

OMB Control No: 0970-0114

Expiration date: 03/31/2027

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

The purpose of this information collection is the application for CCDF funds and provides ACF and the public with a description of, and assurance about, the States' and Territories' child care programs. Public reporting burden for this collection of information is estimated to average 150 hours per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and completing the form. This is a mandatory collection of information (Pub. L. 113–186), and 42 U.S.C. 9858.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0114 and the expiration date is 03/31/2027. If you have any comments on this collection of information, please contact ACF's Office of Child Care.



**Child Care and Development Fund (CCDF) Plan  
for  
State/Territory Michigan**

**FFY 2025 – 2027**

**Version: Initial Plan**

**Plan Status: Work in Progress as of 2024-06-23 18:38:07 GMT**

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

## Table of Contents

<b>Overview.....</b>	<b>4</b>
<b>1 CCDF Program Administration .....</b>	<b>6</b>
1.1 CCDF Leadership.....	6
1.2 CCDF Policy Decision Authority .....	7
1.3 Consultation in the Development of the CCDF Plan.....	10
<b>2 Child and Family Eligibility and Enrollment and Continuity of Care .....</b>	<b>12</b>
2.1 Reducing Barriers to Family Enrollment and Redetermination.....	12
2.2 Eligible Children and Families.....	14
2.3 Prioritizing Services for Vulnerable Children and Families .....	23
2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities .....	25
2.5 Promoting Continuity of Care.....	26
<b>3 Child Care Affordability .....</b>	<b>31</b>
3.1 Family Co-payments .....	31
3.2 Calculation of Co-Payment .....	33
3.3 Waiving Family Co-payment.....	34
<b>4 Parental Choice, Equal Access, Payment Rates, and Payment Practices .....</b>	<b>35</b>
4.1 Access to Full Range of Provider Options .....	35
4.2 Assess Market Rates and Analyze the Cost of Child Care.....	36
4.3 Adequate Payment Rates .....	40
4.4 Payment Practices to Providers.....	44
4.5 Supply Building.....	46
<b>5 Health and Safety of Child Care Settings.....</b>	<b>49</b>
5.1 Licensing Requirements .....	50
5.2 Ratios, Group Size, and Qualifications for CCDF Providers .....	51
5.3 Health and Safety Standards for CCDF Providers .....	54
5.4 Pre-Service or Orientation Training on Health and Safety Standards .....	65
5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements .....	67
5.6 Ongoing Health and Safety Training.....	72
5.7 Comprehensive Background Checks .....	73
5.8 Exemptions for Relative Providers .....	84
<b>6 Support for a Skilled, Qualified, and Compensated Child Care Workforce .....</b>	<b>84</b>
6.1 Supporting the Child Care Workforce .....	84
6.2 Professional Development Framework .....	86
6.3 Ongoing Training and Professional Development .....	88
6.4 Early Learning and Developmental Guidelines.....	89
<b>7 Quality Improvement Activities .....</b>	<b>90</b>
7.1 Quality Activities Needs Assessment.....	91
7.2 Use of Quality Set-Aside Funds .....	91

<b>8</b>	<b>Lead Agency Coordination and Partnerships to Support Service Delivery.....</b>	<b>93</b>
8.1	Coordination with Partners to Expand Accessibility and Continuity of Care.....	93
8.2	Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds.....	95
8.3	Coordination with Child Care Resource and Referral Systems.....	97
8.4	Public-Private Partnerships .....	98
8.5	Disaster Preparedness and Response Plan.....	99
<b>9</b>	<b>Family Outreach and Consumer Education.....</b>	<b>100</b>
9.1	Parental Complaint Process .....	100
9.2	Consumer Education Website .....	101
9.3	Increasing Engagement and Access to Information .....	106
9.4	Providing Information on Developmental Screenings.....	108
<b>10</b>	<b>Program Integrity and Accountability .....</b>	<b>109</b>
10.1	Effective Internal Controls.....	109
10.2	Fraud Investigation, Payment Recovery, and Sanctions .....	112
	<b>Appendix 1: Lead Agency Implementation Plan .....</b>	<b>117</b>
	Appendix 1: Form.....	118

## Overview

### *Introduction*

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

### *Organization of Plan*

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

### *Completing the Plan*

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

#### *Review and Amendment Process*

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

#### *Appendix 1: Implementation Plan*

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

#### *CCDF Plan Submission*

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

## 1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

## 1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency 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.

### 1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
  - i. Name of Lead Agency: **Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP)**
  - ii. Street Address: **105 West Allegan Street, P.O. Box 30008**
  - iii. City: **Lansing**
  - iv. State: **Michigan**
  - v. ZIP Code: **48909**
  - vi. Web Address for Lead Agency: **[www.Michigan.gov/MiLEAP](http://www.Michigan.gov/MiLEAP)**
- b. Lead Agency or Joint Interagency Official contact information:
  - i. Lead Agency Official First Name: **Michelle**
  - ii. Lead Agency Official Last Name: **Richard**
  - iii. Title: **Acting Director**
  - iv. Phone Number: **517.242.0329**
  - v. Email Address: **[Richardm15@michigan.gov](mailto:Richardm15@michigan.gov)**

### 1.1.2 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. The OCC 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, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:

- i. CCDF Administrator First Name: **Lisa**
- ii. CCDF Administrator Last Name: **Brewer Walraven**
- iii. Title of the CCDF Administrator: **Director, Child Development and Care**
- iv. Phone Number: **517-241-6950**
- v. Email Address: **Brewer-Walravenl@michigan.gov**
- b. CCDF Co-Administrator contact information (if applicable):
  - i. CCDF Co-Administrator First Name:
  - ii. CCDF Co-Administrator Last Name:
  - iii. Title of the CCDF Co-Administrator:
  - iv. Phone Number:
  - v. Email Address:
  - vi. Description of the Role of the Co-Administrator:

## 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 the Lead Agency retains overall responsibility for the administration of the program. 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 Entity establishing CCDF program rules

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.

Check one of the following:

- a. ☐ All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. ☒ Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
  - i. 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).
    - ☐ Other. Identify the entity and describe the policies the entity can set:
  - ii. Sliding-fee scale is set by the:

- ☒ State or Territory.
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
- ☐ Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
- ☒ State or Territory.
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
- ☐ Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
- ☒ State or Territory.
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
- ☐ Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
- ☒ State or Territory.
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
- ☐ Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
- ☒ State or Territory.
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
- ☐ Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

### 1.2.2 Entities implementing CCDF services

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who assists parents in locating child care (consumer education)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:



CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors licensed providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Describe: Early Childhood Investment Corporation
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who operates the quality improvement activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Describe: Early Childhood Investment Corporation, Great Start to Quality Resource Centers, and Michigan Association for the Education of Young Children

### 1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. 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, the elements below.

a. Tasks to be performed.

☒ Yes. If yes, describe: **Annually the Department updates the fiscal year activities that will be performed (scope of work). Each agreement has primary elements of work with detail added to ensure the work meets the needs of the Department.**

☐ No. If no, describe:

- b. Schedule for completing tasks.

☒ Yes. If yes, describe: **Each scope of work also includes timelines for the completion of the work.**

☐ No. If no, describe:

- c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

☒ Yes. If yes, describe: **Annually the Department works with the entity to create and approve a budget that aligns with the scope of work. Entities are asked to detail staffing costs, indirect costs, operational costs and any contractual agreements they plan to utilize to complete the work.**

☐ No. If no, describe:

- d. Indicators or measures to assess performance of those agencies.

☒ Yes. If yes, describe: **Each scope of work includes outcome measures to identify successful completion of the tasks in a timely manner.**

☐ No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **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 currently has signed, written agreements with ECIC, The Registry, Inc., the MiAEYC, Eastern Upper Peninsula Intermediate School District (EUPISD), Calhoun Intermediate School District, Ingham Intermediate School District, and United Way Southeast Michigan (UWSEM). The Department maintains oversight through requirements laid out in each agreement. Each agreement includes a scope of work (activities to be performed), a schedule for completing the tasks, an approved budget, monitoring and auditing requirements and performance measures. The State Child Care Administrator and other designated staff meet regularly with the Department of Health and Human Services (DHHS), ECIC, the Registry, Inc., MiAEYC, EUPISD, Calhoun Intermediate School District, Ingham Intermediate School District, and UWSEM to monitor efforts and address issues as they arise. On a monthly basis, the Department reviews the Statement of Expenditures for contracted services for all entities. The agreements require submission of written reports to the Department for monitoring purposes. In addition, the Department has an approved monitoring plan and regularly meets with various staff at all entities to get updates and review program implementation. The agreements also allow the Department to request other information it deems necessary to assure compliance with federal requirements. Department staff or its designee may visit the offices of any of the grantees to review and evaluate the work done under the agreement. This includes, but is not limited to, the Department's ability to conduct fiscal monitoring. In addition to the agreements with all entities they are also responsible for the monitoring of any contracts/sub recipients they may have to carry out the work. These contracts/sub recipients include, but are not limited to, agreements for systems that support GSQ, child care searches and the GSQ Resource Centers. In addition, the Department has a performance agreement with the Department of Health and Human Services (DHHS), to provide funds for client eligibility determination, fraud investigations, social emotional consultation, system maintenance and implementation of new technology needs, and administrative hearings. The lead agency maintains oversight through requirements laid out in the**

agreement. DHHS provides reimbursement requests and data on progress measures quarterly. Additionally, the State Child Care Administrator, along with other staff, meet with a designated point of contact (and other offices as needed) with DHHS monthly to monitor efforts and address issues as they arise.

