for his or her age as defined by 1949 PA 300, MCL 257.710d(1), MCL 257.710e(3), (4), and the manufacturer's rated seating capacity. Drivers shall be provided with a copy of the child information card, or comparable facsimile, for the children being transported in their vehicles.Health and safety training includes child passenger safety guidelines, car seat basics, and loading and unloading children safely. Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training.
License Exempt-Unrelated and License Exempt-Parent on Site providers must comply with completion of Great Start to Quality Orientation (GSQO) training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Precautions in transporting children (if applicable) are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at http://www.greatstarttoquality.org/great-start-quality-orientation.

-- Describe any variations based on the age of the children in care

n/a

-- Describe if relatives are exempt from this requirement

Relatives are given information about precautions in transporting children (if applicable) as part of their required seven-hour health and safety orientation training.

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

A child care center, group child care home, and family child care home shall have individuals present, as prescribed in the child care licensing regulations, who have current certification in first aid and cardiopulmonary resuscitation obtained through the American Red Cross, the American Heart Association, or an equivalent organization or institution approved by the department.

-- List all citations for these requirements, including those for licensed and license-exempt providers

PA 116 722.112a; R 400.8131(10) (centers); R 400.1902(1)(d); R 400.1904(1)(c) (homes); BEM 704 (license exempt).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Center: . PA 116 requires at least one individual present who has valid certification in CPR and First Aid. Licensing rules require all child care staff members who word directly with children shall be trained in CPR and First Aid within 90 days of being hired and at least 50% of the child care staff members must have valid certification in CPR and First Aid. Homes: The licensee must have valid First Aid and CPR certification before receiving a child care license.

License Exempt-Unrelated and License Exempt-Parent on Site providers must comply with completion of Great Start to Quality Orientation (GSQO) training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. License exempt providers are trained in pediatric first aid and CPR as part of their required, seven hour orientation training. The full GSQO training and binder can be found at http://www.greatstarttoquality.org/great-start-quality-orientation.

-- Describe any variations based on the age of the children in care

n/a

-- Describe if relatives are exempt from this requirement

Relatives are trained in pediatric first aid and cardiopulmonary resuscitation (CPR) certification as part of their required seven-hour health and safety orientation training.

11. Recognition and reporting of child abuse and neglect

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Allstaff and volunteers in licensed child care facilities and homes are responsible for recognizing and reporting any suspected child abuse and/or neglect They are considered mandated reporters and must comply with section 3 of the child protection law, 1975 PA 238, MCL 722.623. All license exempt providers are also considered mandated reporters and they are responsible for recognizing and reporting any suspected child abuse..

-- List all citations for these requirements, including those for licensed and license-exempt providers

R 400.8125(5); R 400.1906(1)(g)(i)-(iii) (homes); BEM 704 (license exempt).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Centers: (a) The individual is aware that abuse and neglect of children is against the law.

(b) The individual has been informed of the center's policies on child abuse and neglect.

(c) The individual knows that all staff and volunteers are required by law to immediately report suspected abuse and neglect to children's protective services.

Homes: A written statement signed and dated by the assistant caregiver at the time of hiring indicating all of the following information: (i) The individual is aware that abuse and neglect of children is unlawful. (ii) The individual knows that he or she is mandated by law to report child abuse and neglect. (iii) The individual has received a copy of the discipline policy. Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training.

License Exempt-Unrelated and License Exempt-Parent on Site providers must comply with completion of Great Start to Quality Orientation (GSQO) training and an annual

health and safety coaching visit at the location of care in which follow up information may be provided. Recognition and reporting of child abuse and neglect are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at http://www.greatstarttoquality.org/great-start-quality-orientation.

License exempt providers receive mandated reporter training at orientation.

-- Describe any variations based on the age of the children in care

n/a

-- Describe if relatives are exempt from this requirement

Relatives are trained in recognition and reporting of child abuse and neglect as part of their required seven-hour health and safety orientation training.

b) Does the Lead Agency include any of the following optional standards?

☐ No, if no, skip to 5.2.3.

☑ Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Children's nutritional needs are met through providing meals and snacks as required by the minimum meal requirements of the child care food program, as administered by MDE.

-- List all citations for these requirements, including those for licensed and license-exempt providers

R 400.8330(1)-(26) and R 400.8335(1)-(19) (centers);R400.1903 (1)(j) (homes); BEM 704 (license exempt).

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Centers: (2) A written agreement shall be kept on file at the center if the parent has agreed to provide formula, milk, or food. The center shall provide an adequate amount of formula, milk, or food if the parent does not. (3) Beverages and food shall be appropriate for the child's individual nutritional requirements, developmental stages, and special dietary needs, including cultural preferences. (4) A center shall assure a child with special dietary needs is provided with snacks and meals in accordance with the child's needs and with the instructions of the child's parent or licensed health care provider. (5) A center shall provide adequate staff so that food service activities do not detract from direct care and supervision of children. (7) Infants and toddlers shall be fed on demand. (8) A child shall be served meals and snacks in accordance with the following schedule: (a) Two and a half hours to four hours of operation: a minimum of one snack. (b) Four hours to six hours of operation: a minimum of one meal and one snack. (c) Seven hours to 10 hours of operation: a minimum of one meal and two snacks or two meals and one snack. (d) Eleven hours or more of operation: a minimum of two meals and two snacks. (9) A center shall not deprive a child of a snack or meal if the child is in attendance at the time when the snack or meal is served. (10) Menus shall be planned in advance, shall be dated, and shall be posted in a place visible to parents. Food substitutions shall be noted on the menus the day the substitution occurs. (11) A center shall not serve infants and toddlers or allow them to eat foods that may easily cause choking including, but not limited to, popcorn, seeds, nuts, hard candy and uncut round foods such as whole grapes and hot dogs. (12) Cereal shall not be added to a bottle or beverage container without written parental permission. (13) If food, bottles, or beverage containers are warmed, then the warming shall be done in a safe, appropriate manner. (14) Warming bottles and beverage containers in a microwave oven is prohibited. (15) Bottle warmers must be placed where children cannot access them or reach the cords for them. (16) Bottle warmers must be shut off when not in use. A child care staff member shall not hold a child while removing a bottle from the heating device. (17) Warmed food, bottles, and beverage containers shall be shaken or stirred to distribute the heat, and the temperature shall be tested before feeding. (18) The contents of a bottle or beverage container shall be discarded if any of the following apply: (a) The contents appear to be unsanitary. (b) The bottle or beverage container has been used for feeding for a period that exceeds 1 hour from the beginning of the feeding. (19) Formula and milk, including breast milk, left in a bottle or beverage container after a feeding shall not be reused. (20) Bottle propping is prohibited. (21) When feeding, caregivers shall hold infants except when infants resist being held and are able to hold their bottle. (22) Infants or toddlers shall not have bottles, beverage containers, or food in sleeping equipment. (23) Children shall not have beverage containers or food while they are walking around or playing. (24) Staff shall foster and facilitate toddlers' independence, language, and social interactions by doing all of the following: (a) Encouraging self-feeding. (b) Serving appropriate portion sizes. (c) Sitting and eating with toddlers during meal times. (25) Breastfeeding shall be supported and accommodated. (26) A designated place shall be set aside for mothers who are breastfeeding to use. (1) Food and beverages provided by the center 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 CACFP as administered by MDE based on 7 C.F.R. Part 226, 1-1-11 edition, of the USDA, food and nutrition services, CACFP and is hereby adopted by reference. A copy can be obtained from CACFP at

www.michigan.gov/cacfp. (2) Solid foods shall be introduced to an infant according to the parent's or licensed health care provider's instructions. Infants shall only be served formula to drink unless written authorization is provided by the child's licensed health care provider. (4) Children 12 months of age until two years of age shall be served whole homogenized Vitamin D-fortified cow's milk, except as provided in R 400.8330(4). (5) Formula shall be commercially prepared and ready-to-feed. (6) All fluid milk and fluid milk products shall be pasteurized and meet the grade "A" quality standards. (7) Milk shall be served from any of the following: (a) A commercially filled container stored in a mechanically refrigerated bulk milk dispenser. (b) A commercially filled container not to exceed one gallon. (c) A sanitized container only if poured directly from the original container. (8) All of the following shall apply to milk: (a) Containers shall be labeled with the date opened. (b) Milk shall be served within seven days of opening. (c) Milk shall not be served if the contents appear to be unsanitary or have been unrefrigerated for a period exceeding one hour. (d) Milk shall not be combined with the contents of other partially filled containers. (9) Contents remaining in single-service containers of milk shall be discarded at the end of the snack or meal time. Homes: (1) Each child shall be provided with nutritional and sufficient food as required by the minimum meal requirements of the child care food program, as administered by MDE, based on the national research council's recommended dietary allowances for appropriate age groups, unless parents provide the food. (2) Children shall be offered food at intervals as individually appropriate, but not to exceed more than 4 hours unless the child is asleep. (9) Children shall be encouraged to taste new foods but shall not be required to eat anything they do not want. (11) The contents of a bottle that has been used for feeding for a period that exceeds one hour from the beginning of the feeding, or has been unrefrigerated for one hour or more shall be discarded. (12) Children shall not have beverage containers while they are in bed or while they are walking around or playing. The propping of bottles is prohibited. above. Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training. License Exempt- Unrelated and License Exempt-Parent on Site providers must comply with an annual health and safety coaching visit at the location of care in which follow up information may be provided.

-- Describe any variations based on the age of the children in care.

n/a

--Describe if relatives are exempt from this requirement

Relatives are not exempt from orientation training but are exempt from annual coaching visits.

2. Access to physical activity

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The daily activity program includes appropriate opportunities for children have a variety of play opportunities indoor and outdoor using small and large muscles.

-- List all citations for these requirements, including those for licensed and license-exempt providers

R 400.8170(3) and R 400.8179(2-4(g)) (centers); R 400.1914(2-3(b)) (homes); BEM 704 (license exempt).

-Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Centers: (2) A center shall implement a program plan which includes daily learning experiences appropriate to the developmental level of the children. Experiences shall be designed to develop all of the following: (a) Physical development. (b) Social development. (c) Emotional development. (d) Cognitive development. (3) The program shall be planned to provide a flexible balance of all of the following experiences: (a) Quiet and active. (b) Individual and groups. (c) Large and small muscle. (d) Child initiated and staff initiated. (4) Developmentally appropriate experiences shall be designed so that throughout the day each child has opportunities to do all of the following: (h) Be physically active. (3) A center operating with children in attendance forthree or more continuous hours per day shall provide daily outdoor play, unless prevented by inclement weather or other weather conditions that could result in children becoming overheated or excessively chilled.

Homes: (2) The caregiver shall plan daily activities so that each child may do the following: (c) Develop and use large and small muscles. (3) All of the following developmentally appropriate opportunities shall be provided daily: (b) Indoor and outdoor play, except during inclement or extreme weather, or unless otherwise ordered by a health care provider. (3) A child care home shall provide an adequate and varied supply of outdoor play equipment, materials, and furniture, that is all of the following: (a) Appropriate to the developmental needs and interests of children. (b) Appropriate to the number of children. (c) Safe and in good repair. Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training.

License Exempt-Unrelated and License Exempt-Parent on Site providers must comply with an annual health and safety coaching visit at the location of care in which follow up information may be provided.

-- Describe any variations based on the age of the children in care.

n/a

--Describe if relatives are exempt from this requirement

Relatives are not exempt from orientation training but are exempt from annual coaching visits.

3. Caring for children with special needs

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Caregivers shall work with parents and medical professionals to provide care in accordance with the child's specific individual needs.

-- List all citations for these requirements, including those for licensed and license-exempt providers

R 400.8146(3-4); R 400.8161(2)(f); R 400.8179(12); R 400.8330(4) (centers); R 400.1914(7); R 400.1945(2)(h) (homes); BEM 704.

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Centers: (3) For infants and toddlers, parents shall receive a written daily record that includes at least the following information: (a) Food intake; time, type of food, and amount eaten. (b) Sleeping patterns; when and how long child slept. (c) Elimination patterns, including bowel movements, consistency, and frequency. (d) Developmental milestones. (e) Changes in the child's usual behaviors. (4) Parents of children with special needs may request a written daily record that includes at least the information required by subrule (3) of this rule. (2) The written procedures shall include all of the following: (f) A plan for how each child with special needs will be accommodated during each type of emergency. (12) For 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. (4) A center shall assure a child with special dietary needs is provided with snacks and meals in accordance with the child's needs and with the instructions of the child's parent or licensed health care provider.

Homes: (7) 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. Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training.

License Exempt-Unrelated and License Exempt-Parent on Site providers must comply with an annual health and safety coaching visit at the location of care in which follow up information may be provided.

-- Describe any variations based on the age of the children in care.

n/a

--Describe if relatives are exempt from this requirement

Relatives are not exempt from orientation training but are exempt from annual coaching visits.

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

n/a

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

n/a

-- List all citations for these requirements, including those for licensed and license-exempt providers

n/a

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

n/a

-- Describe any variations based on the age of the children in care.

n/a

--Describe if relatives are exempt from this requirement

n/a

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Effective Date: 12/17/2019

Pre-Service or Orientation Training Requirements

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers:

In order to provide flexibility to providers, MI requires the following trainings be completed prior to caring for children:

- Center's policies and practices, and the administrative rules
- Prevention of Shaken Baby Syndrome, abusive head trauma, and child maltreatment
- Recognition and reporting of child abuse and neglect.
- Prevention and control of infectious disease, including immunization

As long as the training topics are completed, there are no minimum number of hours.

2. Licensed FCC homes:

There is no required number of preservice orientation hours. The requirement is for the following specific trainings prior to caring for children:

- Center's policies and practices, and the administrative rules
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
- Recognition and reporting of child abuse and neglect.
- Prevention and control of infectious disease, including immunizations.

3. In-home care:

Seven

4. Variations for exempt provider settings:

License Exempt providers complete a seven-hour health and safety training that includes CPR and First Aid.

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

90 days.

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

Centers: Those serving infants and toddlers are required to have prevention of sudden infant death syndrome and use of infant safe sleep practices prior to caring for infants and toddlers (pre-service).

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

Training may be delivered face to face, via correspondence, or online. As a state, we developed a series of health and safety modules that are hosted in our registry (MiRegistry). They are free, online, and accessible 24/7. They cover all of the required health and safety topics with the exception of Pediatric CPR and first aid. They also include both child development and youth development. There are extensiveresources that a provider may download and use to create a very detailed health and safety resource guide or notebook. Note, Infant Safe Sleep is hosted is accessed on our licensing website.

e) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (includingimmunizations)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed: R.400.8131(4) (centers); R.400.1902(1)(e)(ii); R 400.1904a(2)(c); R 400.1904b(3)(c) (homes); BEM 706 (license exempt).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Describe if relatives are exempt from this requirement

Relatives are not exempt.

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed: R.400.8131(2) (centers); R.400.1905(3)(a) (homes); BEM 706 (license exempt).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are not exempt.

5.2.3e 3. Administration of medication, consistent with standards for parental consent

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R.400.8131(5)(a) (centers); R.400.1905(4)(b) (homes); BEM 706 (license exempt).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are not exempt.

5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131(5)(b) (centers); R 400.1905(4)(c) (homes); BEM 706 (license exempt).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes
☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes
☑ No

Describe if relatives are exempt from this requirement

Relatives are not exempt.

5.2.3e 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131(5)(c) (centers); R 400.1905(4)(f) (homes); BEM 706 (license exempt).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes
☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes
☑ No

Describe if relatives are exempt from this requirement

Relatives are not exempt.

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131(3) (centers); R400.1905(3)(c) (homes); BEM 706 (license exempt).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Describe if relatives are exempt from this requirement

Relatives are not exempt.

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131(5)(d) (centers); R 400.1905(4)(g) (homes); BEM 706 (license exempt).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are not exempt.

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131(5)(e) (centers); R 400.1905(4)(d) (homes); BEM 706 (license exempt).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are not exempt.

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131(5)(f) (centers); R 400.1905(4)(e) (homes); BEM 706 (license exempt).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes
☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes
☑ No

Describe if relatives are exempt from this requirement

Relatives are not exempt.

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131(10) (centers); R 400.1902(1)(d), R 400.1904(1)(c), R 400.1904a(2)(a), R 400.1904b(3)(a) (homes); BEM 706 (license exempt).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes
☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes
☑ No

Describe if relatives are exempt from this requirement

Relatives are not exempt.

5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131(3) (centers); R 400.1905.(3)(b), R 400.1902(1)(e)(i) (homes); BEM 706 (license exempt).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Describe if relatives are exempt from this requirement

Relatives are not exempt.

5.2.3 e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131(5)(g) (centers); R 400.1905(4)(a) (homes); BEM 706 (license exempt).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes
☑ No

Describe if relatives are exempt from this requirement

Relatives are not exempt.

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

Nutrition, physical activities, and caring for children with special needs are all topics that providers are encouraged to take training on, as part of their annual training requirements. In addition, Great Start to Quality has additional requirements to support all three topics. The online health and safety modules have content in all three. The modules also guide providers through a NAP-SAC self assessment to support best practice around nutrition and physical activity. Providers can set goals and receive some technical assistance in achieving those goals.

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131 (centers); R400.1905 (homes); BEM 706 (license exempt).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes
☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes
☑ No

Describe if relatives are exempt from this requirement

Relatives are not exempt.

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

Effective Date: 12/17/2019

a) Licensed child care centers:

16 hours, of which health and safety is one of the approved topics. Licensing rules specify: When the department of Licensing and Regulatory Affairs or the Department of Education publishes a notice that a new health and safety update document or a new health and safety training has been published on MiRegistry, the licensee shall ensure that all personnel read and acknowledge the document or complete the training within 6 months of the notice.

b) Licensed FCC homes:

10 hours caregiver, five hours assistant; of which health and safety is one of the approved topics.
Licensing rules specify: When the department of Licensing and Regulatory Affairs or the Department of Education publishes a notice that a new health and safety update document or a new health and safety training has been published on MiRegistry, the licensee shall ensure that all personnel read and acknowledge the document or complete the training within 6 months of the notice.

c) In-home care:

For In-Home care provided by license exempt-related and license exempt-unrelated providers, completion of ongoing health and safety training is required and can count towards the provider's 10 annual hours optional to receive a level 2 rate of pay.

d) Variations for exempt provider settings:

n/a

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Effective Date: 12/17/2019

1. Prevention and control of infectious diseases (including immunizations)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131(12) (centers); R 400.1905(9) (homes); BEM 706, RFT 270 (license exempt).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

State health and safety modules are free, online, and readily accessible. Providers are encouraged to access for review as often as needed. Providers that take the modules have unlimited access to the resources and are encouraged to access and reference frequently. An annual health and safety update training is published on MiRegistry. Licensed providers will have 6 months from the date the notice is sent to complete the update. Each health and safety training topic will be reviewed at least every 3 years, unless there is updated information that the child care providers need earlier. Licensing consultants will require licensed providers to repeat and/or gain additional knowledge on a particular topic, if they are cited for health and safety compliance issues or if there are updates to support best practice and understanding around the topic. Additional training will be written into the providers' compliance plans. Licensed providers are required to take between 5 and 16 hours of annual training, depending on their role and setting. Annual training must fall under the core knowledge areas for early childhood and/or school age. Health and safety is one of the content areas. Lead Teachers in center- based environments are required to have a minimum of a CDA or 6 credits in early childhood coursework and Lead Teachers in infant and toddler classrooms must complete 3.0 semester hours in infant and toddler specific coursework. In addition, those participating in our QRIS have annual training requirements of between 10

and 24 hours. Our registry, MiRegistry codes all training by core competency area (content area) and allows providers to track their professional development by content area. Providers are encouraged to be intentional about their professional development planning. In fiscal year 2019, we will introduce an individual professional development plan that will be available in MiRegistry.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Every three years: ongoing training is required annually and covers 12 topics (chi development and the 11 health and safety topics) at least once every three years Additionally, license exempt providers receive a higher rate of pay for completing 10 hours of additional training annually.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide the citation for this training requirement, including citations for both licens and license-exempt providers

R 400.8131(1) (centers); R 400.1902(e) (homes); BEM 706(license exempt).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

This training is provided on the licensing website and is free, online, and readily accessible. Providers are encouraged to access for review as often as needed. are encouraged to access and reference frequently. An annual health and safety update training is published on MiRegistry. Licensed providers will have 6 months from the date notice is sent to complete the update. Each health and safety training topic will be reviewed at least every 3 years, unless there is updated information that the child care providers need earlier. Licensing consultants will require licensed providers to repeat and/or gain additional knowledge on a particular topic, if they

are cited for health and safety compliance issues. Additional training will be written into the providers' compliance plans. Licensed providers are required to take between 5 and 16 hours of annual training, depending on their role and setting. Annual training must fall under the core knowledge areas for early childhood and/or school age. Health and safety is one of the content areas. Lead Teachers in center-based environments are required to have a minimum of a CDA or 6 credits in early childhood coursework and Lead Teachers in infant and toddler classrooms must complete 3.0 semester hours in infant and toddler specific coursework. In addition, those participating in our QRIS have annual training requirements of between 10 and 24 hours. Our registry, MiRegistry codes all training by core competency area (content area) and allows providers to track their professional development by content area. Providers are encouraged to be intentional about their professional development planning. In fiscal year 2019, we will introduce an individual professional development plan that will be available in MiRegistry.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Every three years: ongoing training is required annually and covers 12 topics (chi development and the 11 health and safety topics) at least once every three years Additionally, license exempt providers receive a higher rate of pay for completing 10 hours of additional training annually.

3. Administration of medication, consistent with standards for parental consent

-- Provide the citation for this training requirement, including citations for both licens and license-exempt providers

R 400.8131(1) (centers); R 400.1902(e) (homes); BEM 706 (license exempt).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

State health and safety modules are free, online, and readily accessible. Provider are encouraged to access for review as often as needed. Providers that take the

modules have unlimited access to the resources and are encouraged to access and reference frequently. An annual health and safety update training is published on MiRegistry. Licensed providers will have 6 months from the date is sent to complete the update. Each health and safety training topic will be reviewed at least every 3 years, unless there is updated information that the child care providers need earlier. Licensing consultant will require licensed providers to repeat and/or gain additional knowledge on a particular topic, if they are cited for health and safety compliance issues or if there are updates to support best practice and understanding around the topic. Additional training will be written into the providers' compliance plans. Licensed providers are required to take between 5 and 16 hours of annual training, depending on their role and setting. Annual training must fall under the core knowledge areas for early childhood and/or school age. Health and safety is one of the content areas. Lead Teachers in center- based environments are required to have a minimum of a CDA or 6 credits in early childhood coursework and Lead Teachers in infant and toddler classrooms must complete 3.0 semester hours in infant and toddler specific coursework. In addition, those participating in our QRIS have annual training requirements of between 10 and 24 hours. Our registry, MiRegistry codes all training by core competency area (content area) and allows providers to track their professional development by content area. Providers are encouraged to be intentional about their professional development planning. In fiscal year 2019, we will introduce an individual professional development plan that will be available in MiRegistry.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Every three years: ongoing training is required annually and covers 12 topics (chi development and the 11 health and safety topics) at least once every three years Additionally, license exempt providers receive a higher rate of pay for completing 10 hours of additional training annually.

4. Prevention and response to emergencies due to food and allergic reactions

-- Provide the citation for this training requirement, including citations for both licens and license-exempt providers

R 400.8131(1) (centers); R 400.1902(e) (homes); BEM 706 (license exempt).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

State health and safety modules are free, online, and readily accessible. Providers are encouraged to access for review as often as needed. Providers that take the modules have unlimited access to the resources and are encouraged to access and reference frequently. An annual health and safety update training is published on MiRegistry. Licensed providers will have 6 months from the date notice is sent to complete the update. Each health and safety training topic will be reviewed at least every 3 years, unless there is updated information that the child care providers need earlier. Licensing consultants will require licensed providers to repeat and/or gain additional knowledge on a particular topic, if they are cited for health and safety compliance issues or if there are updates to support best practice and understanding around the topic. Additional training will be written into the providers' compliance plans. Licensed providers are required to take between 5 and 16 hours of annual training, depending on their role and setting. Annual training must fall under the core knowledge areas for early childhood and/or school age. Health and safety is one of the content areas. Lead Teachers in center- based environments are required to have a minimum of a CDA or 6 credits in early childhood coursework and Lead Teachers in infant and toddler classrooms must complete 3.0 semester hours in infant and toddler specific coursework. In addition, those participating in our QRIS have annual training requirements of between 10 and 24 hours. Our registry, MiRegistry codes all training by core competency area (content area) and allows providers to track their professional development by content area. Providers are encouraged to be intentional about their professional development planning. In fiscal year 2019, we will introduce an individual professional development plan that will be available in MiRegistry.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Every three years: ongoing training is required annually and covers 12 topics (chi development and the 11 health and safety topics) at least once every three years Additionally, license exempt providers receive a higher rate of pay for completing 10 hours of additional training annually.

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131(1) (centers); R 400.1902(e) (homes); BEM 706 (license exempt).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

State health and safety modules are free, online, and readily accessible. Providers are encouraged to access for review as often as needed. Providers that take the modules have unlimited access to the resources and are encouraged to access and reference frequently. An annual health and safety update training is published on MiRegistry. Licensed providers will have 6 months from the date notice is sent to complete the update. Each health and safety training topic will be reviewed at least every 3 years, unless there is updated information that the child care providers need earlier. Licensing consultants will require licensed providers to repeat and/or gain additional knowledge on a particular topic, if they are cited for health and safety compliance issues or if there are updates to support best practice and understanding around the topic. Additional training will be written into the providers' compliance plans. Licensed providers are required to take between 5 and 16 hours of annual training, depending on their role

and setting. Annual training must fall under the core knowledge areas for early childhood and/or school age. Health and safety is one of the content areas. Lead Teachers in center- based environments are required to have a minimum of a CDA or 6 credits in early childhood coursework and Lead Teachers in infant and toddler classrooms must complete 3.0 semester hours in infant and toddler specific coursework. In addition, those participating in our QRIS have annual training requirements of between 10 and 24 hours. Our registry, MiRegistry codes all training by core competency area (content area) and allows providers to track their professional development by content area. Providers are encouraged to be intentional about their professional development planning. In fiscal year 2019, we will introduce an individual professional development plan that will be available in MiRegistry.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Every three years: ongoing training is required annually and covers 12 topics (child development and the 11 health and safety topics) at least once every three years. Additionally, license exempt providers receive a higher rate of pay for completing 10 hours of additional training annually.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131(2) and R 400.8125(11) - (12) (centers); R400.1905 (homes); BEM 706(license exempt).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

State health and safety modules are free, online, and readily accessible. Providers are encouraged to access for review as often as needed. Providers that take the modules have unlimited access to the resources and are encouraged to access and reference frequently. An annual health and safety update training is published on MiRegistry. Licensed providers will have 6 months from the date the notice is sent to complete the update. Each health and safety training topic will be reviewed at least every 3 years, unless there is updated information that the child care providers need earlier. Licensing consultants will require licensed providers to repeat and/or gain additional knowledge on a particular topic, if they are cited for health and safety compliance issues or if there are updates to support best practice and understanding around the topic. Additional training will be written into the providers' compliance plans. Licensed providers are required to take between 5 and 16 hours of annual training, depending on their role and setting. Annual training must fall under the core knowledge areas for early childhood and/or school age. Health and safety is one of the content areas. Lead Teachers in center- based

environments are required to have a minimum of a CDA or 6 credits in early childhood coursework and Lead Teachers in infant and toddler classrooms must complete 3.0 semester hours in infant and toddler specific coursework. In addition, those participating in our QRIS have annual training requirements of between 10 and 24 hours. Our registry, MiRegistry codes all training by core competency area (content area) and allows providers to track their professional development by content area. Providers are encouraged to be intentional about their professional development planning. In fiscal year 2019, we will introduce an individual professional development plan that will be available in MiRegistry.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Every three years: ongoing training is required annually and covers 12 topics (chi development and the 11 health and safety topics) at least once every three years Additionally, license exempt providers receive a higher rate of pay for completing 10 hours of additional training annually.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

-- Provide the citation for this training requirement, including citations for both licens and license-exempt providers

R 400.8161(8) (centers); R 400.1945(2) (homes); BEM 706(license exempt).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

State health and safety modules are free, online, and readily accessible. Providers are encouraged to access for review as often as needed. Providers that take the

modules have unlimited access to the resources and are encouraged to access and reference frequently. An annual health and safety update training is published on MiRegistry. Licensed providers will have 6 months from the date the notice is sent to complete the update. Each health and safety training topic will be reviewed at least every 3 years, unless there is updated information that the child care providers need earlier. Licensing consultants will require licensed providers to repeat and/or gain additional knowledge on a particular topic, if they are cited for health and safety compliance issues or if there are updates to support best practice and understanding around the topic. Additional training will be written into the providers' compliance plans. Licensed providers are required to take between 5 and 16 hours of annual training, depending on their role and setting. Annual training must fall under the core knowledge areas for early childhood and/or school age. Health and safety is one of the content areas. Lead Teachers in center- based environments are required to have a minimum of a CDA or 6 credits in early childhood coursework and Lead Teachers in infant and toddler classrooms must complete 3.0 semester hours in infant and toddler specific coursework. In addition, those participating in our QRIS have annual training requirements of between 10 and 24 hours. Our registry, MiRegistry codes all training by core competency area (content area) and allows providers to track their professional development by content area. Providers are encouraged to be intentional about their professional development planning. In fiscal year 2019, we will introduce an individual professional development plan that will be available in MiRegistry.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Every three years: ongoing training is required annually and covers 12 topics (chi development and the 11 health and safety topics) at least once every three years Additionally, license exempt providers receive a higher rate of pay for completing 10 hours of additional training annually.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide the citation for this training requirement, including citations for both licens and license-exempt providers

R 400.8131(3) (centers); R 400.1902(1)(d) (homes); BEM 706(license exempt).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

State health and safety modules are free, online, and readily accessible. Providers are encouraged to access for review as often as needed. Providers that take the modules have unlimited access to the resources and are encouraged to access and reference frequently. An annual health and safety update training is published on MiRegistry. Licensed providers will have 6 months from the date the notice is sent to complete the update. Each health and safety training topic will be reviewed at least every 3 years, unless there is updated information that the child care providers need earlier. Licensing consultants will require licensed providers to repeat and/or gain additional knowledge on a particular topic, if they are cited for health and safety compliance issues or if there are updates to support best practice and understanding around the topic. Additional training will be written into the providers' compliance plans. Licensed providers are required to take between 5 and 16 hours of annual training, depending on their role and setting. Annual training must fall under the core knowledge areas for early childhood and/or school age. Health and safety is one of the content areas. Lead Teachers in center- based environments are required to have a minimum of a CDA or 6 credits in early childhood coursework and Lead Teachers in infant and toddler classrooms must complete 3.0 semester hours in infant and toddler specific coursework. In addition, those participating in our QRIS have annual training requirements of between 10 and 24 hours. Our registry, MiRegistry codes all training by core competency area (content area) and allows providers to track their professional development by content area. Providers are encouraged to be intentional about their professional development planning. In fiscal year 2019, we will introduce an individual professional development plan that will be available in MiRegistry.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Every three years: ongoing training is required annually and covers 12 topics (chi development and the 11 health and safety topics) at least once every three years Additionally, license exempt providers receive a higher rate of pay for completing

10 hours of additional training annually.