#### 1.2.4 Certification of shareable information systems.

Does the Lead Agency certify 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 is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

☒ Yes.

☐ No. If no, describe:

#### 1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

☒ Yes.

☐ No. If no, describe:

### 1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at [https://www2.census.gov/govs/cog/g12\\_org.pdf](https://www2.census.gov/govs/cog/g12_org.pdf).
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

#### 1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **Michigan utilizes a variety of locally led structures that bring together conversations around early childhood issues. These locally led structures include general purpose government bodies as part of their membership. Primarily these groups are convened via the Great Start Collaboratives (GSCs), the Early Childhood Support Networks (ECSNs) and the newly formed Regional Child Care Coalitions that are led by local Economic Development Organizations and include leadership from local municipalities.**
- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The Michigan Lifelong Education, Advancement and Potential (MiLEAP) department (created by Executive Order in 2023) has been charged with adding capacity to the early learning team so that every child is ready for kindergarten; accelerating progress toward the state's Sixty by 30 goal, so that everyone can earn a skill certificate or degree after high school, tuition-free; and to prioritize community, regional and state partnerships that help students succeed. MiLEAP consists of three focus areas: Early Childhood Education, Higher Education and Educational Partnerships. The CCDF-funded work falls under the Early Childhood Education section, focused on child care licensing, early learning and care, family engagement and Michigan's Tri Share initiatives. The State Advisory Council's (SAC) 29 members represent the required agencies and partners in the mixed delivery system. They convened three times over three months, to support the consultation process of the State Plan. The SAC was first presented with an overview of the State Plan purpose, sections, process, and the proposed engagement plan. The second meeting held focused on reviewing the draft market rate survey report, and the third meeting was held at the conclusion of the consultation and official hearing events to review the summary reports that included the identification of themes and recommended priorities. Feedback and recommendations were gathered from the SAC members at each meeting and their ideas were incorporated at each stage of the process. All SAC members were also invited to participate in the other consultation, Market Rate and State Plan Hearings and to provide comments on the final draft of the plan.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The Department coordinated a consultation session with tribal members during the drafting of this plan, including a review of the Market Rate Survey draft. All tribal partners also received an invitation to participate in the Market Rate and State Plan Hearings and to provide comments on the final draft of the plan. Ongoing meetings will be scheduled with tribal partners for continued coordination and collaboration.**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **Seven different consultation sessions were convened to review the developing State Plan. Each session began with an overview of the purpose of the plan, the sections included in the plan and some key data. The groups were then invited into breakout sessions where they were engaged in deeper discussions about specific plan sections. Participants were encouraged to provide input about what is currently happening, ideas that should be explored, and challenges and**

barriers that need to be addressed. The entities that were engaged in these events included: MILEAP staff, Regional Child Care Planning Coalitions, Tri Share Hubs, Kellogg Community of Practice members (philanthropic leaders), Think Babies (early childhood advocates), Apprenticeship Hubs, Caring for MI Future project leads, Early Childhood Support Network staff, Early Childhood Advisory Network members, Great Start Collaborative Directors and Family Liaisons, Michigan Department of Health and Human Services staff, Child Care Resource Center Directors, MiAEYC, Early Childhood Investment Corporation staff, Family Child Care Network Hub leads and members, Child Care Providers (licensed and license-exempt) and parents.

### 1.3.2 Public hearing process

Lead Agencies must 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.

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.

- i. Date of the public hearing: **5/14/2024; 5/15/2024; 5/16/2024**  
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **4/21/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?  
**[x]** Yes.  
**[ ]** No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice. **Notification of the three public hearing opportunities (including a link to the report and instructions on how to submit comments) were posted on the CDC website and met Americans with Disabilities Act (ADA) compliance. In addition, state-wide partners and state departments were sent language to share with their list-servs and networks with the request that they distribute it. These channels included Child Care Licensing, Great Start to Quality, Head Start State Collaboration Office, Early Childhood Support Networks, GSQ Resource Centers, GSCs, GSFCs, the MDHHS, Early Childhood Administrators Network (ECAN), Tribal partners, Michigan Association for the Education of Young Children, ECIC, Think Babies, Hope Starts Here, Flint Early Childhood Partnership, Michigan's Children, Michigan League for Public Policy, and the Women's Commission, Regional Coalitions, Apprenticeship Hubs, Kellogg Community of Practice, Family Child Care Network Hubs, Child And Adult Care Food Program, license exempt providers, and MiRegistry.**
- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **In order to ensure that the public hearing was**

inclusive of representatives throughout the state, the sessions were held virtually, removing the barrier of participants needing to travel to participate.

- vi. Describe 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 draft plan was posted (by section) at the CDC website at [www.michigan.gov/childcare](http://www.michigan.gov/childcare). Partners, including the following received information to share on behalf of the CDC Office: Child Care Licensing, Great Start to Quality, Head Start State Collaboration Office, Early Childhood Support Networks, GSQ Resource Centers, GSCs, GSPCs, the MDHHS, Early Childhood Administrators Network (ECAN), Tribal partners, Michigan Association for the Education of Young Children, ECIC, Think Babies, Hope Starts Here, Flint Early Childhood Partnership, Michigan's Children, Michigan League for Public Policy, and the Women's Commission, Regional Coalitions, Apprenticeship Hubs, Kellogg Community of Practice, Family Child Care Network Hubs, Child And Adult Care Food Program, license exempt providers, and MiRegistry received an email with information about the plan and all opportunities for providing public comment. They were each asked to distribute notice of the opportunity through their listservs and networks. All MRS and public hearing dates were posted on the CDC website and meet Americans with Disabilities Act (ADA) compliance.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Comments received by the public were reviewed and evaluated to determine whether any updates or edits needed to be made for the plan to ensure up to date information regarding Michigan's implementation of the regulations. The State Advisory Council will review comments and help identify priorities for the Department to consider. In addition, any suggestions for implementation changes or policy changes will be reviewed and evaluated on an ongoing basis by MiLEAP for future implementation.**

#### 1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **<https://www.michigan.gov/mileap/early-childhood-education/early-learners-and-care/cdc/partners/fy25-27-ccdf-consultation>**
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
  - i. ☐ Working with advisory committees. Describe:
  - ii. ☒ Working with child care resource and referral agencies. Describe: **Updates are shared monthly during director meetings or through electronic messages as applicable.**
  - iii. ☒ Providing translation in other languages. Describe: **The Department works with**

**other partners or a state vendor for translations.**

- iv. **[x]** Sharing through social media (e.g., Facebook, Instagram, email). Describe: **Use partners individual social media accounts and email list serves for a variety of stakeholders.**
- v. **[x]** Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **Updates provided via partner emails and list serves and applicable.**
- vi. **[x]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **Partnership with the Michigan After School Partnership (MASP) to share information.**
- vii. **[x]** Direct communication with the child care workforce. Describe: **Monthly Naptime Nugget meetings.**
- viii. **[ ]** Other. Describe:

## 2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

### 2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

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, Lead Agencies 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).

#### 2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
- i. ☒ Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: **Children experiencing homelessness and those placed in an eligible foster care placement are determined under expedited processing and presumptive eligibility that waives most verification requirements temporarily. Requirements for approval of the presumptive eligibility period are the following: application, interview, verification of client ID (Social Security Administration match is sufficient), and the client's statement of a valid need reason. The presumptive eligibility period is 45 days. Clients have until the end of the presumptive eligibility period to submit the remaining verifications, (need reason, address, other). If verifications are received, the eligibility period is extended to 12-months. If not received within the 45-day time period, the CDC case is closed.**
  - ii. ☒ Leveraging eligibility from other public assistance programs. Describe: **The information for all assistance programs in Michigan is housed in Bridges along with all other public assistance programs. The CDC program office has access to the information in Bridges, including the verifications submitted by clients for other programs. Whenever possible, this information is used to help determine eligibility for the CDC program.**
  - iii. ☐ Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:
  - iv. ☒ Self-assessment screening tools for families. Describe: **Families have the ability to utilize the eligibility calculator located on the Great Start to Quality website in the Help Paying for Care section. Eligibility information is also identified by selecting the Child development & Care (CDC) tab on the MiBridges application site.**
  - v. ☐ Extended office hours (evenings and/or weekends).
  - vi. ☒ Consultation available via phone.
  - vii. ☒ Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **Michigan Department of Health and Human Services (MDHHS local office staff have a maximum of 30 days to process complete applications, unless eligible for expedited processing, which is 7 days. The verification can be uploaded into the MiBridges portal to reduce burdens for the family/parent without having to travel into a local DHHS office or pay for items to be mailed or faxed.**
  - viii. ☐ None.
- b. Does the Lead Agency use an online subsidy application?
- ☒ Yes.
- ☐ No. If no, describe why an online application is impracticable.