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.8131(3) (centers); R 400.1902(1)(d) (homes); BEM 706 (license exempt).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

State health and safety modules are free, online, and readily accessible. Providers are encouraged to access for review as often as needed. Providers that take the modules have unlimited access to the resources and are encouraged to access and reference frequently. An annual health and safety update training is published on MiRegistry. Licensed providers will have 6 months from the date the notice is sent to complete the update. Each health and safety training topic will be reviewed at least every 3 years, unless there is updated information that the child care providers need earlier. Licensing consultants will require licensed providers to repeat and/or gain additional knowledge on a particular topic, if they are cited for health and safety compliance issues or if there are updates to support best practice and understanding around the topic. Additional training will be written into the providers' compliance plans. Licensed providers are required to take between 5 and 16 hours of annual training, depending on their role and setting. Annual training must fall under the core knowledge areas for early childhood and/or school age. Health and safety is one of the content areas. Lead Teachers in center- based environments are required to have a minimum of a CDA or 6 credits in early childhood coursework and Lead Teachers in infant and toddler classrooms must complete 3.0 semester hours in infant and toddler specific coursework. In addition, those participating in our QRIS have annual training requirements of between 10 and 24 hours. Our registry, MiRegistry codes all training by core competency area (content area) and allows providers to track their professional development by content area. Providers are encouraged to be intentional about their professional development planning. In fiscal year 2019, we will introduce an individual professional development plan that will be available in MiRegistry.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Every three years: ongoing training is required annually and covers 12 topics (child development and the 11 health and safety topics) at least once every three years. Additionally, license exempt providers receive a higher rate of pay for completing 10 hours of additional training annually.

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

400.8125(12) (centers); R 400.1903(1)(j) (homes); BEM 706 (license exempt).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Licensed child care home providers must be certified in CPR and First Aid and must renew their certification according to the expiration date on their card. Typical renewal is every two years. Child Care Center staff who work directly with children must all be trained on CPR and First Aid. At least 50% of the child care center staff who work directly with children must be certified in CPR and First Aid. The annual health and safety update training is published on MiRegistry. All licensed providers will have 6 months from the date the notice is sent to complete the update. Each health and safety training topic will be reviewed at least every 3 years, unless there is updated information that the child care providers need earlier.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Every three years: ongoing training is required annually and covers 12 topics (child development and the 11 health and safety topics) at least once every three years. Additionally, license exempt providers receive a higher rate of pay for completing 10 hours of additional training annually.

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

400.8125(12) (centers); R 400.1903(1)(j) (homes); BEM 706 (license exempt).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

State health and safety modules are free, online, and readily accessible. Providers are encouraged to access for review as often as needed. Providers that take the modules have unlimited access to the resources and are encouraged to access and reference frequently. An annual health and safety update training is published on MiRegistry. Licensed providers will have 6 months from the date the notice is sent to complete the update. Each health and safety training topic will be reviewed at least every 3 years, unless there is updated information that the child care providers need earlier. Licensing consultants will require licensed providers to repeat and/or gain additional knowledge on a particular topic, if they are cited for health and safety compliance issues or if there are updates to support best practice and understanding around the topic. Additional training will be written into the

providers' compliance plans. Licensed providers are required to take between 5 and 16 hours of annual training, depending on their role and setting. Annual training must fall under the core knowledge areas for early childhood and/or school age. Health and safety is one of the content areas. Lead Teachers in center- based environments are required to have a minimum of a CDA or 6 credits in early childhood coursework and Lead Teachers in infant and toddler classrooms must complete 3.0 semester hours in infant and toddler specific coursework. In addition, those participating in our QRIS have annual training requirements of between 10 and 24 hours. Our registry, MiRegistry codes all training by core competency area (content area) and allows providers to track their professional development by content area. Providers are encouraged to be intentional about their professional development planning. In fiscal year 2019, we will introduce an individual professional development plan that will be available in MiRegistry.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Every three years: ongoing training is required annually and covers 12 topics (chi development and the 11 health and safety topics) at least once every three years Additionally, license exempt providers receive a higher rate of pay for completing 10 hours of additional training annually.

12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

R 400.1905(1) (homes); R 400.8131(4) (centers); BEM 706 (license exempt).

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:
Providers are required to take between 5 and 16 hours of annual training depending on their role and setting. An annual health and safety update training is published on MiRegistry. Licensed providers will have 6 months from the date the notice is sent to complete the update. Each health and safety training topic will be reviewed at least every 3 years, unless there is updated information that the child care providers need earlier. Licensing consultants will require licensed providers to repeat and/or gain additional knowledge on child development if they are cited for compliance issues related to needing a better understand of children's development. Additional training will be written into the providers' compliance plans. Annual training must fall under the core knowledge areas for early childhood and/or school age. Child Development is one of the content areas. Lead Teachers in center- based Lead Teachers in center- based environments are required to have a minimum of a CDA or 6 credits in early childhood coursework and Lead Teachers in infant and toddler classrooms must complete 3.0 semester hours in infant and toddler specific coursework. In addition, those participating in our QRIS have annual training requirements of between 10 and 24 hours. Our registry, MiRegistry codes all training by core competency area (content area) and allows providers to track their professional development by content area. Providers are encouraged to be intentional about their professional development planning. In fiscal year 2019, we introduced an individual professional development plan that will be available in MiRegistry.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:
Every three years: ongoing training is required annually and covers 12 topics (chi development and the 11 health and safety topics) at least once every three years Additionally, license exempt providers receive a higher rate of pay for completing 10 hours of additional training annually.

13. Describe other requirements such as nutrition, physical activities, caring for children with special needs, etc..

Nutrition, physical activities, and caring for children with special needs are all topics tha providers are encouraged to take training on, as part of their annual training

requirements. In addition, Great Start to Quality has additional requirements to support all three topics. The online health and safety modules have content in all three. The modules also guide providers through a NAP-SAC self-assessment to support best practice around nutrition and physical activity. Providers can set goals and receive some technical assistance in achieving those goals.

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

R 400.8131 (centers), R400.1905; (homes), BEM 706, RFT 270 (license exempt).

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Licensed providers are required to take between 5 and 16 hours of annual training, depending on their role and setting. Annual training must fall under the core knowledge areas for early childhood and/or school age. Health, Safety and Nutrition and Child Development are two of the content areas. In addition, those participating in our QRIS have annual training requirements of between 10 and 24 hours. Points can be earned for providers that complete three annual hours of training focused on cultural competence and/or supporting children with special needs. Our registry, MiRegistry codes all training by core competency area (content area) and allows providers to track their professional development by content area. Providers are encouraged to be intentional about their professional development planning. In fiscal year 2019, we will introduce an individual professional development plan that will be available in MiRegistry.

These topics are included as options for required annual training. Our state, online health and safety modules also include strong content on all three topics. Providers may access them free and as frequently as they would like. We have also built the NAP-SAC self-assessments into the modules and a link to the Michigan NAP-SAC site.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Ongoing training is optional for License Exempt-Related and Unrelated providers to complete annually for increased pay rates. License Exempt providers receive a higher rate of pay for completing 10 hours of additional training annually. Training topics must fall under the core content or core competency areas for early childhood and/or school age. License exempt providers can track their training in MiRegistry.

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

Before issuance of the original license, a center license applicant shall comply with applicable child care center administrative rules. To ensure providers comply with all applicable state and local health and safety requirements. Licensing consultants review documents from the providers, inspect the facility, review the inspections from environmental health and fire inspections, and work with the provider on corrective actions.

Effective Date: 12/17/2019

5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections-with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards-of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)). Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

Effective Date: 10/01/2018

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards

Prior to becoming licensed, programs are required to have environmental health inspections, a lead hazard risk assessment, fire inspection, (exception: if the center is located in a building operating as a school that has been approved by the state fire marshal or similar authority PA 116 of 1973, 722.112 exempts the center from the fire safety rules) inspection by the licensing consultant.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

An annual inspection of a child care organization licensed under this act shall be unannounced and monitors for all child care licensing rules and provisions, including health and safety, unless the department, in its discretion, considers its necessary to

schedule an appointment for an inspection.

3. Identify the frequency of unannounced inspections:

☑ Once a year

☐ More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

The licensing consultant may use the Child Care Center Compliance Records (BCAL-722, 4668 and 1888 through 1892) to make notes and observations during the inspection. The on-site inspection completed by the licensing consultant verifies that the applicant is complying with the Licensing Rules for Child Care Centers and the Child Care Organizations Act (1973 PA 116).). If the child care center is substantially non-compliant or is in violation of specific health and safety rules, follow up unannounced inspections may take place as needed.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

PA 116 of 1973, 722.113h

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards

1. Licensed family homes are required to have environmental health inspections if they have septic and well, a lead hazard risk assessment, and furnaces, flame producing or heat producing equipment shall be inspected by a licensed contractor for furnace, water heater or mechanical inspector. Family child care homes shall be inspected by a licensing consultant to assure compliance with child care rules prior to receiving a license to care for children. Prelicensure inspections in homes include environmental health inspections if they have septic and well, a lead hazard risk assessment. Furnaces, flame producing or heat producing equipment shall be inspected by a licensed contractor for

furnace, water heater or mechanical inspector. Prior to licensure, a licensing consultant shall inspect the home. The consultant inspects the health and safety of the sleeping/bedding equipment, play equipment (indoor and outdoor), medication storage location and procedures, that firearms are stored appropriately, first aid kit availability, exits, windows, smoke detectors/fire extinguishers, and emergency plans. Training records for training required prior to licensure is inspected.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF family child care providers

An annual inspection of a child care organizations licensed under this act shall be unannounced, unless the department, in its discretion, considers its necessary to schedule an appointment for an inspection.

3. Identify the frequency of unannounced inspections:

☑ Once a year

☐ More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

The licensing consultant may use the Child Care Home Checklist (BCAL 4601) to make notes and observations during the inspection. The licensing consultant will review the following documents during the on-site inspection: medical forms for any assistant caregivers; TB test results for any assistant caregivers (copies of the actual test results are required, if not, documented on the Licensing Medical Clearance Request form); discipline policy; emergency procedures, including floor plan; and proof of required training. Before leaving, the licensing consultant discusses cited rule violations with the applicant. If the child care home is substantially non-compliant or is in violation of specific health and safety rules, follow up unannounced inspections may take place as needed.Annual interim inspections include observing caregiving staff during interactions with the children and assuring positive interactions, the daily

activity program is appropriate, ratio and capacity rules are followed, diapering procedures and safe sleep practices are followed, smoke detectors still work and fire extinguishers are current. Training requirements for ongoing training and professional development are inspected.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

722.113(4) of PA116 of 1973

c) Licensed in-home CCDF child care

☑ N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

3. Identify the frequency of unannounced inspections:

☐ Once a year

☐ More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

LARA- BCHS - Child Care Licensing.

5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

Effective Date: 12/17/2019

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

An annual visit is conducted by a vendor for the Lead Agency, which includes a health and safety review, based on initial training. Initial visits are announced. Ongoing visits are unannounced. No differential monitoring is used. During the annual Health and Safety visit, coaches review a health and safety checklist for compliance, which covers mandatory health and safety training topics taught in the Great Start to Quality Orientation training.

Provide the citation(s) for this policy or procedure

BEM 704, BEM 706

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

Currently, Michigan does not have any license-exempt family child care CCDF providers.

Provide the citation(s) for this policy or procedure

n/a

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used

An annual visit is conducted by a vendor for the Lead Agency, which includes a health and safety review, based on initial training. Initial visits are announced. Ongoing visits are unannounced. No differential monitoring is used. During the annual Health and Safety visit, coaches review a health and safety checklist for compliance, which covers mandatory health and safety training topics taught in the Great Start to Quality Orientation Training.

Provide the citation(s) for this policy or procedure

BEM 704, BEM 706, https://www.michigan.gov/mde/0,4615,7-140-63533_63534_72649-493136--,00.html

d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

☐ No

☑ Yes. If yes,

decsibe:

Michigan's alternative monitoring procedures utilize a health and safety checklist that builds upon the GSQO training that all license-exempt providers must attend.

The draft checklist includes the following questions:

- Provider has a working phone available
- Emergency phone numbers are readily available
- Animals kept as pets appear to be non-threatening or are kept away from children.
- Smoking is prohibited while children are present.
- Provider can explain how to handle different emergencies and determine the appropriate actions to take.
- An emergency plan has been developed and is practiced regularly (tornado, fire, injury).
- Children are supervised appropriately for their age and developmental abilities
- Provider follows safe sleep practice recommendations from Great Start to Quality Orientation.
- Provider follows transportation recommendations from Great Start to Quality Orientation.

- Provider follows handwashing recommendations from Great Start to Quality Orientation.
- The food preparation area is clean and equipped to prepare snacks and meals.
- Perishable food is kept refrigerated, as appropriate.
- Sharp objects (such as knives, scissors or tools) are out of reach of children.
- Hazardous Materials are inaccessible to children (cleaning supplies, lighters, paint, etc.).
- Prescription drugs and other medications are secured from children, stored out of reach and out of sight.
- All weapons and ammunition are secured from children, stored out of reach and out of sight.
- There is at least one unobstructed exit where the child is cared for in the home.
- Designated child care areas, both inside and outside, are clean and safe for children. Non-child care areas are blocked from access.
- Provider understands their role as a Mandated Reporter.

Additional Best Practices

- Working smoke detector is present.
- There is a working fire extinguisher readily available in the home.
- Protective covers are used on all electrical outlets that are easily accessible to young children.

Reminders

- Child care providers are required to immediately report incidents of serious injury or death of a child in care.

Annual ongoing health and safety training must be completed within the calendar year. The Department has finalized this health and safety checklist to be used for both initial and ongoing annual visits.

e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers

Early Childhood Investment Corporation (ECIC)

5.3.4 Licensing inspectors.

Effective Date: 10/01/2018

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training

appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

All child care licensing consultants have a master's degree in early childhood education, child development, or related field. Upon being hired, all licensing consultants attend a week-long new consultant training that covers PA 116 of 1973, child care center licensing rules, child care family and group home rules, role of a regulator, policies, inspections, required paperwork, disciplinary action for providers, and the database of licensed providers information. All consultants also attend training twice a year to receive updates and policy changes.

b) Provide the citation(s) for this policy or procedure

https://www.michigan.gov/documents/ChildDayCareConsultant_12391_7.pdf

5.3.5 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

Effective Date: 10/01/2018

a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

1:98

b) Provide the policy citation and state/territory ratio of licensing inspectors

Michigan's child care licensing system is organized into eight regions with 11 child are

licensing consultants in each of the regions. In addition, there are two licensing consultants who "float" between regions as needed to address special investigations or to support pre-licensure and annual monitoring visits. Michigan continues to strive for consultant/provider ratios that meet the needs of all child care providers to assure children are safe and healthy in child care. As part of the performance agreement between LARA and the Department monthly reports are received that provide the consultant/provider ratio by region in order to ensure we are maintaining caseloads of 1:98. In addition, the Department (in coordination with LARA) provides a bi-annual report to the legislature in which we report the consultant/provider ratios.

5.3.6 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

Effective Date: 10/01/2018

☑ Yes, relatives are exempt from all inspection requirements.

If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.

In Michigan, all license-exempt related providers must complete a seven-hour health and safety GSQ orientationtraining (which includes CPR and First Aid certification, as well as all required health and safety training topics for licensed providers) prior to receiving child care subsidy payments. In addition, we conduct in state criminal history checks (including 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 rate of subsidy pay.

☐ Yes, relatives are exempt from some inspection requirements.

If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

☐ No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In-State	National	Inter-State
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		
4. FBI fingerprint check		x	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional			x
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years			x
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			x

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check require+J514ments, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for

Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

--The national FBI fingerprint check; and,	
--The three in-state background check provisions for the current state of residency:	
	--state criminal registry or repository using fingerprints;
	--state sex offender registry or repository check;
	--state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using fingerprints in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff	

	and/or --Conducting checks on current (existing) staff
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

Effective Date: 12/17/2019

a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Michigan is utilizing a criminal history system that compiles all information necessary to make a determination of whether or not a person has a criminal history that would prevent them from being a child care provider. Michigan's current background check system checks the in-state criminal registry or repository for all individuals who are processed through the system. In order to implement the new criminal history check

requirements in Michigan we needed to amend PA 116, which governs child care licensing for child care centers and homes (group and family). PA 116 changes took effect on March 28, 2018. According to the law, MCL 722.115p Section 5p (1)(2) and MCL 722.115q, Section 5q, (1) (2) All prospective child care staff must have this check completed prior to having unsupervised access to children. In addition to changing PA 116, Michigan is also required to update our child care licensing rules (for centers, group homes and family homes) to help providers understand the requirements in PA116. The child care licensing rules went into effect in December 2019. Michigan is now conducting an in-state criminal history check of all new child care staff through the use of fingerprints.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In September 2018, Michigan will begin completing the required comprehensive background checks on license exempt - unrelated providers and license exempt - parents on site providers (BEM 704) for all currently enrolled providers and newly enrolled providers. The authority to fingerprint these individuals was secured under the federal statute and will follow the same process as the licensed providers mentioned above.

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other

programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Child Care Licensing initiated awareness of the new requirements through a special legislative edition of Michigan Child Care Matters highlighting upcoming changes and requirements, including the criminal history requirements in a January 2018 direct mailing. Michigan also worked with a vendor to create a "criminal history background check system" to conduct and store all criminal history results. On March 28, 2018 Michigan began conducting the state criminal registry or repository using fingerprints for current (existing staff). To date, Michigan has completed over 65,000 individual fingerprints with the FBI and Michigan State Police. This process began as a pilot in one county, expanded to programs that would not be operating over the summer and then to all providers across the state. This process included each provider receiving a letter with instructions for how to begin the process for the new requirements. The letter indicated that the legislature had appropriated funding to help providers meet the requirement and how to initiate the fingerprint process and receive fingerprints free of charge. To support providers in meeting the requirement, child care licensing created a training that was offered across the state at least once in all eight child care licensing regions. The presentation is now available online. In addition, child care licensing arranged with the fingerprinting vendor to offer "mobile" fingerprinting to reduce barriers for providers and programs. This "mobile" fingerprinting option helped facilitate a high number of fingerprints in one location without child care staff having to travel or leave the site to be fingerprinted. Michigan plans to begin fingerprinting currently enrolled license-exempt providers in September 2018. While we have had success to date in getting existing staff to utilize the funding available we have had limited time (due to the lengthy legislative statue process) to conduct the estimated 109,000 fingerprints that would bring all providers into compliance. As we continue to process more fingerprints we are also faced with the volume of checks to process at one time. We also know that while the online system for criminal history fingerprints is convenient for the majority of providers that we have providers with limited computer and internet access. To address this barrier, we are working towards a mobile application for the criminal history background check system. In addition, we continue to place messages on the child care licensing list serve and to do mailings.

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii))..

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state sex offender registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Michigan is utilizing a criminal history system that compiles all information necessary to make a determination of whether or not a person has a criminal history that would prevent them from being a child care provider. Michigan's current background check system checks the in-state sex offender registry or repository - Public Sex Offender Registry (PSOR) for all individuals who are processed through the system. In order to implement the new criminal history check requirements in Michigan we needed to amend PA 116, which governs child care licensing for child care centers and homes (group and family). As part of this check Michigan checks the current name and all known aliases on PSOR. PA 116 changes took effect on March 28, 2018. According to the law, MCL 722.115n (1), all prospective child care staff must have an in-state sex offender registry check completed prior to having unsupervised access to children. All new child care staff are going through the in-state sex offender registry check (PSOR) prior to working with children. In addition to changing PA 116, Michigan is also required to update our child care licensing rules (for centers, group homes and family homes) to help providers understand the requirements in PA116. The child care licensing rules took effect in December 2019.

Prior to March 28, 2018 Michigan ran a check of the facility address to identify if there were any registered sex offenders residing in the facility.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In September 2018, Michigan began completing the required comprehensive background checks on currently license exempt - unrelated providers and license exempt - parents on site providers (BEM 704). All license exempt providers receive a public registry check as they are processed through the child care background check system. The authority to fingerprint these individuals was secured under the federal statute and follows the same

process as the licensed providers mentioned above.

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A. Process was the same for all.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

Effective Date: 05/28/2019

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Michigan is utilizing a criminal history system that compiles all information necessary to make a determination of whether or not a person has a criminal history that would prevent them from being a child care provider. Michigan's current background check system checks the In-State Child Abuse and Neglect Registry for all individuals who are processed through the system. In order to implement the new criminal history check requirements in Michigan we needed to amend PA 116, which governs child care licensing for child care centers and homes (group and family). PA 116 changes took effect on March 28, 2018. According to the law, MCL 722.115q (1), all prospective child care staff must have this check completed prior to having unsupervised access to children. In addition to changing PA 116, MI is also required to update our child care licensing rules (for centers, group homes and family homes) to help providers understand the requirements in PA116. We expect the rule process to continue into 2019. Prior to March 28, 2018, all staff received an in-state child abuse/neglect registry check prior to working alone with children. After March 28, 2018, the Child Care Background Check Unit began processing the in-state Child Abuse/Neglect Registry for all new and prospective staff. Michigan runs the check under the individual's name, aliases, and Social Security Number. Therefore, Michigan is in compliance.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

September 2018, Michigan began completing the required comprehensive background checks on currently enrolled license exempt - unrelated providers and license exempt - parents on site providers (BEM 704). The authority to fingerprint these individuals was secured under the federal statute and follows the same process as the licensed providers mentioned above. In-state child abuse and neglect registry checks are a part of the comprehensive background check.

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A. Same process for all providers.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

Effective Date: 05/28/2019

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Michigan is utilizing a criminal history system that compiles all information necessary to make a determination of whether or not a person has a criminal history that would

prevent them from being a child care provider. Michigan's current background check system checks the National FBI Criminal Fingerprint Search for all individuals who are processed through the system. In order to implement the new criminal history check requirements in Michigan we needed to amend PA 116, which governs child care licensing for child care centers and homes (group and family). PA 116 changes took effect on March 28, 2018. Michigan made changes to PA 116 which took effect on March 28, 2018. According to the law MCL 722.115n (1)(13) all prospective child care staff must have this check completed prior to having unsupervised access to children. (In addition to conducting the checks for prospective staff it also required all currently approved licensed providers meet this requirement. In addition to changing PA 116, MI is also required to update our child care licensing rules (for centers, group homes and family homes) to help providers understand the requirements in PA116. We expect the rule process to continue into 2019.Michigan has already fingerprinted approximately 65,000 new and existing child care staff. New providers and staff are receiving the FBI fingerprint check.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

InSeptember 2018, Michigan began completing the required comprehensive background checks on currently enrolled license exempt - unrelated providers and license exempt - parents on site providers (BEM 704). The authority to fingerprint these individuals was secured under the federal statute and follows the same process as the licensed providers mentioned above.

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A. Same process for all providers.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

Effective Date: 05/28/2019

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

☑ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Michigan is utilizing a criminal history system that compiles all information necessary to make a determination of whether or not a person has a criminal history that would prevent them from being a child care provider. Michigan's current background check system checks the National Crime Information Center (NCIC)/National Sex Offender Registry (NSOR) by doing a name based search for all individuals who are processed through the system. In order to implement the new criminal history check requirements

in Michigan we needed to amend PA 116, which governs child care licensing for child care centers and homes (group and family). PA 116 changes took effect on March 28, 2018. During the waiting period for the rule to go into effect programming was completed by MSP to run all individuals who submit fingerprints under the child care licensing code through NCIC/NSOR with a name based search. This allows Michigan to receive the results with the fingerprints. Michigan has received the NCIC Sex Offender Registry Checks on over 65,000 applicants thus far. According to the law, rule MCL 722.115n (1)(b) all prospective child care staff must have this check completed prior to having unsupervised access to children. In addition to changing PA 116, Michigan is also required to update our child care licensing rules (for centers, group homes and family homes) to help providers understand the requirements in PA116. We expect the rule process to continue into 2019.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In September 2018, Michigan began completing the required comprehensive background checks on currently enrolled license exempt - unrelated providers and license exempt - parents on site providers (BEM 704) and prior to enrollment for prospective providers. The authority to fingerprint these individuals was secured under the federal statute and follows the same process as the licensed providers mentioned above. The comprehensive background check includes an NCIC Sex Offender Registry check and an in-state sex offender registry check.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A. Same process used for all providers.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Effective Date: 05/28/2019

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

☑ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Michigan is utilizing a criminal history system that compiles all information necessary to make a determination of whether or not a person has a criminal history that would prevent them from being a child care provider. Michigan's current background check system includes a mechanism to require checks from *Interstate* Criminal Registry or Repository systems for all individuals who are processed through the system. In order to facilitate these interstate checks Michigan conducted research on each states requirements and processes and created a binder for staff to use when assisting providers with this process. This includes the development of forms and a listing of all associated fees. In order to implement the new criminal history check requirements in Michigan we needed to amend PA 116, which governs child care licensing for child care centers and homes (group and family). PA 116 changes took effect on March 28, 2018. According to the law, rule MCL 722.115n (1)(c) all prospective child care staff must have this check completed prior to having unsupervised access to children. In addition to changing PA 116, Michigan is also required to update our child care licensing rules (for centers, group homes and family homes) to help providers understand the requirements in PA116. We expect the rule process to continue into 2019.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In September 2018, Michigan began the required comprehensive background checks on currently enrolled license exempt - unrelated providers and license exempt-parents on site providers (BEM 704). The authority to fingerprint these individuals was secured under the federal statute and follows the same process as the licensed providers mentioned above. All current and prospective license exempt unrelated and license exempt parents on site providers are included in the interstate criminal registry and repository checks requirements. All prospective providers are before enrollment.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A. Process the same for all providers.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
-- Key challenges to fully implementing this requirements
-- Strategies used to address these challenges
Describe:

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

Effective Date: 05/28/2019

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

☑ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Michigan is utilizing a criminal history system that compiles all information necessary to make a determination of whether or not a person has a criminal history that would prevent them from being a child care provider. Michigan's current background check system does not currently include a mechanism to require checks from *Interstate* Sex Offender Registry or Repository Check Requirements for all individuals who are processed through the system. However, we will continue to work with the child care background check system vendor to get this process automated as part of the comprehensive process. In order to facilitate these interstate checks Michigan conducted research on each states requirements and processes and created a binder for staff to use when assisting providers with this process. This includes the development of forms and a listing of all associated fees. In order to implement the new criminal history check requirements in Michigan we needed to amend PA 116,

which governs child care licensing for child care centers and homes (group and family). PA 116 changes took effect on March 28, 2018. On September 28, 2018 Michigan began implementing a manual check of the Dru Sjodin National Sex Offender Public Website (NSOPW) to review Interstate Sex Offender Registry or Repository Check requirements on currently licensed providers (centers, group homes and family homes) and prospective child care staff prior to having unsupervised access to children. In addition to changing PA 116, Michigan is also required to update our child care licensing rules (for centers, group homes and family homes) to help providers understand the requirements in PA116. We expect the rule process to continue into 2019.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In September 2018 Michigan began completing the required comprehensive background checks on currently enrolled license exempt - unrelated providers and license exempt - parents on site providers (BEM 704). The authority to fingerprint these individuals was secured under the federal statute and follows the same process as the licensed providers mentioned above. On September 28, 2018 Michigan began implementing a manual check of the NSOPW to retrieve Interstate Sex Offender Registry or Repository Checks required on currently enrolled license exempt - unrelated and license exempt - parents on site and prospective license exempt - unrelated and license exempt - parents on site providers prior to enrollment. Efforts to automate this process with the vendor of the child care background check system will continue.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A. Process the same for all providers.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

Effective Date: 05/28/2019

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

☑ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Michigan is utilizing a criminal history system that compiles all information necessary to make a determination of whether or not a person has a criminal history that would

prevent them from being a child care provider. Michigan's current background check system includes a mechanism to require checks from Interstate Child Abuse and Neglect Check Registry Requirements for all individuals who are processed through the system. In order to facilitate these interstate checks Michigan conducted research on each states requirements and processes and created a binder for staff to use when assisting providers with this process. This includes the development of forms and a listing of all associated fees. In order to implement the new criminal history check requirements in Michigan we needed to amend PA 116, which governs child care licensing for child care centers and homes (group and family). PA 116 changes took effect on March 28, 2018. According to the law, rule MCL 722.115q (1)(2) all prospective child care staff must have this check completed prior to having unsupervised access to children. In addition to changing PA 116, Michigan is also required to update our child care licensing rules (for centers, group homes and family homes) to help providers understand the requirements in PA116. We expect the rule process to continue into 2019.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In September 2018 Michigan began completing the required comprehensive background checks on currently enrolled license exempt - unrelated providers and license exempt - parents on site providers (BEM 704). The authority to fingerprint these individuals was secured under the federal statute and follows the same process as the licensed providers mentioned above. All current and prospective license exempt unrelated and license exempt parents on site providers are included. All prospective providers are before enrollment.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A. Process the same for all providers.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Provisional Employment

The CCDF final rule states 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 staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional

hire provision of the CCDF final rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

Effective Date: 09/30/2019

☑ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides.

Describe and include a citation:

PA116 of 1973 Effective/amended 3/28/18 - 722.115(n)(8).

☐ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

☐ Other.

Describe:

5.4.10 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.

Effective Date: 10/01/2018

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

Other states, territories, and tribes have been given direct access to background check information through the State of Michigan's ICHAT website. The cost is $10 for each ICHAT search that is entered into the system using the required information to conduct the background search. The ICHAT provides instantaneous results, usually available within seconds of submitting the request. Additionally, one can search multiple aliases under the $10 fee. Michigan's Central Registry search is free through the Michigan Department of Health and Human Services (MDHHS). The Central Registry search requires the applicant to submit a form in writing to the MDHHS. Typically, the turn-around time for a Central Registry check is two to three weeks. Appeals for incorrect information on either the ICHAT or the Central Registry are processed through either the Michigan State Police or the Michigan Department of Health and Human Services.

5.4.11 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or

battery, or - subject to an individual review (at the state/territory's option)- a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Effective Date: 10/01/2018

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

- ☐ No
- ☑ Yes.

Describe other disqualifying crimes and provide citation:

Michigan added a list of additional crimes which will carry ten-year, seven-year, or five-year exclusions from being eligible to work in a licensed or license-exempt child care program/location. MCL 722.115r (4), (5) and (6) (Licensed) and BEM 705 (License Exempt) detail which additional crimes will carry an exclusion and the length of time for each offense. These crimes include some misdemeanors and felonies in the following categories: controlled substances, breakingand entering, computer crimes, embezzlement, extortion and money laundering, fraud and related crimes, larceny, receiving or concealing stolen property, robbery, and weapons crimes. Some misdemeanor charges were included in categories of mandatory lifetime exclusion categories for felony charges. In addition, Michigan has added one crime which will result in a mandatory lifetime exclusion from child care (human trafficking or involuntary servitude).

5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).

Effective Date: 10/01/2018

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)).