- c. Does the Lead Agency use different policies for families receiving TANF assistance?  
☐ Yes. If yes, describe the policies:  
☒ No.

#### 2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
- i. ☒ Advance notice to parents of pending redetermination.
  - ii. ☒ Advance notice to providers of pending redetermination.
  - iii. ☒ Pre-populated subsidy renewal form.
  - iv. ☒ Online documentation submission.
  - v. ☐ Cross-program redeterminations.
  - vi. ☐ Extended office hours (evenings and/or weekends).
  - vii. ☒ Consultation available via phone.
  - viii. ☒ Leveraging eligibility from other public assistance programs.
  - ix. ☒ Other. Describe: **No interview requirement at redetermination.**
- b. Does the Lead Agency use different policies for families receiving TANF assistance?  
☐ Yes. If yes, describe the policies:  
☒ No.

## 2.2 Eligible Children and Families

At eligibility determination or redetermination, 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 (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

#### 2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?  
☒ Yes.  
☐ No. If no, describe the age range of children served and the reason why you made that

decision to serve less than the full range of allowable children.

*Note:* Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

☐ No.

☒ Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity:  
**Constant supervision is required due to a physical/mental/psychological condition verified by statement from a physician.**

- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

☐ No.

☒ Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**

- d. How does the Lead Agency define the following eligibility terms?

i. “residing with”: **Living in the same household as the parent, except for temporary absences, during the time period for which services are offered.**

ii. “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 acting as a caretaker to the child, a legal guardian, an unrelated adult with whom the Michigan Department of Health and Human Services (MDHHS) placed a child subsequent to a court order, the Family Independence Program (FIP) grantee for the child.**

#### 2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:

i. ☒ An activity for which a wage or salary is paid.

ii. ☒ Being self-employed.

iii. ☒ During a time of emergency or disaster, partnering in essential services.

- iv. ☐ Participating in unpaid activities like student teaching, internships, or practicums.
  - v. ☒ Time for meals or breaks.
  - vi. ☒ Time for travel.
  - vii. ☐ Seeking employment or job search.
  - viii. ☒ Other. Describe: **Family Preservation: the parent participating in a court ordered activity, or a treatment activity for themselves or another family member (physical/mental/emotional).**
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
- i. ☒ Vocational/technical job skills training.
  - ii. ☒ Apprenticeship or internship program or other on-the-job training.
  - iii. ☒ English as a Second Language training.
  - iv. ☒ Adult Basic Education preparation.
  - v. ☒ Participation in employment service activities.
  - vi. ☒ Time for meals and breaks.
  - vii. ☒ Time for travel.
  - viii. ☒ Hours required for associated activities such as study groups, lab experiences.
  - ix. ☒ Time for outside class study or completion of homework.
  - x. ☐ Other. Describe:
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. ☒ Adult High School Diploma or GED.
  - ii. ☒ Certificate programs (12-18 credit hours).
  - iii. ☒ One-year diploma (36 credit hours).
  - iv. ☒ Two-year degree.
  - v. ☒ Four-year degree.
  - vi. ☒ Travel to and from classrooms, labs, or study groups.
  - vii. ☒ Study time.
  - viii. ☒ Hours required for associated activities such as study groups, lab experiences.
  - ix. ☒ Time for outside class study or completion of homework.
  - x. ☒ Applicable meal and break times.
  - xi. ☒ Other. Describe: **As a requirement of the certification/degree.**
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

☒ No.

☐ Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

☐ Work. Describe:

☐ Job training. Describe:

☐ Education. Describe:

☐ Combination of allowable activities. Describe:

☐ Other. Describe:

- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

☒ Yes.

☐ No. If no, describe the additional work requirements:

- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

Note: 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 Lead Agency’s protective services definition.

☐ No. If no, skip to question 2.2.3.

☒ Yes. If yes, answer the questions below:

Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:

☒ Children in foster care.

☐ Children in kinship care.

☐ Children who are in families under court supervision.

☒ Children who are in families receiving supports or otherwise engaged with a child welfare agency.

☐ Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.

☐ Children whose family members are deemed essential workers under a governor-declared state of emergency.

☒ Children experiencing homelessness.

☒ Children whose family has been affected by a natural disaster.

☒ Other. Describe: **The child or parent is receiving a cash benefit (FIP, SSI, Migrant Children).**

- g. 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?
- ☐ No.
- ☒ Yes.
- h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?
- ☒ No.
- ☐ Yes.
- i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?
- ☒ No.
- ☐ Yes.

### 2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

- ☒ There is a statewide limit with no local variation.
- ☐ There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:
- ☐ Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:
- ☐ Other. Describe:

### 2.2.4 Initial eligibility: income limits

- a. Complete the appropriate table to describe family income limits.
- i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	4468.00	54.00	2430.00
2	5843.00	56.00	3286.00
3	7217.00	57.00	4140.00
4	8592.00	58.00	5000.00
5	9966.00	58.00	5856.00

- ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

☒ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

☐ Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

☐ No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

- b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

- i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

- ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

- iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

- iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?
- ☐ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.
- ☐ Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.
- ☐ No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:
- c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:
- i. ☒ Gross wages or salary.
- ii. ☒ Disability or unemployment compensation.
- iii. ☒ Workers’ compensation.
- iv. ☒ Spousal support, child support.
- v. ☒ Survivor and retirement benefits.
- vi. ☒ Rent for room within the family’s residence.
- vii. ☒ Pensions or annuities.
- viii. ☐ Inheritance.
- ix. ☐ Public assistance.
- x. ☐ Other. Describe:
- d. What is the effective date for these income eligibility limits? **9/24/2023**
- e. 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, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?  
☒ LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2023**

☐ Other. Describe:

- f. Provide the direct URL/website link, if available, for the income eligibility limits.  
<https://dhhs.michigan.gov/olmweb/ex/RF/Public/RFT/270.pdf#pagemode=bookmarks>

#### 2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- i. ☒ Average the family's earnings over a period of time (e.g., 12 months).  
Identify the period of time **When income is received in one month but is expected to cover several months, divide the income by the number of months covered by the income.**
- ii. ☒ Request earning statements that are most representative of the family's monthly income.
- iii. ☒ Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. ☒ Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **For irregular income, determine a standard monthly amount by adding the amounts together and dividing by the number of months used. 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.**

#### 2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?  
☒ Yes.  
☐ No. If no, describe:
- 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: **Only the program group members income and assets are considered. The program group does not include a non-parent applicant (foster parent, legal guardian, relative caretaker).**

#### 2.2.7 Additional eligibility criteria



Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. ☒ Eligibility determination? If checked, describe: **Verification of address, applicant identity, child's non-citizen status (if not a US citizen).**
- b. ☒ Eligibility redetermination? If checked, describe: **Verification of address (if changed), child's non-citizen status (if not a US citizen).**

#### 2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant identity. Describe how you verify: <b>Verified through documentation but may be verified through social security number (SSN/name match through Social Security Administration).</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant's relationship to the child. Describe how you verify: <b>Self-certified unless questionable.</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: <b>Self-certified unless questionable. Documentation for immigration status of non-citizen children.</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Work. Describe how you verify: <b>Valid need reason verified by documentation.</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Job training or educational program. Describe how you verify: <b>Valid need reason verified by schedule/documentation from oversight entity.</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Family income. Describe how you verify: <b>Only for those who do not qualify for protective services. Verified by documentation.</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Household composition. Describe how you verify: <b>Self-certification.</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant residence. Describe how you verify: <b>Must be verified at application by documentation, and at redetermination, if it has changed and not yet verified.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Other. Describe how you verify: <b>N/A</b>

#### 2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: **Department of Health and Human Services (DHHS).**
- b. Provide the following definitions established by the TANF agency:
  - i. “Appropriate child care”: **The care is appropriate to the child's age, disabilities, and other conditions.**
  - ii. “Reasonable distance”: **The total commuting time to and from work and the child care facility do not exceed three hours per day.**
  - iii. “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 CCLB must meet MiLEAP enrollment requirements.**
  - iv. “Affordable child care arrangements”: **The care is provided at the rate of payment or reimbursement offered by MiLEAP.**
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
  - i. ☒ In writing
  - ii. ☒ Verbally
  - iii. ☐ Other. Describe:

## 2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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).

### 2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. “Children with special needs.” **This group is also called CDC protective services, and includes children with an open Children's Protective Services (CPS) case, children in foster care, families where the parent or child receives Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI), children of migrant farmworkers, and homeless children.**
- e. “Families with very low incomes.” **Families with income at or below 100% of FPL.**

### 2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Families with very low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Children experiencing homelessness, as defined by CCDF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Describe: <b>Expedited processing and presumptive eligibility.</b>
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

a. Does the Lead Agency define any other priority groups?