Effective March 28, 2018 all individuals requiring a comprehensive background check will be entered into Michigan's Child Care Background Check System. Through this system the providers will enter in the database all staff who require the background check. The provider will only be given a finding of eligible or ineligible. For privacy purposes, the Department will not provide any details on why an individual is found ineligible. If an individual is determined "ineligible" based upon any portion of the comprehensive background check, they will receive notification in writing. The individual may then request (in writing) the reason for their ineligibility and start a request for a re-determination. The re-determination process is considered to be one manner in which a person can appeal. The redetermination is filed when an applicant has proof that their findings were incorrect due to an expunged or set aside conviction. The second manner in which an individual can appeal is directly with MSP or the FBI. This is when they wish to challenge the accuracy of their criminal history record. As part of this process the applicant is provided with the guidelines for how to appeal their criminal history record with the FBI andMichigan State Police if they feel that there is an error. The child care background check staff will review all appeal documents. Based on PA 116 of 1973, the staff will make a recommendation to the Director of Child Care Licensing. The Director will make the final determination based on whether or not a person is approved based on all the information available. In response to the felony drug convictions, Michigan has statutory authority to exclude an individual from connection with a licensed child care if they have a felony drug conviction within the past seven years. We have a process to grandfather individuals who were existing staff at the time of the law change (March 2018), but only if that conviction occurred more than five years ago. The appeal process involves the applicant completing a form requesting continued eligibility and grandfathering. The applicant is also asked to submit evidence of rehabilitation and possible references the Department can contact with this request. The child care program analyst within the child care background check unit reviews and approves all grandfathering requests and the decision of the Department is final.

5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).

Effective Date: 10/01/2018

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 they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The state of Michigan is contracting with a statewide vendor to perform the comprehensive background checks. The contract specifies the cost of the print,including the FBI portion, the state police portion and the vendor portion. The cost of the prints will be monitored through the ongoing contract to ensure that the cost does not exceed the actual cost of processing and administration. The lead agency does not add additional costs for fingerprint processing.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

Effective Date: 10/01/2018

- ☐ No, relatives are not exempt from background check requirements.
- ☐ Yes, relatives are exempt from all background check requirements.
- ☑ Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

Michigan completes public information checks that include:State of Michigan Criminal History Information Tool (ICHAT), Offender Tracking Information System (Michigan

Department of Corrections database), PSOR and Central Registry checks. Michigan will not be conducting the following checks: FBI fingerprint check, Michigan criminal history records, NCIC, NSOR or interstate checks.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies,

breadth, and depth with which states and territories will develop and implement their framework.

Effective Date: 10/01/2018

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

-- State/territory professional standards and competencies. Describe:

Michigan has Core Knowledge and Core Competencies (CKCCs) for both early childhood and out of school time (OST). They are aligned to state and national early learning andOST program standards, including our state learning guidelines. Both the CKCC and our learning guidelines have been approved and endorsed by the SBE. The CKCCs are organized by level-each competency statement has a series of indicators that are identified as developing, achieving, or extending level indicators for early childhood and levels one through five for OST. The indicators identify the knowledge, skills, and attributes early childhood and OST educators may be developing all the way through to mastery. Each level builds on the knowledge of the previous level. Training approved by the Michigan Registry is aligned to the relevant 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. We have developed a free online course (training) on the CKCCs that is available to all providers who are interested in learning more. The training is always accessible and does count toward annual required training hours for licensing.

-- Career pathways. Describe:

Michigan has developed a formal career lattice or pathway which was introduced to the field with the launch of Michigan Registry. 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 (early childhood) and ten (school age) CKCC competency areas. The beginning steps move a provider toward achieving a CDA or School Age Credential and then additional steps require college coursework and achievement of a degree. The career pathway is targeted to both early childhood andOST professionals.

-- Advisory structure. 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 theOGS 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: GSQ, ECIC, Community College (2yr), University (4yr), Migrant Telamon, MHSA, MDHHS, GSRP, MAISA, Tribal Representation, Michigan Afterschool Partnership, Michigan Association for Infant Mental Health, T.E.A.C.H. Early Childhood Michigan, MiAEYC, LARA, Early-On Technical Assistance Network, Office of Career and Technical Education, Office of Professional Preparation Services (OPPS), Head Start Training and Technical Assistance, Community Health/Home Visiting.

-- Articulation. Describe:

Michigan participated 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's degree granting institutions. The plan included supporting associate degree granting institutions to pursue a common set of high quality standards (specifically National Association for the Education of Young Children (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's degree granting institutions. Each of the associate degree granting institutions developed agreements with both of the bachelor's degree granting institutions. These agreements have served as models to support other institutions in developing block articulation/transfer agreements. We have added at least six new agreements and look forward to adding more, as additional associate degree granting colleges have recently become accredited through our RTT accreditation project. This project provided support to six community colleges with pursuing first time accreditation and up to three community colleges for renewing their accreditation. To date, 3 community colleges have become newly NAEYC accredited, 1 is waiting for their

accreditation on-site visit and 1 community college has become reaccredited. 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's degree granting institution.

-- Workforce information. Describe:

In April 2018, Michigan launched our workforce registry, MiRegistry. MiRegistry allows for the collection of demographic, wage, education, retention, and professional development information in the registry. The registry also houses our system of trainer and training approval, along with a statewide calendar of professional development/training events. When an individual completes an approved training event, evidence automatically populates his/her learning record. In 2018 Michigan is also conducting a workforce study of the early childhood care and education workforce that will provide information for informing pipeline and pathways into the field and identify how to best support the workforce. This study is scheduled to be complete in December 2018.

-- Financing. Describe:

Michigan provides funding to T.E.A.C.H. Early Childhood Michigan, a statewide scholarship program designed to help child care center teaching staff, preschool teachers, family child care providers, group home owners, center directors, early childhood professionals and administrators meet their professional development goals, while continuing their current employmentin regulated early childhood and school age care settings T.E.A.C.H. Early Childhood® MICHIGAN addresses two major challenges in the early education and care field - low wages and high turnover. The scholarship helps increase compensation and the retention of skilled teachers. The education level of child care providers is one of the most critical indicators of the quality of a child's experiences in child care. T.E.A.C.H. scholarships support college credit- based education, books, release time and a travel stipend. T.E.A.C.H. funds can also be used to cover the cost of the CDA.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

☑ Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Providers have access to training that offers CEUs through the Michigan Registry training calendar. In addition, the majority of statewide conferences offer state continuing education clock hours through MDE. To offer state continuing education clock hours (SCECHs), a sponsor must go through an approval process that requires training to meet state requirements. Providers participating in T.E.A.C.H. Early Childhood, Michigan for support in pursuing a CDA, associates or bachelor's degree are required to take credit bearing college coursework.

☑ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

Training that is approved through our QRIS--GSQ, goes through our statewide trainer and training approval process which lives in the Michigan Registry. This process requires the trainer to directly align all training to the relevant CKCCs. Institutes of Higher Education align coursework to the early childhood CKCCs and a crosswalk with NAEYC accreditation for associate degree granting programs has been done for consistency and to support our current block transfer approach for those moving from the associate's level to pursuit of a bachelor's degree. We continue to connect with institutions of higher education at an annual summit to encourage alignment with our state framework.

☐ Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

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 theOGS 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: GSQ, ECIC, Community College (2yr), University (4yr), Migrant Telamon, MHSA, MDHHS, GSRP, MAISA, Tribal Representation, Michigan Afterschool Partnership, Michigan Association for Infant Mental Health, T.E.A.C.H. Early Childhood Michigan, MiAEYC, LARA, *Early-On* Technical Assistance Network, Office of Career and Technical Education, Office of Professional Preparation Services (OPPS), Head Start Training and Technical Assistance, Community Health/Home Visiting.

Effective Date: 10/01/2018

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Michigan has designed the framework to be flexible and to support the workforce at varying levels of competency. Michigan has also been sending a strong message to individuals that are part of the early childhood andOST workforce, that they are part of a profession and, in turn, are professionals. Michigan introduced a workforce registry--MiRegistry in April 2018. In preparation for launch Michigan built the approved trainer and approved training side to allow for a heavily populated training calendar at launch. All trainers must be approved utilizing a rubric based on education, experience in the field, and experience working with adult learners. All training is approved and leveled based on alignment to the early childhood or out of school time competencies. To date, we have nearly 500 approved trainers providing training events. There are two profile levels in MiRegistry— create an account level and a membership level. In July 2018, Michigan launched two online health and safety courses (in MiRegistry) to support providers with meeting reauthorization requirements. This generated an enormous influx of account creation in the registry. To date, there are over 30,000 accounts in MiRegistry. Roughly 1500 of those creating accounts have applied for membership. Membership is where the depth of data about the workforce becomes available; as more information such as education, credentials, and more detailed employment information is entered and verified by registry staff. Placement along our state

career pathway also occurs at the membership level. As the registry continues to grow in usage and membership, it will allow the state to speak to some of the above items with data—quality, diversity, stability and retention. The registry also reinforces this concept of professionalism by documenting and acknowledging the qualifications of individuals in the workforce.

Effective Date: 10/01/2018

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be 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 funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development framework (98.44(b)).

Licensing requires annual professional development for licensed child care providers. To comply, providers participate in professional development that is aligned to the CKCCs. Child care providers access approved training through the Michigan Registry 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 andguidance, and social and emotional development. In 2018, all licensed providers will be

required to complete all the CCDF health and safety topics as part of preservice or within three months of employment. We will be providing the series of required health and safety trainings free of charge in an online module format. Record of completion will be available in the Michigan Registry for licensing consultant review. Michigan's training and professional development framework incorporates licensing health and safety standards as the foundation and allows for professional development to support increased knowledge and competency. Training is leveled and categorized by core competency area, which allows for intentional professional development planning to support different professional goals and overall competency. As part of our system of professional development, we have introduced a career pathway that acknowledges licensing requirements at the foundational or entry level and moves to professional levels that are achieved through credentials and higher education attainment. License exempt providers (related, non-related and parents on site) all complete a GSQ orientation that is built on the CKCCs and is housed in the registry. GSQ Resource Centers provide professional development on positive guidance and discipline, reducing challenging behaviors, and some offer specific training on intervention models including the pyramid model. Our SBE approved a state policy on suspension and expulsion prevention. A state team with representation from our Head Start Collaboration Office, Child Care, State Pre-K, Infant Mental Health and MDHHS has been convened to focus on this important work. In addition, as part of our RTT-ELC 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 social emotional consultation to 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. This work has been taking place in seven eight communities, with the hope to eventually move statewide; although current funding is through our RTT-ELC Grant which ends December 31, 2018.

Effective Date: 10/01/2018

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

All providers, including those supported through Indian tribes/tribal organizations, have access to professional development offered through the Michigan Registry, Institutes of Higher Education or other community partners who offer training.

Effective Date: 10/01/2018

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:

Effective Date: 10/01/2018

a) with limited English proficiency

IndividualGSQ 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 GSQ. Two of our Resource Centers have bilingual staff and all support providers with translation services. One Resource Center is facilitating a learning community in Spanish. For providers with disabilities, accommodations are made as needed.

b) who have disabilities

Each provider is a unique case and their individual ability is accommodated according to their needs. For example, a hearing-impaired provider may be positioned close to the instructor during a training to accommodate a provider who is able to read lips. If an interpreter is available, this is also an option. A vision-impaired provider may be accommodated with materials specific to the training with access to the trainer on an individual basis to read the printed materials. Considerations are made for locations where trainings or meetings are held and are different abilities accessible (handicapped). When a provider shares that they struggle with reading and comprehension, there is additional

individualized assistance to make sure the provider is comfortable and understands. In addition, one-on-one consultation is provided to meet the needs as best as possible.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care 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 developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii--iv)).

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. In addition, licensing requires infant toddler focused coursework to be an Infant or Toddler Lead Caregiver and our career pathway recognizes the Infant Toddler CDA and Infant Mental Health Credential; as well as the School Age Youth Development credential. We also have an inventory or higher education coursework focused on infants and toddlers and are working on a rubric to specifically approve training as infant or toddler focused.

Effective Date: 10/01/2018

6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

Effective Date: 10/01/2018

a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

A three-hour training- "Supporting Families Experiencing Homelessness: How Child Care Providers Can Help"- was developed with the support of a stakeholder group and our state's McKinney-Vento Coordinator. The three- hour training covers: Homelessness definition, Strategies for identifying families experiencing homelessness, impacts of homelessness on children and families, Resources for children and families experiencing homelessness, Strategies for providers to support children and families in their care that are experiencing homelessness. This training is delivered across the state multiple times by each of the ten GSQ Resource Centers. In order to assess the training, we reconvened theoriginal stakeholder group and trainers in December 2017 to review the training and update with current data. Our state McKinney Vento Coordinator and several McKinney Vento Liaisons joined and shared new information and resources to incorporate into the statewide training. We are considering developing a part two training. We plan to expand our network of approved trainers to allow for more providers to access the training in their community. The state's RTT Social Emotional Consultants (SEC) are qualified to complement and support the state's three-hour training designed to identify and service homeless children and their families. The SECs can build on this training's foundational knowledge and offer ongoing training and coaching to the child care provider around the often intense emotional, behavioral and traumatic effects that children may experience during times of homelessness. Additionally, the SEC may help support the provider, child and family to connect with other community resources such as mental and behavioral health services that are needed to facilitate the child's ability to be maintained in the child care setting. (RTT funding ends December 31, 2018). Funds have been identified for RTT locations to continue into FY19.

b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.2.2).

A three-hour training titled "Supporting Families Experiencing Homelessness: How Child Care Providers Can Help" was developed with the support of a stakeholder group and Michigan's McKinney-Vento Coordinator. The three-hour training covers homelessness definition, strategies for identifying families experiencing homelessness, impacts of homelessness on children and families, resources for children and families experiencing homelessness, and strategies for providers to support children and families in their care that

are experiencing homelessness. This training is delivered across the state multiple times by each of the tenGSQ Resource Centers. In order to assess the training, we reconvened the original stakeholder group and trainers in December 2017 to review the training and update with current data. Michigan's McKinney-Vento Coordinator and several McKinney-Vento Liaisons joined and shared new information and resources to incorporate into the statewide training. Michigan is considering developing a part two training and plans to expand the network of approved trainers to allow for more providers to access the training in their community. The state's RTT Social Emotional Consultants (SEC) are qualified to complement and support the state's three-hour training, designed to identify and service children and their families experiencing homelessness. The SECs can build on this training's foundational knowledge and offer ongoing training and coaching to the child care provider around the often intense emotional, behavioral and traumatic effects that children may experience during times of homelessness. Additionally, the SEC may help support the provider, child and family to connect with other community resources such as mental and behavioral health services that are needed to facilitate the child's ability to be maintained in the child care setting. (RTT funding ends December 31, 2018). Funds have been identified for RTT locations to continue into FY19.

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply

Effective Date: 10/01/2018

- [x] Issue policy change notices
- [x] Issue newpolicy manual
- [x] Staff training
- [x] Orientations
- [ ] Onsite training
- [x] Online training
- [x] Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

For license exempt providers, except relatives, assignment/payment for care of a CCDF

eligible child is dependent upon completion of an annual health and safety visit, which is an extension of the orientation training.

☑ Other

Describe:

The CDC Handbook is a plain language, simplified and condensed interpretation of policy manuals. It is updated at regular intervals, along with policy.

6.2.7 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

Effective Date: 10/01/2018

a) Describe the strategies that the state/territory is developing and implementing for training and TA.