☐ No.

☒ Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Foster children, children with open CPS, migrant children: income waived eligibility, serve without waitlist, foster children also receive expedited processing and presumptive eligibility.**

### 2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness 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 State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **A 45-day presumptive eligibility period can be approved with the following: application, interview, verification of identity (SSA match is sufficient), the applicant’s statement of a qualifying need reason.**
- b. Describe the grace period for each population below and how it allows them 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.
  - i. Provide the policy for a grace period for:
 

Children experiencing homelessness: **At application, applicants are asked if the child is up to date on immunizations. If not, the child must be up to date by the 12-month redetermination or reapplication (if denied for another reason) or have a religious or medical objection that prevents the child from being up to date.**

Children who are in foster care: **At application, applicants are asked if the child is up to date on immunizations. If not, the child must be up to date by the 12-month redetermination or reapplication (if denied for another reason) or have a religious or medical objection that prevents the child from being up to date.**
  - ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?  
☒ Yes.  
☐ No. If no, describe:
- c. 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: **Inform the client of the immunization requirement and the penalty for failure to immunize, which will be initiated at redetermination or reapplication (if denied for another reason). Refer the group to its health provider or to the local Health Department for more information on immunizations.**

## 2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

### 2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
  - i. ☒ Application in languages other than English (application and related documents, brochures, provider notices).

- ii. ☒ Informational materials in languages other than English.
  - iii. ☐ Website in languages other than English.
  - iv. ☒ Lead Agency accepts applications at local community-based locations.
  - v. ☒ Bilingual caseworkers or translators available.
  - vi. ☐ Bilingual outreach workers.
  - vii. ☒ Partnerships with community-based organizations.
  - viii. ☒ Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
  - ix. ☐ Home visiting programs.
  - x. ☐ Other. Describe:
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i. ☒ Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
  - ii. ☒ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
  - iii. ☐ Caseworkers with specialized training/experience in working with individuals with disabilities.
  - iv. ☐ Ensuring accessibility of environments and activities for all children.
  - v. ☒ Partnerships with State and local programs and associations focused on disability- related topics and issues.
  - vi. ☒ 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.
  - vii. ☒ Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
  - viii. ☒ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
  - ix. ☐ Other. Describe:

#### 2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
- i. ☒ Lead Agency accepts applications at local community-based locations.
  - ii. ☒ Partnerships with community-based organizations.
  - iii. ☒ Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.

- iv. [ ] Other. Describe:
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
- i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The Department worked with the McKinney-Vento State Coordinator and Special Populations Manager to develop a statewide training for child care providers titled: Supporting Families Experiencing Homelessness: How Child Care Providers Can Help. The three-hour training is delivered statewide through our ten Resource Centers and there is no charge for providers to attend. The training includes content around identifying and serving families that might be experiencing homelessness. There is also content around accessing support and qualifying for McKinney Vento services. Trainers are connected to their local McKinney Vento Coordinators and Liaisons to support the training in their region. Trainers share contact information for McKinney Vento Liaisons with providers so they can support families with a contact for specific questions and support.**
- ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **Policy manuals give a detailed description of the McKinney-Vento definition of homelessness, including questions that DHHS staff can ask the client to clarify if the family's situation qualifies it as homeless. The application allows families to indicate if they are homeless or are temporarily living in emergency housing.**

## 2.5 Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

### 2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **CDC is approved for 12 months with a limited number of specific closure reasons during the 12-month eligibility period.**

### 2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

- a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
- ☒ Yes.
- ☐ No. If no, describe:
- b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?
1. 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.
  2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
  3. Any student holiday or break for a parent participating in a training or educational program.
  4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
  5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
  6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
  7. Any changes in residency within the State or Territory.
- ☒ Yes.
- ☐ No. If no, describe:
- c. Are the policies different for redetermination?
- ☒ No.
- ☐ Yes. If yes, provide the additional/varying policies for redetermination:

### 2.5.3 Job search and continued assistance

- a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:
- i. ☐ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:
  - ii. ☐ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:
  - iii. ☒ No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.
- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

☒ Yes. The Lead Agency continues assistance.

☐ No, the Lead Agency discontinues assistance.

- i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change:
- ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:
- iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)?

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

- i. ☐ Not applicable.
- ii. ☐ 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.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

- iii. ☒ A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **Loss of Michigan residency as a valid reason to end CDC benefits during the 12-month eligibility period.**

- iv. ☒ Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **Rule violations include failure to: Provide accurate eligibility information, verify eligibility information, cooperate with a department investigation, report changes timely and accurately. Rule violations shall be considered an intentional program violation and result in a disqualification if established by: A court. An administrative law judge (ALJ). The client or adult group member's signed disqualification form. Welfare fraud is established by a court conviction.**

#### 2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.



Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

☒ Yes.

☐ No. If no, describe:

#### 2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- (i) 85 percent of SMI for a family of the same size; or,
- (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 family with a low income
  - (B) Provides justification that the second eligibility threshold is:
    - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes 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 must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family's income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

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

- a. ☐ Not applicable. 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. (If checked, skip to question 3.1.1.)

- b. ☐ The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:
- i. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
  - ii. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. ☒ 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. If checked, provide the following information:
- i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three: **\$4,542 and 63% of SMI.**
  - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: **Michigan has a total of six tiers (eligibility thresholds) that allow families to exit the program gradually. For a group of 3 program entrance is at 57% SMI (200% FPL) and the second tier is at 63% SMI, well below program exit at 85% SMI. The family contribution/co-payment at the second tier for a family of 3 is \$30 bi-weekly, which is 2.97% of gross monthly income.**
  - iii. Describe how the second eligibility threshold 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: **Michigan has a total of six tiers which allows families to exit the program gradually.**
  - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: **Parents receive the full 12 months with minimal reporting requirements, regardless of interruption of need reason. An income increase that is below program exit does not need to be reported until redetermination. If an income increase (below program exit) is reported it will not negatively impact the CDC authorizations during the 12-month eligibility period.**
  - v. ☒ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: **Families with income under 100% of FPL do not have a family contribution/co-payment. Income greater than 100% of FPL not exceeding 200% of FPL is assigned a \$15 per child co-payment (\$45 per family co-payment limit). Families determined income eligible would then have five eligibility income 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. The family contribution/co-payment increases gradually and do not exceed 7% of monthly gross income.**

- vi. ☒ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: **Change in group composition/death, providers or child care setting, assets that exceed \$1 million.**

### 3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for too many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

#### 3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

##### 3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **5.65%.**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?  
☒ Yes.  
☐ No. If no, describe:

##### 3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

- a. Is the sliding fee scale set statewide?

☒ Yes.

☐ No. If no, describe how the sliding fee scale is set:

- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay 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)?	What percentage of income is this co-payment in (E)?
1	2430.00	15.00	1.77	3798.00	78.00	4.58
2	3286.00	15.00	1.31	4966.00	78.00	3.49
3	4144.00	15.00	2.07	6135.00	78.00	5.65
4	5000.00	15.00	2.58	7303.00	78.00	5.65
5	5856.00	15.00	2.20	8472.00	78.00	4.87

- c. What is the effective date of the sliding-fee scale(s)? 9/24/2023.

- d. Provide the link(s) to the sliding-fee scale(s): [https://www.michigan.gov/mileap/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/Child-Development-and-Care/parent\\_docs/CDC-Income-Eligibility-Scale-and-Family-Contribution-FCADA92023.pdf?rev=74953701294a44cabe1f7ce5772d77a5&hash=6A102E7613ECED2545BCC16F012A3082](https://www.michigan.gov/mileap/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/Child-Development-and-Care/parent_docs/CDC-Income-Eligibility-Scale-and-Family-Contribution-FCADA92023.pdf?rev=74953701294a44cabe1f7ce5772d77a5&hash=6A102E7613ECED2545BCC16F012A3082)

- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

☐ 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 does not provide a barrier and promotes

affordability and access for families: **Providers who are not able to charge CDC families the same rate they charge the public may not want to accept CDC families. This would limit parent choice.**

- 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 the most recent Market Rate Survey, approximately 68% of providers reported that they charge families the full difference between the CDC subsidy and tuition cost and 5% reported that they charge families a portion of the difference. An additional 6% indicated that decisions about whether to charge families when the CDC subsidy does not cover the full price and/or the amount to charge are made on a case-by-case basis. 19% of providers indicated that they do not charge families receiving subsidies anything beyond the amount covered by the CDC subsidy.**

## 3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

### 3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
  - i. ☒ The fee is a dollar amount and (check all that apply):
    - ☐ 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.
    - ☒ The fee is per child up to a maximum per family.
    - ☒ No additional fee is charged after a 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:
  - ii. ☐ The fee is a percent of income and (check all that apply):
    - ☐ 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 a 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:

- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

☐ No.

☒ Yes.

If yes, check and describe those additional factors below:

- i. ☐ Number of hours the child is in care. Describe:
- ii. ☒ Quality of care (as defined by the Lead Agency). Describe: **The co-payment is waived for a child attending a high-quality program, with a quality level of Enhancing Quality or higher in the states quality recognition and improvement system.**
- iii. ☒ Other. Describe: **The co-payment is waived for children in a CDC Child Protective Services category. This includes Children's Protective Services, foster care, Temporary Assistance for Needy Families (TANF)/supplemental security income (SSI), migrant farmworkers, and homeless.**
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
- i. ☐ Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
- ii. ☒ Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
- iii. ☐ Other. Describe:

### 3.3 Waiving Family Co-payment

#### 3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

☐ No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

☒ Yes. If yes, identify and describe which family contributions/co-payments waived.

- i. ☒ Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. ☐ Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

- iii. ☒ Families experiencing homelessness.
- iv. ☐ Families with children with disabilities.
- v. ☐ Families enrolled in Head Start or Early Head Start.
- vi. ☒ Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **Includes Children's Protective Services, foster care, Temporary Assistance for Needy Families (TANF)/supplemental security income (SSI), migrant farmworkers, and homeless.**
- vii. ☒ Families meeting other criteria established by the Lead Agency. Describe the policy: **Co-payments are also waived for children attending a program with a quality level of Enhancing Quality or higher.**

## 4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies 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 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

#### 4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Barriers identified through the agency's Market Rate Survey (MRS) include limited access to care for roughly half of**

Michigan's families, especially for black and Hispanic/Latino families who are more likely to live in places where there are very few licensed providers in close proximity. Reduction in operating hours has also been identified as a barrier for both families and providers. This is attributed to nationwide staffing shortages and changes in demand. Another barrier is challenges with the CDC program itself. Challenges include the length of time eligibility determination takes, concerns with payment rates, and attendance rates. The final barrier is related to the cost of providing quality care. Concerns include expenses related to personnel costs and cost associated with progressing to the high quality levels.

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?  
☒ Yes.  
☐ No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?  
☐ Yes.  
☒ No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **Consumer education materials are available via the Great Start to Quality website for parents and provide information about choosing child care.**  
**The certificate provides information about the available choice of providers, including access to a 24/7 database with information on all licensed child care providers.**
- e. Describe what information is included on the child care certificate: **The parent receives the Child Development and Care Client Notice (DHS-198c), upon provider assignment. This serves as the child care certificate.**  
**The following information is included on the notice: Information explaining reporting changes, provider quality levels, how to file a complaints against licensed and license exempt providers, the overpayment process including repayment, where to find Child Development and Care (CDC) payment rules, where to find results of provider annual inspections and quality levels, the names of children approved for care, the number of biweekly need hours approved for attendance and billing, the family contribution amount, the assigned providers name, provider ID/license number (if licensed), and the 12-month eligibility period that is approved.**

## 4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (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, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and



parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

#### 4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. ☒ Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)? **Market Rate Survey (MRS) data collection took place between November 2023 and January 2024. In addition, data collected in the Summer of 2022 (Stabilization Grant Round 3) was utilized.**
- b. ☐ ACF pre-approved alternative methodology.
- i. ☐ The alternative methodology was completed.
- ii. ☐ The alternative methodology is in process.

*If the alternative methodology was completed:*

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

*If the alternative methodology is in progress:*

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

- iii. State Advisory Council or similar coordinating body: **The State Administrator meets regularly with stakeholders who are represented on the State Advisory Council (SAC) in addition to other stakeholders. During these meetings there is an opportunity to hear about barriers, challenges and opportunities to collect new information, including the way we try and gather this information from providers. This group also reviewed the draft MRS plan and participated in a consultation session focused on the results and recommendations. The SAC members were later provided with a summary of the broader feedback that was collected through the MRS Hearings and survey and supported the changes that were made to the final report. Lessons learned will be used for ongoing work to assess the cost of care.**
- iv. Local child care program administrators: **Prior to fielding the market rate survey, the survey instrument was tested using cognitive interviews with a sample of providers, including center-based and home-based providers. A purposive sampling design was used to ensure diversity. In addition to responding to the survey questions, as written, interviewees were asked follow-up questions about how they interpreted and responded to each question. The interview responses were analyzed to identify common themes and patterns that might indicate potential issues with language use, response options, and overall survey design. Based on the results, minor changes were made to the wording of several questions. Otherwise, the cognitive interview responses suggested that the survey questions were clear and that providers were likely to interpret the questions as intended. This group also had an opportunity to provide feedback on the draft MRS during the Hearings and through a survey before it was finalized.**
- v. Local child care resource and referral agencies: **The State Administrator meets regularly with the state's ten Great Start to Quality Resource Centers and Regional Early Childhood Support Networks (ECSNs) to hear about barriers, challenges and opportunities to hear about how program policy is impacting providers and families. Members of these groups were included in the SAC and participated in several of the consultation sessions and the MRS Hearing, and provided feedback**

before the report and recommendations were finalized.

- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The State Administrator meets regularly with child care caregivers, teachers, and directors from all settings that serve a variety of age groups to hear about barriers, challenges and opportunities to understand how program policy is impacting providers and families. Members of this group were also engaged in the SAC, in the consultation sessions and Hearings and provided feedback on the report before it was finalized.**

- vii. Other. Describe: **N/A**

- d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

- i. When was the market rate survey completed? **1/3/2024**
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **All of the survey data were collected within the three-month time period from November 2023 through January 2024.**
- iii. Describe how it represented the child care market, including what types of providers were included in the survey: **All licensed child care providers in the priced market were invited to complete Michigan's 2023-2024 market rate survey. Final analytic data included 2,738 unduplicated responses, for an overall response rate of 34%. The response rate was above 30% for all three types of licensed providers in Michigan, including 34% of centers, 35% of family homes, and 35% of group homes. The response rate among providers who received CDC payments in November 2023 was 45%.**
- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **The sampling frame for the market rate survey was developed from MiLEAP's child care licensing database and a provider database maintained by the Early Childhood Investment Corporation (ECIC). The information gathered included license number, provider name, contact information, location, provider type, quality level, services offered, and licensure status over time.**
- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **A multi-pronged outreach, follow-up, and monitoring process was used to maximize the survey response rate and ensure data quality. First, the provider databases (child care licensing database and the provider database maintained by ECIC) were used to generate a full list of current providers, along with their contact information. The survey was offered through multiple modes, including paper, online (by computer or mobile phone), and by telephone. To further promote a strong response rate, incentives of \$150 each were offered to 10 randomly selected survey completers. In preparation for fielding the survey, an introductory postcard was mailed to each provider that explained, simply and persuasively, the purpose of the survey**

and the benefit to children, families, and providers of completing it. In addition, general brief notices were distributed through existing MiLEAP networks, as well as various child care resource and referral agencies and provider networks. Finally, three live informational webinars were conducted to inform interested partners and providers about the importance of the survey, how it would be conducted, and how they could participate. A paper survey packet was mailed to each provider address. The survey packet included a letter describing the purpose of the survey and instructions, along with a postage-paid return envelope for submitting completed responses. The instructions also included a QR code and directions for accessing the online survey. The online survey included both an anonymous version, accessible via a link distributed with the paper surveys and through child care listservs in Michigan, and a targeted version sent directly to providers' emails using the contact information from the sampling frame. Starting in the second month of survey data collection, telephone calls were made to providers who had not yet responded to invite them to complete the survey over the phone. Email and listserv reminders were sent at regular intervals during survey administration to encourage providers who had not yet responded to complete the survey. Throughout the data-collection phase, incoming surveys were monitored for completion rates and data quality.