RTT funds supported the development of a series of child care business trainings designed for both center-based and home-based child care providers. These trainings were piloted in six regions across the state in 2017. In 2018 a Training of Trainers took place that prepared staff at allten GSQ Resource Centers across the state to provide these trainings statewide on an ongoing basis.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- ☑ Fiscal management
- ☑ Budgeting
- ☑ Recordkeeping
- ☑ Hiring, developing, and retaining qualified staff
- ☑ Risk management
- ☑ Community relationships
- ☑ Marketing and public relations
- ☑ Parent-provider communications, including who delivers the training, education, and/or technical assistance

☐ Other

Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to 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, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

Effective Date: 10/01/2018

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

Michigan's system of early childhood education and care standards includes standards for infants and toddlers, preschoolers, and primary grade children and contain both frameworks for early development and learning and program quality standards for classroom-based programs and family and group home child care programs andOST programs. Standards for early childhood professional development are part of the system. The body of early childhood practice makes it abundantly clear that settings of high quality are necessary to achieve positive outcomes for children. All standards are based on more general and seminal works rooted in research-based and developmentally appropriate best practices on early childhood standards and program quality. Michigan's SBE adopted Early Childhood Standards of Quality for Infant and Toddler Programs (ECSQ-IT) in 2013 and is intended to help early childhood programs

provide high-quality settings and to respond to the diversity of children and families. These standards set the foundation from which the Early Childhood Standards of Quality for Prekindergarten (ECSQ-Prek) and Michigan Out-of-School Time (MOST) Standards of Quality, as well as grades K-3 student learning outcomes in all domains and content areas are built upon. The minimum regulations detailed in the Licensing Rules for Child Care Centers and Licensing Rules for Family and Group Child Care Homes serving children birth through age 12 are incorporated into the standards. Moreover, the ECSQ-IT and ECSQ-Prek are aligned with the federal Head Start Developmental and Early Learning Framework and Head Start Performance Standards.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

The continuum of standards is meant to apply to all children in birth to school age in Michigan irrespective of gender, ability, age, ethnicity, home language or background. Young children's growth, development and learning are highly idiosyncratic. Young children learn at different rates across the various strands/domains of their development and not all children master skills and content within an area in the same order, although there are patterns to their development. All areas of child development and learning within and across the ECSQ-IT and ECSQ-Prek are interrelated. The emphasis within the ECSQ-IT is placed on significant physical, social-emotional, and cognitive paths appropriate for infants and toddlers and standards are organized within five strands; well-being, belonging, exploration, communication, and contribution. The ECSQ-Pre-k broaden the emphasis to encompass many more areas of development appropriate for children ages three to kindergarten entry (although are appropriate through age eight), including approaches to learning; creative arts; language and early literacy development; dual language learning; technology literacy; social, emotional and physical health and development, mathematics, science, and social studies.

c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

- [x] Cognition, including language arts and mathematics
- [x] Social development
- [x] Emotional development

☑ Physical development

☑ Approaches toward learning

☑ Other

Describe:

All domains of early learning and development within ECSQ-IT and ECSQ-Prek that extend beyond the core five listed within this subsection, including approaches to learning; creative arts; language and early literacy development; dual language learning; technology literacy; social, emotional and physical health and development, mathematics, science, and social studies.

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

Michigan's early learning and developmental guidelines are adopted and implemented under the MichiganSBE authority within the Michigan Constitution. The current versions dated March 2013 of the ECSQ-IT, ECSQ-Prek and MOST Standards of Quality were developed within ad-hoc advisory and steering committees convened by MDE OGS between 2011 and 2013. The OGS has an Advisory Council that functions as Michigan's State Advisory Council; however, the standards were adopted by the Michigan SBE prior to the OGS Advisory Council's formation and therefore it did not inform their development. The process for adoption of the standards included taking the committee draft of the standards to the Michigan SBE for initial presentation of the standards, posting for formal public comment, final adoption by the Michigan SBE, posting to the MDE website and dissemination to the field. The committees considered child care licensing rules as the basis for a system of quality programming, and build upon, but did not necessarily repeat, those rules in these quality standards. Membership within the committees consisted of early learning and development research and practice experts from the field, including institutions of higher education; state departments of education, human services, community health; advocates; Early Head Start/Head Start; state pre-K; IDEA Part C and Part B 619; and direct service providers. Special note for the ECSQ-IT, the committee utilized a framework based on work in New Zealand developed by the New Zealand Ministry of Education to construct the structure of Michigan's standards.

e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates

Updates are driven by the field and based on new research around children's early learning and development. ECSQ-IT were originally adopted in 2006, then updated in 2013. ECSQ-Prek were originally adopted under a different format in 1971, updated several times up through the latest revision in 2013. MOST Standards of Quality were originally adopted in 2003, then updated in 2013.

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards

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. These program standards compliment K-12 student learning outcomes and arebased on research concerning quality programs for school-age children and youth and include: health and safety; human relationships; program staffing; indoor and outdoor environment; program activities; administration; and single purpose programs. These seven distinct areas define the nationally recognized indicators of OST program quality. The Michigan Department of Education and SBE followed the same process for adoption of the standards for the state/territory's early learning and developmental guidelines.

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

ECSQ-IT: http://www.michigan.gov/documents/mde/ECSQ_IT_approved_422341_7.pdf
ECSQ-Prek:
http://www.michigan.gov/documents/mde/ECSQ_OK_Approved_422339_7.pdf MOST:
www.michigan.gov/21stcclc

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- 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 program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

Michigan's early learning and developmental guidelines are used as the basis for its Great Start system and apply to MDE funded OST programs. They are required to be used and adhered to within Michigan's state pre-K program, GSRP, as well as within Michigan's 21st Century Community Learning Centers (ESSA, Title IV, Part B). They also are the foundation from which Michigan's QRIS, GSQ, is built upon. The ECSQ-IT, ECSQ-Prek, and MOST inform the GSQ indicator structure and levels of quality associated with its five-star structure.

Effective Date: 10/01/2018

7 Support Continuous Quality Improvement

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

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of

child care programs and services within the state/territory (658G(d); 98.53(f)).

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

-- Supporting the training and professional development of the child care workforce

-- Improving on the development or implementation of early learning and developmental guidelines

-- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services

-- Improving the supply and quality of child care programs and services for infants and toddlers

-- Establishing or expanding a statewide system of child care resource and referral services

-- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)

-- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children

-- Supporting providers in the voluntary pursuit of accreditation

-- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

-- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)) These activities can benefit infants and toddlers through school age populations.

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

7.1 Quality Activities Needs Assessment for Child Care Services

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

Michigan conductedour first assessment in 2016 and the findings were summarized in the "Building a Better Child Care System: What Michigan Can Do to Help More Parents and Children Access Quality Care " report in September 2016. This report included addressing supports needed for the workforce including professional development and quality improvement and recognized the importance of participation in GSQ, our QRIS. To date, the Department has created an implementation plan, which is reviewed regularly to update the status of implementation. Each FY priorities for implementation will be identified.

Effective Date: 10/01/2018

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

As part of the "Building a Better Child Care System: What Michigan Can Do to Help More Parents and Children Access Quality Care " report,there were two clear recommendations that inform and support goals for quality improvement: support the early childhood workforce and make it easier for providers to improve their programs. As part of the "support the early childhood workforce" recommendation, there were two directives: assess professional development opportunities for licensed providers and explore how to improve benefits and wages. Three elements were identified as part of the professional development opportunities directive: address barriers to accessing current professional development, partner with providers to identify topics that are relevant to current challenges, and catalog and sequence current professional development requirements and opportunities. As part of the "make it easier for providers to improve their programs" recommendation, some of the directives

under this recommendation include: continue to explore how to best support license exempt providers, provide funding to support quality improvements, align expectations across programs and funding streams, increase support during the licensing process, and increase participation in GSQ. We continue to use both recommendations to support our quality investments. 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 GSQ. The purpose of 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 (QIC) and Quality Improvement Specialists (QIS) work to support providers' participation in GSQ by providing outreach and engagement, resource and referrals, ongoing coaching, consultation, technical assistance and professional development opportunities. All in an effort to continue to move the providers along the quality continuum. In addition to supports for licensed and license exempt providers, license exempt providers are also provided the opportunity of 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 OGS 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. Michigan is in the process of launching our workforce registry, the Michigan Registry. The registry will not only provide workforce data, but will help inform future quality improvement needs and goals. Currently we rely on our QRIS data, best practices from other states, federal level workforce and state child care data.

Effective Date: 04/25/2019

7.2 Use of Quality Funds

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

Effective Date: 10/01/2018

☑ Supporting the training and professional development of the child care workforce If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☑ Other funds

Describe:

RTT-ELC through 12/31/2018.

☐ Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.

☐ CCDF funds

☐ Other funds

Describe:

☑ Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☑ Other funds

Describe:

RTT-ELC through 12/31/2018.

☑ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply

☑ CCDF funds

☐ Other funds

Describe:

☐ Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

☐ CCDF funds

☐ Other funds

Describe:

☑ Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☑ Other funds

Describe:

RTT-ELC through 12/31/2018.

☑ Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

☐ CCDF funds

☑ Other funds

Describe:

RTT-ELC through 12/31/2018.

☐ Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

☐ CCDF funds

☐ Other funds

Describe:

☑ 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 7.10 and indicate which funds will be used for

this activity. Check all that apply.

☐ CCDF funds

☑ Other funds

Describe:

RTT-ELC through 12/31/2018 .

☐ Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply

☐ CCDF funds

☐ Other funds

Describe:

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

Effective Date: 10/01/2018

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

☑ Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies

Describe:

Child care providers have access to approved training through Michigan's ten GSQ

resource centers and that training is aligned to the CKCC. 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 emotional development. Beginning April 2018, child care providers will access approved training, including training offered by our ten GSQ resource centers, in the Michigan Registry. Some of thetraining offered by the GSQ resource centers is CSEFEL (Center on the Social Emotional Foundations for Early Learning) based; but, this training isn't offered by all GSQ Resource Centers. As part of our RTT-ELC 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 has been taking place in eight regions (18 counties), with the hope to eventually move statewide; although current funding is through our RTT-ELC Grant which ends December 31, 2018. Funds have been identified for RTT locations to continue into FY19.

☑ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.5.)

Describe:

GSQ Resource Centers provide professional development on positive guidance and discipline, reducing challenging behaviors, and some offer specific training on intervention models including the pyramid model. Michigan's SBE approved a state policy on suspension and expulsion prevention. We have been participating in a BUILD initiative to guide our efforts around strong training and technical assistance supports for the workforce. A state team with representation from our Head Start Collaboration Office, Child Care, State Pre-K, Infant Mental Health and MDHHS has been convened to focus on this important work. In addition, as part of our RTT-ELCGrant 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 and consultation. This work has been taking place in eight communities, with the hope to eventually move statewide; although current funding is through our RTT-ELC Grant which ends December 31, 2018. Funds have been identified for RTT locations to continue into FY19.

☑ 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 GSQ program standards; GSQ 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 linguisticresponsiveness training. As part of our RTT grant, we have a project focused on family engagement that will: Incorporate Strengthening Families Protective Factors (SFPF) into the GSQ program standards- We did complete a GAP Analysis, but family engagement has not yet been incorporated into the GSQ standards. Place family engagement consultants in eight regions (18 counties) to support parents and providers- To expand upon the work of the Family Engagement Consultants the Family Engagement Specialist created a pilot a model for the Parent and Community Cafes. The Caring Conversations Café Model provides an avenue to support parents and license exempt providers as they care for very young children. The Caring Conversations Café model is influenced by emerging information regarding brain architecture, trauma and adverse childhood experiences, as well as the rich studies of resilience that highlight the power of nurturing and supportive relationships and community. Provide training modules to support the GSQ Family and Community Partnerships standards. Through GSQ a Strengthening Families Training has been offered to licensed and license exempt child care providers. SFPF trainings have also been offered to community members, professionals, and the Great Start Coalitions and Collaboratives through various partnerships. Assist families and providers in understanding and adopting protective factors into daily practice. An extension of training on the Strengthening Families protective factors was offered to Pathways to Pathways to Potential Success Coaches as well as eligibility specialists working for the MDHHS. Establish and coordinate networks of trusted advisors able to provide

support to families in their local communities Trusted Advisor Grants comprised of RTT-ELC funds were made available to GSPCs in 2017 and 2018. The GSPCs Trusted Advisor Grants were designed to fund GSPCs, through ISDs or a consortium of ISDs, as fiscal agents, to designate funds to design and implement outreach and support activities for families and their at-risk children birth to age 5. The goal of GSPC Trusted Advisor Grants, funded with RTT-ELC grant funds, is to improve linkages to families with children birth to age 5 who are most difficult to engage in early learning and development programs and related community supports by disseminating culturally and linguistically appropriate materials and information about the importance of early childhood learning and development. Our particular interest is to provide supports to individuals who care for young children but are not part of the child care subsidy system. Through the application and award process GSPCs were eligible to apply for $5,000 - $60,000 to implement activities targeted toward the specific population(s) identified in the application process. Through careful data analysis the GSPCs proposed activities that that support Michigan's four outcomes that pertain to young children's well-being: children and born healthy; children are healthy, thriving, and developmentally on track from birth to third grade; children are developmentally ready to succeed in school at the time of school entry; children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade. 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. (RTT funding ends December 31, 2018.) Funds have been identified for RTT locations to continue into FY19.

☐ Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards.

Describe:

☑ Providing onsite or accessible comprehensive services for children and developing 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 GSQ. 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 GSQ program standards, place Family Engagement Consultants in targeted communities to support parents and providers, provide training modules to support the GSQ 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:

☐ 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:

GSQ resource centers offer a variety of training on caring for and supporting the development of children with disabilities and delays. Many GSQ resource centers offer a series of trainings on inclusion and partner with their localISDs 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 the positive development of school-age children

Describe:

GSQ 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 includeparent engagement, conflict resolution, planning and reflection, active learning, building community, communication, and youth voice.

☐ Other

Describe:

b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary 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 post-secondary training, including financial aid and academic counseling
- ☑ Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
- ☑ Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
- ☐ Other

Describe:

7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

As part of ourRTT-ELC grant, an evaluation/validation of GSQ is occurring. The evaluation/validation will be completed by December 31, 2018.

Effective Date: 10/01/2018

7.4 Quality Rating and Improvement System (QRIS)

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

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

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

Effective Date: 10/01/2018

- ☐ No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.
- ☐ No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.
- ☑ Yes, the state/territory has a QRIS operating statewide or territory-wide

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

  GSQ, Michigan's QRIS for child care and preschool is administered by ECIC. Anetwork of ten GSQ 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 initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

  Provide a link, if available.

☐ Yes, the state/territory has another system of quality improvement

If the response is yes to any of the above, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

7.4.2 QRIS participation

Effective Date: 10/01/2018

a) Are providers required to participate in the QRIS?

- ☑ Participation is voluntary
- ☐ Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).
- ☐ Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/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 prekindergarten or preschool programs
- ☐ Local district-supported prekindergarten programs
- ☑ Programs serving infants and toddlers
- ☑ Programs serving school-age children
- ☑ Faith-based settings
- ☑ Tribally operated programs

☐ Other

Describe:

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

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

Effective Date: 10/01/2018

☐ No

☑ Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

- ☑ Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system) .
- ☑ Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
- ☑ Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- ☑ Programs that meet all or part of state/territory school-age quality standards.
- ☐ Other.

Describe:

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

Effective Date: 10/01/2018

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

  Describe:

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

Effective Date: 10/01/2018

- [ ] No
- [x] Yes. If yes, check all that apply
  - [ ] One time grants, awards, or bonuses.
  - [ ] Ongoing or periodic quality stipends
  - [x] Higher subsidy payments
  - [x] Training or technical assistance related to QRIS.
  - [x] Coaching/mentoring.
  - [x] Scholarships, bonuses, or increased compensation for degrees/certificates
  - [ ] Materials and supplies
  - [ ] Priority access for other grants or programs
  - [ ] Tax credits (providers or parents)

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

☐ Other

Describe:

7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

As part of ourRTT-ELC grant, an evaluation/validation of GSQ is occurring. The evaluation/validation will be completed by December 31, 2018. The impact of quality improvement supports, including consultation, utilization of quality improvement plans, and RTT-ELC funded incentives, on the overall published rating and category scores of GSQ participants will continue to be monitored over time. Initial analysis indicates the combination of consultation and receipt of one or more of the RTT-ELC funded incentives yields the most impact on increasing quality, compared to singular utilization or other combination of consultation, development of a quality improvement plan or accessing one or more of the RTT-ELC funded incentives.