- vi. What is the percent of licensed or regulated child care centers responding to the survey? **34.00**
- vii. What is the percent of licensed or regulated family child care homes responding to the survey? **35.00**
- viii. Describe if the survey conducted in any languages other than English: **Outreach materials and invitations included a phone number to call for assistance with completing the survey, and translated versions of the survey could be made available upon request.**
- ix. Describe if data were analyzed in a manner to determine price of care per child: **The survey asked providers to select the most common method of charging full-time and part-time fees (e.g., daily, hourly, weekly, monthly, or other) per child for each age group (i.e., infants and toddlers, preschoolers, and school-aged children) and provide the rate charged. Each entry type was converted into an hourly rate based on a nine-hour day, which was chosen due to its stability, as determined in past market rate studies.**
- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **The final analytic data set from the market rate survey was a sample that represented 34% of Michigan's licensed child care providers. The final dataset was weighted by provider type and geography to ensure the appropriate representation of providers and geography in Michigan. The weights were created by determining the number of providers in each American Community Survey Public Use Microdata Area (PUMA). PUMAs were used, because they group providers from smaller, adjacent counties together based on similarity in demographics, thus reducing the potential bias in rate calculations for**

**small-population counties with few child care providers represented in the sample.**

e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The American Community Survey divides Michigan into 33 Public Use Microdata Areas (PUMAs). Market rate survey responses were collected from every PUMA in Michigan, with response rates by PUMA ranging from 27% to 46%. To allow for geographic analysis of price data, survey responses included provider license numbers, which were matched with provider addresses using Michigan Department of Lifelong Education, Advancement and Potential (MiLEAP) child care licensing database.**
- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **As of November 2023, the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP) database of licensed child care providers included a total of 8,035 licensed and active providers; 2,738 of those providers responded to the market rate survey, for an overall response rate of 34%. The response rate was above 30% for all three types of licensed child care providers in the state, including 34% of centers, 35% of family homes, and 35% of group homes. License numbers included with survey responses were matched with MiLEAP's child care licensing database to identify the type of provider, which allowed survey results, including prices, to be disaggregated by type of provider.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **In addition to asking providers to indicate the number of children currently in care in each age group (i.e., infant/toddler, preschool, and school age), the market rate survey also asked providers to indicate the prices they charge for full-time and part-time care by age group.**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **In addition to the variations described above, the market rate survey examined prices by quality level. License numbers included with survey responses were matched with data from Great Start to Quality, Michigan's quality recognition and improvement system, to identify each provider's current quality level.**

#### 4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of

quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The Provider Cost of Quality Calculator (PCQC) was used to conduct a narrow cost analysis to assess the cost of quality care to meet the health and safety standards in Michigan. The PCQC is a dynamic, web-based tool that calculates the estimated cost of the inputs used by providers to deliver services at various levels of quality. The PCQC model considers hypothetical expenditures and revenues for child care centers and home settings separately. As described in the response to item c., below, data from multiple sources were used to refine the inputs used in the PCQC models to better reflect costs among Michigan's child care providers. To determine what impact various factors thought to be cost drivers could have on the bottom line for operating costs, including age of children, the model was used to create multiple scenarios by systematically altering several of these factors.**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **According to the PCQC models, home providers benefit more from progressing to higher quality levels compared to centers. For centers moving from a quality level of Enhancing Quality to Enhancing Quality-Validated, there is only a marginal boost in their revenue because increases in revenue are offset by the increase in salaries for staff. Without the additional staffing costs, home providers are likely to experience more of a net revenue boost at higher quality levels.**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **An important source of secondary data was data compiled by the Early Childhood Investment Corporation from child care stabilization grant applications submitted during summer 2022. As part of the application process for those grants, providers were asked to provide detailed estimates of their average monthly operating expenses covering various categories, such as personnel costs, physical/space overhead expenses, health and safety practices, equipment and supplies, goods and services, and mental health services. In addition to the stabilization grant data, estimates of personnel cost data from the Bureau of Labor Statistics, estimates of revenue from subsidies data from MiLEAP, estimates of revenue from CACFP participation data from CEPI, and the newly gathered adjusted child to teacher ratio data from the MRS were also used to determine the cost of care at the base level of quality.**  
**As a means of testing and further refining the PCQC input values, interviews were conducted with 16 child care providers. Providers were selected using a stratified random-sampling scheme, with licensed providers stratified by provider type (centers, family homes, and group homes) and quality level. Separate interview tools were developed for centers and home-based providers. The questions in both instruments focused on each**

provider's estimates of annual operating costs, including both personnel and non-personnel costs. The interviews also provided the opportunity to collect provider input on the factors that most influence tuition rates, the impact of current regulations on costs, and the costs associated with providing quality child care and in meeting health and safety requirements.

The PCQC utilized the following age groups: infant/toddler (birth to 30 months), preschool (30 months through age four), and school age (kindergarten or 5 years old but less than 13 years). The model assumes all age groups attend full time, even school-age children. The maximum group size for centers adhered to State of Michigan definitions. In cases where the maximum group size was not specified for center preschool and school-aged children, the number of children in the ratio was doubled.

Staff compensation levels were derived from Bureau of Labor Statistics data for Michigan and adjusted for quality level. In general, positions in programs at the enhancing quality level fell at the 50th percentile, while positions in programs at lower quality levels were at the 25th percentile, and positions at programs at higher quality levels were at the 75th percentile.

The majority of centers in Michigan do not have an educational coordinator. Therefore, educational coordinators were omitted from the scenarios. Similarly, health consultants were excluded from the scenarios, as school nurses are not commonly employed outside of a school district setting.

In accordance with State of Michigan licensing regulations, full-time staff requirements are based on the operating hours of the center per day. Consequently, all center-based scenarios in the cost analysis included a full-time director. Additionally, an administrative assistant was included in scenarios where there were 40 or more enrolled students.

For home providers, the hours worked per week were set at 45 hours per week.

Other personnel costs included applying Michigan's minimum wage of \$10.10 for substitutes and assistants for homes. Worker's compensation was established at \$0.61, reflecting the average employer cost per \$100 of covered wage in the State of Michigan for the year 2020. The unemployment insurance tax rate was fixed at 2.7%, mirroring the liability rate applicable to new employers in the State of Michigan. Additionally, the maximum dollar amount taxed per employee for unemployment insurance was capped at \$9,500. No additional benefits were inputted, and disability was set to zero.

- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **Great Start to Quality (GSQ) is Michigan's quality recognition and improvement system. GSQ utilizes over 40 program quality practices to recognize early childhood program quality across five categories: staff qualifications, family and community partnerships, professional development, inclusive practices, and curriculum, instruction, and learning environment.** Costs per-child, per-classroom, and per-site by quality level and facility type were derived mainly from the provider cost data compiled from Summer 2022 Child Care Stabilization Grant applications. Scholarship participation and tuition rates, which vary by provider type and quality rating, were derived from the market rate survey results. Salary levels were

taken from BLS data for Michigan and adjusted for quality level and provider type. Positions in programs at the enhancing quality level fell at the 50th percentile, while positions in programs at lower quality levels were at the 25th percentile, positions at programs at higher quality levels were at the 75th percentile. Staffing ratios and maximum group sizes for centers adhered to State of Michigan definitions. In cases where the maximum group size was not specified for center preschool and school-aged children, the number of children in the ratio was doubled.

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **Due to the variability among both the cost data compiled from provider stabilization grant applications and the provider interview data, it is difficult to define the specific gap between provider costs and prices. However, the analysis did indicate that, at the market rate, tuition alone is often insufficient to cover provider costs. The cost models demonstrated that to cover costs, providers often need to pass some of the costs on to families in the form of additional fees (i.e., annual registration fees, supply fees, etc.) and/or participate in other government programs to assist with costs (i.e. Child and Adult Care Food Program).**  
**The current reimbursement rates for centers and home-based providers were set by the state legislature effective September 2023. The information collected is synthesized into yearly rate recommendations for consideration. Due to the variable data noted above, specific gaps are not clearly identified, however, more densely populated regions experience higher costs. The department intends to continue to monitor and incorporate observed gaps into rate recommendations and has continued to see a decrease in the gaps between base market rates and base CDC scholarship rates.**

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

- a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.
  - i. Provide the date the report was completed: **4/11/2024**
  - ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **4/12/2024**
  - iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available:



<https://www.michigan.gov/mileap/early-childhood-education/early-learners-and-care/cdc/partners/fy25-27-ccdf-consultation>

The MRS report was posted with the State Plan sections on the MiLEAP Child Care and Development Fund State Plan webpage ([michigan.gov](https://www.michigan.gov)). Notification that the report was posted was broadly communicated through the same networks that were invited to engage in discussions and review of the full State Plan and on social media. Two public hearings were conducted on April 25 and April 30 and comments were collected via a dedicated email link to a survey, and by fax between April 12 and May 10, 2024. In addition, one of the SAC meetings (April 23) was dedicated to discussing the draft report and collecting questions and feedback.

- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The SAC members and attendees of the two MRS Hearings were provided with an overview of the report that included the methodology used, findings, highlights regarding progress made since the last MRS and recommendations for continued improvement. Questions were gathered and addressed, and discussions focused on the recommendations that the evaluators included in the report. In addition to the information collected during these virtual sessions, feedback that was submitted by survey response was included in the feedback response report from the evaluators and presented to the SAC and MiLEAP leadership for consideration and prioritization.**

### 4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates 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. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

#### 4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?  
☒ Yes.  
  - i. If yes, check if the Lead Agency:  
☒ Sets the same payment rates for the entire State or Territory.  
☐ Sets different payment rates for different regions in the State or Territory.  
☐ No.
  - ii. If no, identify how many jurisdictions set their own payment rates:
- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **10/1/2023**
- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **MILEAP publishes rates on a bi-weekly basis on its website. The weekly rates included below were calculated by dividing the published full-time bi-weekly rates by 2.**

#### 4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75<sup>th</sup> percentile of the most recent MRS. The 75<sup>th</sup> percentile benchmark applies to the base rates. The 75<sup>th</sup> percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75<sup>th</sup> percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75<sup>th</sup> percentile in the tables below, the Lead Agency must also report the 50<sup>th</sup> percentile and 60<sup>th</sup> percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	<b>279.00 Per Week</b>	45.00	353.00	75.00	285.00	305.00	353.00		
Family Child Care for Infants (6 months)	<b>222.75 Per Week</b>	56.00	225.00	75.00	191.25	200.00	225.00		
Center Care for Toddlers (18 months)	<b>279.00 Per Week</b>	45.00	353.00	75.00	285.00	305.00	353.00		
Family Child Care for Toddlers (18 months)	<b>222.75 Per Week</b>	56.00	225.00	75.00	191.25	200.00	225.00		
Center Care for Preschoolers (4 years)	<b>198.00 Per Week</b>	45.00	281.25	75.00	225.00	250.00	281.25		
Family Child Care for Preschoolers (4 years)	<b>191.25 Per Week</b>	56.00	225.00	75.00	180.00	200.00	225.00		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for School-Age (6 years)	<b>191.25 Per Week</b>	<b>45.00</b>	<b>212.50</b>	<b>75.00</b>	<b>126.00</b>	<b>150.00</b>	<b>212.50</b>		
Family Child Care for School-Age (6 years)	<b>186.75 Per Week</b>	<b>56.00</b>	<b>210.00</b>	<b>75.00</b>	<b>175.00</b>	<b>187.50</b>	<b>210.00</b>		

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Preschoolers (4 years)									
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

- b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

☒ Yes.

☐ No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe:

#### 4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

- a. Does the Lead Agency provide any rate add-ons above the base rate?

☐ Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid:

☒ No.

- b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

☒ Yes.

☐ No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based

on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

- i. ☐ Differential rate for non-traditional hours. Describe:
- ii. ☐ Differential rate for children with special needs, as defined by the Lead Agency. Describe:
- iii. ☐ 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:
- iv. ☐ 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:
- v. ☒ Differential rate for higher quality, as defined by the Lead Agency. Describe:  
**Michigan pays a higher reimbursement rate to licensed providers with a quality level of Reflecting on Quality or higher, in the continuous improvement process through Great Start to Quality.**  
**Michigan pays a higher reimbursement rate to license exempt related and unrelated providers who complete 10 hours of approved training per year. This is training in addition to the initial training, called License Exempt provider Preservice Training (LEPPT)**
- vi. ☐ Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:
- vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

☐ Yes. If yes, describe:

☒ No.

#### 4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **Michigan's rates are set by the state legislature following recommendations by the department that incorporate data from the narrow cost analysis, provider feedback, and MRS.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Rates adequately allow providers to meet the health, safety, quality, and staffing requirements under the CCDF as demonstrated by the increase in providers accepting scholarship rates and covering the spectrum of quality levels under Michigan's Great Start to Quality system.**

- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The narrow cost analysis undertaken is synthesized into recommendations made to the state legislature which is responsible for setting rates. The gap between the cost of care and rates, to the extent known, is a core factor to the recommendations made.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The department provides differential rates for higher quality care using Michigan's quality recognition and improvement system, Great Start to Quality, in the case of center and home-based care. The department also pays a higher rate to license exempt providers that complete 10 hours of additional training per year. The Great Start to Quality's quality rating and improvement system aims to help parents understand the quality of care available as they select a provider and to assist providers in continually improving the care they are able to offer through professional development and other resources, thereby supporting quality care across the child care system in the state. Beginning February 2023, the star rating system transitioned to a continuous improvement process, using quality levels that correspond with the previous star ratings, as follows:**

**Blank Star/1 Star: Maintaining Health & Safety.**

**2 Star: Reflecting on Quality.**

**3 Star: Enhancing Quality.**

**4 Star: Enhancing Quality & Validated.**

**5 Star: Demonstrating Quality.**

**The QRIS calculates ratings, or "stars," "quality levels" for participating licensed child care providers based on a detailed point system to signal level of quality being provided. Points are earned based on provider characteristics and practices associated with high quality.**

**These include staff credentials and professional development, family and community engagement, administrative capacity, health and physical safety, curriculum and assessment, and certain child-to-teacher ratios.**

**Providing higher quality care, as reflected by higher QRIS quality levels, is associated with higher operating costs for child care providers, and in particular higher personnel costs.**

**The chief reason is that one of ways for providers to increase quality is to employ personnel who have more early child care-specific training and education. Even at lower-rated providers (including home-based providers), staff are expected to have at least a Child Development Associate (CDA) credential, which requires a fee and professional education. With more credentials, staff expect greater compensation, thus increasing staffing costs.**

**Improving quality by ensuring lower teacher-to-child ratios also necessarily increases personnel costs by increasing the number of staff required. Holding all other factors, such as enrollment and poverty level, fixed, child care centers with higher star ratings had higher total personnel costs than those with lower ratings. Two-star/Reflecting on Quality centers had total personnel costs that were nearly 40% lower than 5-star/Demonstrating Quality centers in the analysis. Differences in non-personnel costs were negligible.**

**Interviews with providers found that there was little appetite for making the quality improvements necessary to move to a higher star rating/quality level, largely due to the increased costs a provider would incur. This reluctance was largely due to the difficulties**

of finding adequately trained staff and the wages necessary to pay them. There was also frustration at delays in the certification of staff in the Michigan Registry ([www.miregistry.org](http://www.miregistry.org)) system.

- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **N/A**

#### 4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (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. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must 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 have timely appeal and resolution processes for any payment inaccuracies and disputes.

##### 4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?  
  
☐ Yes. If yes, describe:  
  
☒ No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **Child care providers bill electronically after care has been provided on a bi-weekly basis. There is a published deadline, which is a few days after the pay period ends. If the billing is done by**



the billing deadline, payment is generated within eight to ten days. If billing is done after the deadline, but before 90 days, payment is generated within eight to ten days of the billing. Payroll is processed on a weekly basis to ensure providers are paid in a timely manner. Michigan will be requesting a two year waiver in order to implement this provision.

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?

☐ Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

☒ No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs: **License exempt child care providers are not paid by enrollment. Rates are set and determined through the legislative budget process based on available funding. Michigan does not currently collect data on license exempt providers who are primarily family, friends and neighbors.**

☐ It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

#### 4.4.2 Other payment practices

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, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

☐ Yes.

☒ No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis: **License exempt related and unrelated providers are paid based on hourly billing. The payment is the number of hours billed x hourly rate. Note: Payment is limited by the maximum number of hours a child is authorized for.**

**Licensed providers are paid based on part-time/full-time block payments unless they provide care for 30 or fewer hours and then they are paid hourly.**

**License exempt related and unrelated providers are not paid on a part-time or full-time basis based on current state legislative boilerplate. This provider type does not have the same expenses that licensed providers do, such as meeting licensing requirements and making payroll.**

- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

☒ Yes. If yes, identify the fees the Lead Agency pays for: **Licensed providers can bill the CDC program for child care fees. This is intended to help cover the fees that are sometimes charged to families, such as registration fees, annual fees, or field trip fees. This is not intended to cover late payment fees, late pick up fees, or bounced check fees. Payment for fees is limited to \$65 for child care centers and \$40 for group and family homes, per fiscal year (10/1-9/30).**

☐ No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

- c. Describe how 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: **Information related to provider rates, program requirements for billing, and the payment dispute resolution process are in the CDC Handbook. All child care providers certify that they have read the CDC Handbook, available on the Child Development and Care website: Child Development and Care (michigan.gov), each time they submit a billing. Billing disputes can be resolved by calling the CDC office toll free line at 866-990-3227.**
- d. Describe how 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: **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.**
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **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.**
- f. Other. Describe any other payment practices established by the Lead Agency:

#### 4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **Michigan uses a variety of strategies to ensure families have access to a provider who accepts scholarship children by ensuring we provide reimbursement for an adequate number of absences, reimbursement for some registration fees, payments to providers within 21 days, allowing 90 days for back-billing and a part-time/full-time reimbursement structure. In addition, all licensed providers in Michigan are eligible to receive child care scholarship payments without an additional registration process, 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 identifies them. License exempt providers are enrolled through the lead agency and must be approved prior to being eligible to receive payments.**

## 4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

#### 4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

☐ Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

☐ Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

☒ No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **While Michigan has piloted infant/toddler contracts we plan to request a two year waiver for the contract/grant requirements to ensure we are building the required contracts to meet the needs and increase supply. We will be submitting the waiver as the changes that will need to be made will take legislative and technology changes as well a training plan to ensure that agency staff understand this change. It is anticipated that the agency will fully implement grants and contracts by August 2026.**

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

☐ Children with disabilities. Number of slots allocated through grants or contracts:

☐ Infants and toddlers. Number of slots allocated through grants or contracts:

☐ Children in underserved geographic areas. Number of slots allocated through grants or contracts:

☐ Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

☐ School-age children. Number of slots allocated through grants or contracts:

☐ Children experiencing homelessness. Number of slots allocated through grants or contracts:

☐ Children in urban areas. Percent of CCDF children served in an average month:

☐ Children in rural areas. Percent of CCDF children served in an average month:

☐ Other populations. If checked, describe:

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

#### 4.5.2 Care in the child's home (in-home care)

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

Will the Lead Agency limit the use of in-home care in any way?