Effective Date: 10/01/2018

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

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs. Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the

general quality set-aside requirement.

7.5.1 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

Effective Date: 10/01/2018

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

Describe:

TheCDC program facilitates the provision of Flint Water Emergency subsidy funds to the Flint Educare Center. Educare advances a rigorous, research-based model derived from early childhood development, education, social work and other allied fields. Four core features compose the model: data utilization, embedded professional development, high-quality teaching practices and intensive family engagement. A component of Educare is program evaluation, which the Flint location will be subjectto.

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

Describe:

☑ Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers

Describe:

For state fiscal year 17, 40% of the GSQ resource center budgets was 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. All training that is infant and/or toddler focused will be coded as such in the new Michigan Registry and will allow for reporting to ensure availability and diversity of topics.

☑ Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists

Describe:

The ECIC Infant Toddler Specialist leads a network of Infant Toddler Quality Improvement Consultants. Consultants are receiving statewide infant toddler training (including Program for Infant and Toddler Care PITC) 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 GSQ 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 anIndividualized 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/territory's QRIS, including classroom inventories and assessments

Describe:

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

☑ 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 developmental guidelines

Describe:

Michigan 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 that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development

Describe:

☑ Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being

Describe:

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

children birth to age 3.

☑ Coordinating with child care health consultants.

Describe:

Michigan utilizes specialized consultation through RTT funding. Child care health consultants help increase understanding, awareness, and best practices related to health, nutrition, and safety through one-on-one consultation, policy development and training.

☑ Coordinating with mental health consultants.

Describe:

Currently there are 13 master's prepared social and emotional consultants within 18 counties that are supporting childcare providers within the QRIS system to build equitable, quality care by strengthening their child care practices and environments to support social and emotional well-being of all children and the staff that care for them. This service is funded through RTT funds through 2018.

☑ Other

Describe:

Social emotional consultants help providers and families recognize and effectively meet the social-emotional needs of all young children in their care from birth through age five. Family engagement consultants help build stronger connections between providers and families. They also facilitate Care Giving Conversations, which bring together families and providers to support them in building Protective Factors in their lives.

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

The quality improvements often experienced by providers who have engaged in the infant/toddler services through GSQ are not primarily reflected in increased star ratings. To better track these more nuanced changes, information is collected on a monthly basis from

Infant/Toddler specialists who support providers in their local learning communities. Preliminary results show that providers who attend more monthly group and individual supports have decreased feelings of isolation, learned and applied relationship-based care practices that enhance interactions between individuals in the environment, and engaged in formal and informal activities to support developmentally appropriate practices for Michigan's youngest children in child care. Future analysis might include how these supports impact business sustainability and workforce turnover. Michigan also supports partnerships centered on raising infant-toddler care quality in some of the State's most underserved communities. The Lead Agency supports the layered funding model for Michigan's EHS-CCP grantees, which allows them to access both child care subsidy and EHS-CCP dollars. The agreement contemplating the layered funding requires the EHS-CCP grantees to provide data related to the types of quality enhancements they support, continuity of care and quality rating of their partner providers, among other indicators. The Lead Agency also facilitates the provision of Flint Water Emergency subsidy funds to the Flint Educare Center. Currently, the Lead Agency receives a monthly report regarding the number of infants and toddlers who have enrolled in Educare, those who have transitioned or left the program, and the number of infants and toddlers on the waiting list, with an expectation that the slots designated for infants and toddlers remain filled to capacity. The agreement also requires that the Lead Agency receives a copy of the program evaluation that is conducted as part of the Educare model. Training and professional development for infant and toddler caregivers through the GSQ Resource Centers included multi-pronged approaches. In the fiscal year that ended September 30, 2018, the targets and outcomes included 21.1% of professional development opportunities offered across the state that were targeted to Infants and Toddlers by Resource Center, ranging between 17% (179 of 1,054) to 46% (66 of 142) of offerings. A total of 548 trainings offered had 100% focused content on Infants and Toddlers. Each of the ten Resource Centers piloted a local learning community with licensed and registered providers on infant/toddler care, Utilized the Program forInfant/Toddler Care (PITC), an evidence-based framework to support the learnings of their members; and collectively held 88 meetings across 11 Resource Center-led groups, engaging 149 individuals over the course of the fiscal year.

Effective Date: 10/01/2018

7.6 Child Care Resource and Referral

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

7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

n/a

Effective Date: 10/01/2018

7.7 Facilitating Compliance With State Standards

7.7.1 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:

MI uses quality funds to support Child Care Licensing (consultants and managers). Currently, there are 90 child care licensing consultants and 8 area managers. In addition, we 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 99.5:1. In addition, we have implemented two RTT funded initiatives-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 GSQ to increase provider engagement, participation and overall quality. The key indicators for child care licensing will be implemented statewide for eligible programs and the GSQ Ambassador meetings have transitioned to the local level with two statewide meetings annually.

Effective Date: 10/01/2018

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

Effective Date: 10/01/2018

- [x] No
- [ ] Yes. If yes, which types of providers can access this financial assistance?
  - [ ] Licensed CCDF providers
  - [ ] Licensed non-CCDF providers
  - [ ] License-exempt CCDF providers
  - [ ] Other

  Describe:

7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

With the 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.

Effective Date: 10/01/2018

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

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children

Michigan will be using RTT-ELC funds to implement a study of our GSQ tiered QRIS that asks for: validating, using research-based measures, that the tiers in the State's QRIS accurately reflect differential levels of program quality. We expect the study to be complete by December 31, 2018.

Effective Date: 10/01/2018

7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures

Michigan will be using RTT-ELC funds to implement a study of our GSQ tiered QRIS that asks for: validating, using research-based measures, that the tiers in the State's tiered QRIS accurately reflect differential levels of program quality. We expect the study to be complete

by December 31, 2018.

Effective Date: 10/01/2018

7.9 Accreditation Support

7.9.1 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?

Effective Date: 10/01/2018

☐ Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes

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

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

Describe:

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

Describe:

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

☐ Focused on child care centers

Describe:

☐ Focused on family child care homes

Describe:

☐ No, but the state/territory is in the accreditation development phase

☐ Focused on child care centers

Describe:

☐ Focused on family child care homes

Describe:

☑ No, the state/territory has no plans for accreditation development

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

n/a

Effective Date: 10/01/2018

7.10 Program Standards

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children

n/a

Effective Date: 10/01/2018

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

n/a

Effective Date: 10/01/2018

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

n/a

Effective Date: 10/01/2018

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

n/a

Effective Date: 10/01/2018

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity. Check all that apply:

Effective Date: 10/01/2018

☑ Train on policy manual

Describe:

Training is available to the field through online modules and includes training to help with both policy understanding and application, as well as technology use. In-person training is conducted for new hires.

☑ Train on policy change notices

Describe:

In addition to the standard policy change bulletin that is provided, the field is issued a memo by our partner agency summarizing changes, and training is reviewed with each change to identify what updates may be needed.

☑ Ongoing monitoring and assessment of policy implementation

Describe:

Michigan conducts ongoing case reviews to ensure MDHHS local offices are utilizing current policy to open cases and determine authorizations.

☑ Other

Describe:

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 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

Effective Date: 10/01/2018

☑ Verifying and processing billing records to ensure timely payments to providers

Describe:

This is done indirectly, through the use of the Bridges and I-Billing systems.

☑ Fiscal oversight of grants and contracts

Describe:

The financial analyst or financial manager reviews the statement of expenses. The grantees or contractors are to keep records of expenses and be able to submit to the State of Michigan when requested for auditing purposes.

☑ Tracking systems to ensure reasonable and allowable costs

Describe:

The Department reviews the statement of expenses monthly. The grantees or contractors are to keep records of expenses and be able to submit to the State of Michigan when requested for auditing purposes.

☐ Other

Describe:

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

Effective Date: 10/01/2018

☑ Conduct a risk assessment of policies and procedures

Describe:

The lead agency participates in the State's risk assessment process bi-annually to determine program risks.

☑ Establish checks and balances to ensure program integrity

Describe:

The lead agency conducts time and attendance reviews to monitor appropriate billing practices and conducts ongoing state level criminal history checks for eligible providers and adult household members.

☑ Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Case reviews are conducted at local MDHHS agencies to ensure accuracy in eligibility determinations (the lead agency also conducts case reviews to monitor eligibility determinations) and follow up or secondary reviews are conducted on license-exempt provider enrollments.

☐ Other

Describe:

8.1.4 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

Effective Date: 10/01/2018

a) Check and describe all activities that the Lead Agency conducts to identify and prevent fraud or intentional program violations. Include in the description how each

activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.

☑ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, 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)).

Describe

Child care subsidy eligibility in Michigan is determined by MDHHS, which also determines eligibility for TANF, SNAP, Medicaid. Additionally, MDHHS receives data from the State directory of new hires, Social Security Administration and PARIS.

☐ Run system reports that flag errors (include types).

Describe:

☑ Review enrollment documents and attendance or billing records

Describe:

The purpose of the Case Review process Is to determine if the CDC eligibility decisions and/or benefit amounts were determined correctly. The process is as follows: these cases are randomly pulled primarily for those counties currently on a Corrective Action Plan (CAP) but also include other non-CAP counties as well, and MDE Case Reviewers read approximately 88 - 132 open CDC cases monthly. If no errors are found, the local or county office is notified that a case read was completed and there were no errors found If errors are found, the local or county office is notified of the error(s) and a correction due date is provided If the error is corrected within the due date, the record is updated to reflect the error was corrected If the error is not corrected by the due date, the local or county office Director is sent an email providing notification that the CDC case is overdue for correction. An extended correction due date is provided. The local office Director (or designee) follows up to ensure the overdue correction is made by the extended correction due date. Most overdue corrections are resolved as this point. As part of this process, a local office and/or county error rate is determined by dividing the number of cases with errors by the number of cases read. For example, if four cases were read in County A andthree of the cases had errors (¾), the error rate would be 75% for County A. *Errors are assigned to the county that has possession of the case when it is read.* A Detailed Error Rate Report is sent to each local office or county that is shown on the Detailed

Error Rate Report. Enrollment Documents - *Closed Case Review process* - In addition to the Case Review process, MDE has a staff person who reads closed CDC cases to determine if they were closed in error. If it is determined the case was closed in error, an email is sent to the local office or county, requesting they give the case a second look. A time frame is provided for the local office or county to respond. If the local office agrees, the case is reinstated If the local office disagrees, an explanation is provided If the second look is not completed by the deadline, a reminder email is sent. A monthly report is sent to MDHHS Field Operations There is no error rate compilation related to the CDC Closed case review process. *Time and Attendance Review process* - MDE's Technology, Integrity & Outreach (TIO) Section reviews Time & Attendance records. Providers are selected for a Time and Attendance review using the following methods: Random selection, Parent Referrals, Call Center Referrals, Partner Referrals, Partner Referrals. Time & attendance records are requested for two pay periods and reviewed by TIO Analysts. Records are reviewed to ensure they comply with CDC program guidelines. The result of a Time & Attendance review may include one of the following findings: Provider Errors: Unintentional or an inadvertent error made by a CDC Provider who reported incorrect information or failed to report information to the MDE. These errors always trigger a Program Violation Notice (PVN). A PVN is a written notice from MDE detailing the program violation. Provider IPV: An intentional act where the provider is billing for more hours than a child is actually in attendance or intentionally maintaining Time & Attendance records that do not accurately capture the actual attendance of a child and/or otherwise billing in such a way that they are intentionally receiving higher payments than they are entitled to. Examples include: Billing for children while they are in school, Billing for children who are no longer in care, Knowingly billing for children not in care or more hours than children were in care and Maintaining records that do no accurately reflect the time children were in care. Suspected IPVs go through a thorough review process conducted by MDE's Intentionality Review Team (IRT). The purpose of the IRT review is to determine if the action of the provider was intentional.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

Supervisory Staff Reviews are conducted by MDHHS managers or supervisors in each local office, at application processing or redetermination across all programs, including CDC. The guidelines for supervisory reviews at the local level are a

minimum of two cases, per worker, per month, up to twenty cases. The supervisory review is intended to ensure staff are following program policy, meeting SOP's, and correcting cases for proper determinations. Six secondary quality assurance reviews are completed monthly by MDE staff.

☑ Audit provider records.

Describe:

Time and Attendance Review process - MDE's TIO Section reviews Time & Attendance records. Providers are selected for a Time and Attendance review using the following methods: Random selection, Parent Referrals, Call Center Referrals, Partner Referrals, Partner Referrals. Time & attendance records are requested for two pay periods and reviewed by TIO Analysts. Records are reviewed to ensure they comply with CDC program guidelines. The result of a Time & Attendance review may include one of the following findings: Provider Errors: Unintentional or an inadvertent error made by a CDC Provider who reported incorrectinformation or failed to report information to MDE. These errors always trigger a PVN). A PVN is a written notice from MDE detailing the program violation. Provider IPV: An intentional act where the provider is billing for more hours than a child is actually in attendance or intentionally maintaining Time & Attendance records that do not accurately capture the actual attendance of a child and/or otherwise billing in such a way that they are intentionally receiving higher payments than they are entitled to. Examples include: Billing for children while they are in school, Billing for children who are no longer in care, knowingly billing for children not in care or more hours than children were in care, and Maintaining records that do not accurately reflect the time children were in care. Suspected IPVs go through a thorough review process conducted by MDE's IRT. The purpose of the IRT review is to determine if the action of the provider was intentional.

☑ Train staff on policy and/or audits.

Describe:

Training is available to the field through online modules and includes training to help with both policy understanding and application, as well as technology use. In-person training is conducted for new hires.

☐ Other

Describe:

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

☑ Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

Child care subsidy eligibility in Michigan is determined by MDHHS, which also determines eligibility for TANF, SNAP, Medicaid. Additionally, MDHHS receives data from the State directory of new hires, Social Security Administration and PARIS.

☑ Run system reports that flag errors (include types).

Describe:

The purpose of the Time and Attendance reviews are to determine if there are any irregularities in billing (i.e. billing for school aged children; billing for children who are not in care; billing more hours than children were actually in care; billing inappropriately for absence hours and/or any other billing irregularity that is not mentioned above.

☑ Review enrollment documents and attendance or billing records

Describe:

The purpose of the Case Review process Is to determine if the CDC eligibility decisions and/or benefit amounts were determined correctly. The process is as follows: these cases are randomly pulled primarily for those counties currently on a Corrective Action Plan (CAP) but also include other non-CAP counties as well, and MDE Case Reviewers read approximately 88 - 132 open CDC cases monthly. If no errors are found, the local or county office is notified that a case read wascompleted and there were no errors found If errors are found, the local or county office is notified of the error(s) and a correction due date is provided If the error is corrected within the due date, the record is updated to reflect the error was corrected If the error is not

corrected by the due date, the local or county office Director is sent an email providing notification that the CDC case is overdue for correction. An extended correction due date is provided. The local office Director (or designee) follows up to ensure the overdue correction is made by the extended correction due date. Most overdue corrections are resolved as this point. As part of this process, a local office and/or county error rate is determined by dividing the number of cases with errors by the number of cases read. For example, if four cases were read in County A and three of the cases had errors (¾), the error rate would be 75% for County A. Errors are assigned to the county that has possession of the case when it is read. A Detailed Error Rate Report is sent to each local office or county that is shown on the Detailed Error Rate Report. Enrollment Documents - Closed Case Review process - In addition to the Case Review process, MDE has a staff person who reads closed CDC cases to determine if they were closed in error. If it is determined the case was closed in error, an email is sent to the local office or county, requesting they give the case a second look. A time frame is provided for the local office or county to respond. If the local office agrees, the case is reinstated If the local office disagrees, an explanation is provided If the second look is not completed by the deadline, a reminder email is sent. A monthly report is sent to MDHHS Field Operations There is no error rate compilation related to the CDC Closed case review process. Time and Attendance Review process - MDE's TIO Section reviews Time & Attendance records. Providers are selected for a Time and Attendance review using the following methods: Random selection, Parent Referrals, Call Center Referrals, Partner Referrals, Partner Referrals. Time & attendance records are requested for two pay periods and reviewed by TIO Analysts. Records are reviewed to ensure they comply with CDC program guidelines. The result of a Time & Attendance review may include one of the following findings: Provider Errors: Unintentional or an inadvertent error made by a CDC Provider who reported incorrect information or failed to report information to MDE. These errors always trigger a PVN. A PVN is a written notice from MDE detailing the program violation. Provider IPV: An intentional act where the provider is billing for more hours than a child is actually in attendance or intentionally maintaining Time & Attendance records that do not accurately capture the actual attendance of a child and/or otherwise billing in such a way that they are intentionally receiving higher payments than they are entitled to. Examples include: Billing for children while they are in school, Billing for children who are no longer in care, knowingly billing for children not in care or more hours than children were in care, and Maintaining records

that do not accurately reflect the time children were in care. Suspected IPVs go through a thorough review process conducted by MDE's IRT. The purpose of the IRT review is to determine if the action of the provider was intentional.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

Supervisory Staff Reviews are conducted by MDHHS managers or supervisors in each local office, at application processing or redetermination across all programs, including CDC. The guidelines for supervisory reviews at the local level are a minimum of two cases, per worker, per month, up to twenty cases. The supervisory review is intended to ensure staff are following program policy, meeting SOP's, and correcting cases for proper determinations. Six secondary quality assurance reviews are completed monthly by MDE staff.

☑ Audit provider records.

Describe:

Time and Attendance Review process - MDE's TIO Section reviews Time & Attendance records. Providers are selected for a Time and Attendance review using the following methods: Random selection, Parent Referrals, Call Center Referrals, Partner Referrals, Partner Referrals. Time & attendance records are requested for two pay periods and reviewed by TIO Analysts. Records are reviewed to ensure they comply with CDC program guidelines. The result of a Time & Attendance review may include one of the following findings: Provider Errors: Unintentional or an inadvertent error made by a CDC Provider who reported incorrect information or failed to report information to MDE. These errors always trigger aPVN. A PVN is a written notice from MDE detailing the program violation. Provider IPV: An intentional act where the provider is billing for more hours than a child is actually in attendance or intentionally maintaining Time & Attendance records that do not accurately capture the actual attendance of a child and/or otherwise billing in such a way that they are intentionally receiving higher payments than they are entitled to. Examples include: Billing for children while they are in school, Billing for children who are no longer in care, knowingly billing for children not in care or more hours than children were in care, and Maintaining records that do not accurately reflect the time children were in care. Suspected IPVs go through a thorough review process conducted by MDE's IRT. The

purpose of the IRT review is to determine if the action of the provider was intentional.

☑ Train staff on policy and/or audits.

Describe:

Training is available to the field through online modules and includes training to help with both policy understanding and application, as well as technology use. In-person training is conducted for new hires.

☐ Other

Describe:

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

☑ Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

Child care subsidy eligibility in Michigan is determined by MDHHS, which also determines eligibility for TANF, SNAP, Medicaid. Additionally, MDHHS receives data from the State directory of new hires, Social Security Administration and PARIS.

☑ Run system reports that flag errors (include types).

Describe:

Reports are run to determine irregularities in billing (i.e. school age children who have a high number of hours billed, providers who bill the maximum hours every pay period, providers who bill a high number of absence hours, providers who bill for more children than are allowed in their type of care, etc.).

☐ Review enrollment documents and attendance or billing records

Describe:

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

Supervisory Staff Reviews are conducted by MDHHS managers or supervisors in each local office, at application processing or redetermination across all programs, including CDC. The guidelines for supervisory reviews at the local level are a minimum of two cases, per worker, per month, up to twenty cases. The supervisory review is intended to ensure staff are following program policy, meeting SOP's, and correcting cases for proper determinations. Six secondary quality assurance reviews are completed monthly by MDE staff.

☐ Audit provider records.

Describe:

☑ Train staff on policy and/or audits.

Describe:

Training is available to the field through online modules and includes training to help with both policy understanding and application, as well as technology use. In-person training is conducted for new hires.

☐ Other

Describe:

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

Effective Date: 10/01/2018

a) Check and describe all activities that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☑ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

No minimum. All amounts are recovered after being identified.

☑ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

When application/eligibility information is determined by caseworkers to be questionable, or when findings of a billing and payment review are determined to be egregious by billing analysts within MDE CDC, a referral is made to MDHHS OIG for further investigation.

☑ Recover through repayment plans.

Describe:

Voluntary agreement amount unless otherwise ordered by a court.

☑ Reduce payments in subsequent months.

Describe:

20%

☐ Recover through state/territory tax intercepts.

Describe:

☐ Recover through other means.

Describe:

☑ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Four time and attendance reviewers and a recoupment specialist. In addition, MDHHS unit that establishes for parents and providers based on referrals.

☐ Other

Describe:

b) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☑ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

No minimum. All amounts are recovered after being identified.

☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

☑ Recover through repayment plans.

Describe:

Voluntary agreement amount.

☑ Reduce payments in subsequent months.

Describe:

20% of all future payments until the amounts is fully repaid.

☐ Recover through state/territory tax intercepts.

Describe:

☐ Recover through other means.

Describe:

☑ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

MDE has processes in place to ensure overpayments made to CDC providers are appropriately recouped. There are two processes for Recoupment. MDE Process - MDE recoups overpayments from CDC providers only. Recoupments referrals are

made as follows: TIO Analysts create a subtask in JIRA after a Time & Attendance review determines a provider has received an improper payment, a CDC provider self-reports an overpayment to the call center and an Issue is created in JIRA, Administrative errors - both above auto-assign to the Recoupment Analyst in JIRA. Administrative errors are generally created by the Recoupment Specialist in JIRA, Recoupment Analyst computes or confirms the amount of the Recoupment, Recoupment Analyst enters and establishes the Claim in Bridges, Bridges sends a Repayment Agreement to the CDC Provider, which includes the Claim Number and amount of the Recoupment, and CDC Provider may elect to pay the claim in cash or opt for standard recoupment (20% of subsequent CDC payments go towards the claim until repayment is made in full). MDHHS Recoupment process - MDHHS recoups overpayments from both CDC providers and CDC parents. MDHHS has a staff of Recoupment Analysts who establish recoupment claims in Bridges for CDC parents. MDHHS Accounting Unit establishes recoupment claims in Bridges for CDC providers. Bridges sends a Repayment Agreement to the CDC Provider, which includes the Claim Number and amount of the Recoupment. CDC Provider may elect to pay the claim in cash or opt for standard recoupment (20% of subsequent CDC payments go towards the claim until repayment is made in full).

☐ Other

Describe:

c) Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

☑ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

No minimum. All amounts are recovered after being identified.

☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

☑ Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

Voluntary agreement amount.

☑ Reduce payments in subsequent months.

Describe:

Up to 20% of all future payments until the amount is fully repaid.

☐ Recover through state/territory tax intercepts.

Describe:

☐ Recover through other means.

Describe:

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

☐ Other

Describe:

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? Check and describe all that apply:

Effective Date: 10/01/2018

☑ Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

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 program disqualification referral is made. Disqualifications, enacted through the lead agency, are for periods of six months for the first occurrence, twelve months for the

second occurrence, and lifetime for the third occurrence. A client has the right to contest a departmentdecision affecting eligibility or benefit levels whenever the client believes the decision is incorrect. The department (through MDHHS) 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. Finally, the lead agency reviews all client disqualification referrals, as well as administrative hearing decisions.

☑ Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe:

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 theCDC program for the following intervals: For the first occurrence - 6 months, for the second occurrence - 12 months, for the third occurrence - lifetime.

☑ Prosecute criminally.

Describe:

When fraud is suspected, an individual may be criminally prosecuted.

☑ Other.

Describe:

Provider Errors are defined as unintentional errors made by the provider during the billing process. These types of errors will result in a PVN even if the error is found more than once. A PVN is written notice to the provider explaining the violation cited. Technical assistance is provided to the provider by one of our CDC Analysts. Providers are strongly encouraged to complete training modules. IPVs - If a provider is suspected of intentionality, they are referred to the IRT. The IRT is comprised of a Coordinator and two additional Analysts. The IRT Coordinator reviews the issues and convenes the IRT on a weekly basis to review all referrals. These reviews include a review of the action and considers the following: were there extenuating circumstances, does the action warrant disqualification, is there another option available, provider history: has the provider done this before, if so, how many times, what other actions were taken in the past, consistency

(What has IRT done in similar cases). If a Disqualification Referral (DR) has been submitted previously for this provider, the following will also be considered: time period reviewed for the previous DR, reason for the previous DR. Based on the above, the IRT decides on a recommendation. If the IRT determines there appears to be no evidence of intentionality, then the recommendation is for denial of intentionality and the provider is given a PVN. If the IRT concludes there appears to be evidence of intentionality, then the recommendation is for approval of intentionality. All IRT recommendations are reviewed by the TIO Section Manager. Approvals of recommendations of intentionality are forwarded to the CDC Director. The CDC Director makes the final decision on whether or not to disqualify the provider.

Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting a time-limited waiver extension.

☑ **Appendix A.1:** In-state criminal registry or repository checks with fingerprints requirements for existing staff. (See related question at 5.4.1 (b))

Describe the provision from which the state/territory seeks relief.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

☑ **Appendix A.2:** In-state sex offender registry requirements for existing staff. (See related question at 5.4.2(b))

Describe the provision from which the state/territory seeks relief.

Completion of all checks for existing staff by September 30, 2018.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Michigan is concerned about continuity of care and maintaining parental choice and access while we continue to work towards the completion of approximately 109,000 fingerprint checks. In addition, due to our regulatory language in PA 116, we must

execute a disciplinary action for noncompliance which increases costs to the agency and creates disruption in child care programs. By allowing us to diligently work through the fingerprinting process and initiate disciplinary action after a period of time we will create the least disruption for children, parents and providers.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.
Prior to the implementation of the new requirements MI was already requiring licensed child care programs to conduct an in state criminal history check for all employees. All new employees (after March 28, 2018) will receive the comprehensive background check, which allows the state to ensure that we've provided enough time for all current employees to meet requirements and not be in violation of child care licensing ratios and/or group size.

☑ **Appendix A.3:** In-state child abuse and neglect registry requirements for existing staff. (See related question at 5.4.3 (b))

Describe the provision from which the state/territory seeks relief.
Completion of all checks for existing staff by September 30, 2018.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children
Michigan is concerned about continuity of care and maintaining parental choice and access while we continue to work towards thecompletion of approximately 109,000 fingerprint checks. In addition, due to our regulatory language in PA 116, we must execute a disciplinary action for noncompliance which increases costs to the agency and creates disruption in child care programs. By allowing us to diligently work through the fingerprinting process and initiate disciplinary action after a period of time we will create the least disruption for children, parents and providers.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.
Prior to the implementation of the new requirements MI was already requiring licensed child care programs to conduct an in state criminal history check for all employees. All new employees (after March 28, 2018) will receive the comprehensive background check, which allows the state to ensure that we've provided enough time for all current

employees to meet requirements and not be in violation of child care licensing ratios and/or group size.

☑ **Appendix A.4:** National FBI fingerprint search requirements for existing staff. (See related question at 5.4.4 (b))

Describe the provision from which the state/territory seeks relief.

Completion of all checks for existing staff by September 30, 2018.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Michigan is concerned about continuity of care and maintaining parental choice and access while we continue to work towards the completion of approximately 109,000 fingerprint checks. In addition, due to our regulatory language in PA 116, we must execute a disciplinary action for noncompliance which increases costs to the agency and creates disruption in child care programs. By allowing us to diligently work through the fingerprinting process and initiate disciplinary action after a period of time we will create the least disruption for children, parents and providers.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Prior to the implementation of the new requirements MI was already requiring licensed child care programs to conduct an in state criminal history check for all employees. All new employees (after March 28, 2018) will receive the comprehensive background check, which allows the state to ensure that we've provided enough time for all current employees to meet requirements and not be in violation of child care licensing ratios and/or group size.

☑ **Appendix A.6:** National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for existing staff. (See related question at 5.4.5 (b))

Describe the provision from which the state/territory seeks relief.

Completion of all checks for existing staff by September 30, 2018.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Michigan is concerned about continuity of care and maintaining parental choice and access while we continue to work towards the completion of approximately 109,000 fingerprint checks. In addition, due to our regulatory language in PA 116, we must execute a disciplinary action for noncompliance which increases costs to the agency and creates disruption in child care programs. By allowing us to diligently work through the fingerprinting process and initiate disciplinary action after a period of time we will create the least disruption for children, parents and providers.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.
Prior to the implementation of the new requirementsMI was already requiring licensed child care programs to conduct an in state criminal history check for all employees. All new employees (after March 28, 2018) will receive the comprehensive background check, which allows the state to ensure that we've provided enough time for all current employees to meet requirements and not be in violation of child care licensing ratios and/or group size.

☑ **Appendix A.8:** Interstate criminal registry or repository check for existing staff. (See related question at 5.4.6 (b))

Describe the provision from which the state/territory seeks relief.
Completion of all checks for existing staff by September 30, 2018.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children
Michigan is concerned about continuity of care and maintaining parental choice and access while we continue to work towards the completion of approximately 109,000 fingerprint checks. In addition, due to our regulatory language in PA 116, we must execute a disciplinary action for noncompliance which increases costs to the agency and creates disruption in child care programs. By allowing us to diligently work through the fingerprinting process and initiate disciplinary action after a period of time we will create the least disruption for children, parents and providers.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.
Prior to the implementation of the new requirements MI was already requiring licensed

child care programs to conduct an interstate criminal history check for all employees. Consultants reviewed staff files for compliance during annual monitoring visits.

☑ **Appendix A.10:** Interstate sex offender registry or repository check for existing staff. (See related question at 5.4.7 (b))

Describe the provision from which the state/territory seeks relief.

Completion of all checks for existing staff by September 30, 2018.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Michigan is concerned about continuity of care and maintaining parental choice and access while we continue to work towards the completion of approximately 109,000 fingerprint checks. In addition, due to our regulatory language in PA 116, we must execute a disciplinary action for noncompliance which increases costs to the agency and creates disruption in child care programs. By allowing us to diligently work through the fingerprinting process and initiate disciplinary action after a period of time we will create the least disruption for children, parents and providers.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Michigan has begun these background checks for existing providers, but due to the volume of checks have a backlog. In addition, prior to the implementation of the new law Michigan ran a sex offender registry check on all family and group home provider addresses.

☑ **Appendix A.12:** Interstate child abuse and neglect registry check for existing staff. (See related question at 5.4.8 (b))

Describe the provision from which the state/territory seeks relief.

Completion of all checks for existing staff by September 30, 2018.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Michigan is concerned about continuity of care and maintaining parental choice and access while we continue to work towards the completion of approximately 109,000 fingerprint checks. In addition, due to our regulatory language in PA 116, we must

execute a disciplinary action for noncompliance which increases costs to the agency and creates disruption in child care programs. By allowing us to diligently work through the fingerprinting process and initiate disciplinary action after a period of time we will create the least disruption for children, parents and providers.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.
Prior to the implementation of the new requirements MI was already requiring licensed child care programs to conduct an instate and interstate child abuse and neglect registry check for all employees. All new employees (after March 28, 2018) will receive the comprehensive background check, which allows the state to ensure that we've provided enough time for all current employees to meet requirements and not be in violation of child care licensing ratios and/or group size.

☑ **Appendix A. 13:** New staff hired to work provisionally until background checks are completed. (See related question at 5.4.9)
Describe the provision from which the state/territory seeks relief.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.