☒ Yes.

☐ No.

*If yes, what limits will the Lead Agency set on the use of in-home care? Check all that apply.*

- i. ☐ Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. ☒ Restricted based on the in-home provider meeting a minimum age requirement. Describe: **18-year-old minimum.**
- iii. ☒ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: **License exempt related and unrelated providers may bill and be paid a maximum of 2,016 total hours per two week pay period for all children in care.**
- iv. ☐ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:
- v. ☐ Restricted to care for children with special needs or a medical condition. Describe:
- vi. ☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. ☐ Other. Describe:

#### 4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

- a. In infant and toddler programs:
- i. Data sources used to identify shortages: **Michigan State University (MSU) has been working with MILEAP to map Michigan's Child Care desert data, illustrating the number of children competing for one slot in a nearby licensed child care facility suitable for their age. An area having three or more children competing for**

one slot is considered a child care desert. These maps are broken down by age group (Infant/Toddler - 0-2; Preschool - 3-5; and School-age (6-11). MSU used 2022 American Community Survey data from the U.S. Census Bureau to estimate child population and LARA data to populate the available child care slots in each Michigan County.

- ii. Method of tracking progress: MSU also led the mapping project for the Caring for MI Future (CFMF) statewide child care initiative focused on increasing and expanding child care programs in Michigan. As the project and dedicated resources concluded, MSU was able to map where new and expanded center and home-based child care businesses are located, demonstrating the proportion of the programs that were open or expanded in areas of the state that have the most urgent need for child care. In addition, the maps illustrated the capacity that resulted from new and expanded businesses, highlighting the age groups served with the newly created spaces. These maps supported Michigan in understanding the progress made in addressing the areas in our state that were considered child care deserts at the beginning of the CFMF project and supported us in identifying the areas in the state that continue to struggle to increase capacity in infant-toddler care.
- iii. What is the plan to address the child care shortages using family child care homes? During the Caring for MI Future initiative, 22 Family Child Care Networks (FCCNs) were established, which include 420 home-based child care providers or business owners. These FCCNs focus on connecting or directly offering the members the support that they need to be successful educators and business owners. The FCCNs are representative of, and built for, the communities of home-based child care business owners, working to build trust with the business owners and to support meeting their needs in culturally competent ways, which encourages engagement and participation in the networks (2 networks serve refugee providers; 3 serve Arabic-speaking business owners; and 3 serve Spanish-speaking business owners). Within the first year, the FCCNs supported 32 home-based child care business owners to become licensed, 14 to become license-exempt and are supporting an additional 40 through the licensure process. In addition, 43 Network members started participating in Great Start to Quality, 33 began accepting child care subsidies and 24 began participating in the child and adult care food program. It is our intention to continue to expand and support these networks moving forward.
- iv. What is the plan to address the child care shortages using child care centers? During the Caring for MI Future initiative, 16 Regional Child Care Planning Coalitions, predominantly led by Economic Development Organizations, were developed throughout the state, bringing together cross-sector stakeholders to understand the child care challenges and their impact on economic development, and create actionable, powerful strategies to address the child care challenges in their regions. Their work will continue, as the Coalitions begin to implement their strategies working to support the creation and maintenance of child care centers (and home-based care) in areas that have been identified as the most urgent in their region.

In addition, MiLEAP is preparing to lead a robust pre-K expansion that was announced by Governor Whitmer in her State of the State address in January of 2024, that will make state-funded pre-K accessible to all families regardless of income. This investment will strengthen and dramatically expand child care centers throughout the state.

b. In different regions of the State or Territory:

- i. Data sources used to identify shortages: In addition and in coordination with the Child Care Desert maps, MSU led the mapping projects for the Caring for MI Future statewide child care initiative, a \$100m investment focused on helping child care entrepreneurs open 1,000 new or expanded child care programs by the end of 2024. The project began by identifying and categorizing counties in the state as Urgent or High Need by looking at the county's staff shortage, capacity (number of children competing for one slot) and child poverty rate. The staff shortage data came from providers who received COVID Child Care Relief Fund Grants. The capacity data, which ranged from 0-5, came from the Great Start to Quality provider database, as of September 2022. The child poverty rate, number of children under 5 and number of children under 12 came from the American Community Survey 2015-2019 5-year data.
- ii. Method of tracking progress: The Caring for MI Future projects tracked and reported progress on each of their initiatives (addressing space, start-up funding, staffing and business sustainability supports), including monthly data from LARA about the number of new and expanded licenses that were issued that month. The Caring for MI Future project concludes at the end of September 2024 and project data is being collected and used to create new maps to demonstrate progress and areas needing additional and on-going support.
- iii. What is the plan to address the child care shortages using family child care homes? The organizations that are leading the Family Child Care Network (FCCN) and Regional Planning Coalition strategies mentioned above represent multiple counties. The FCCNs bring together home-based providers within regions and provide support to license exempt and unlicensed providers to become licensed family child care home providers, as well as supporting new home based child care owners to become established. The Regional Planning Coalitions are working to identify locations and provide support for child care entrepreneurs to successfully start a child care business in multiple locations within their regions.
- iv. What is the plan to address the child care shortages using child care centers? The organizations that are leading the Regional Planning Coalition strategy mentioned above represent multiple counties and will be supporting new and expanding child care centers to be successful as well as supporting the pre-K expansion initiative.

c. In care for special populations:

- i. Data sources used to identify shortages: Michigan State University (MSU) has been working with MiLEAP to map Michigan's Child Care desert data, illustrating the number of children competing for one slot in a nearby licensed child care facility suitable for their age. An area having three or more children competing for

one slot is considered a child care desert. These maps are broken down by age group (Infant/Toddler - 0-2; Preschool - 3-5; and School-age (6-11). MSU used 2022 American Community Survey data from the U.S. Census Bureau to estimate child population and LARA data to populate the available child care slots in each Michigan County.

- ii. Method of tracking progress: MSU also led the mapping project for the Caring for MI Future (CFMF) statewide child care initiative focused on increasing and expanding child care programs in Michigan. As the project and dedicated resources concluded, MSU was able to map where new and expanded center and home-based child care businesses are located, demonstrating the proportion of the programs that were open or expanded in areas of the state that have the most urgent need for child care. In addition, the maps illustrated the capacity that resulted from new and expanded businesses, highlighting the age groups served with the newly created spaces. These maps supported Michigan in understanding the progress made in addressing the areas in our state that were considered child care deserts at the beginning of the CFMF project and supported us in identifying the areas in the state that continue to struggle to increase capacity in infant-toddler care.
- iii. What is the plan to address the child care shortages using family child care homes? During the Caring for MI Future initiative, 22 Family Child Care Networks (FCCNs) were established, which include 420 home-based child care providers or business owners. These FCCNs focus on connecting or directly offering the members the support that they need to be successful educators and business owners. The FCCNs are representative of, and built for, the communities of home-based child care business owners, working to build trust with the business owners and to support meeting their needs in culturally competent ways, which encourages engagement and participation in the networks (2 networks serve refugee providers; 3 serve Arabic-speaking business owners; and 3 serve Spanish-speaking business owners). Within the first year, the FCCNs supported 32 home-based child care business owners to become licensed, 14 to become license-exempt and are supporting an additional 40 through the licensure process. In addition, 43 Network members started participating in Great Start to Quality, 33 began accepting child care subsidies and 24 began participating in the child and adult care food program. It is our intention to continue to expand and support these networks moving forward.
- iv. What is the plan to address the child care shortages using child care centers? During the Caring for MI Future initiative, 16 Regional Child Care Planning Coalitions, predominantly led by Economic Development Organizations, were developed throughout the state, bringing together cross-sector stakeholders to understand the child care challenges and their impact on economic development, and create actionable, powerful strategies to address the child care challenges in their regions. Their work will continue, as the Coalitions begin to implement their strategies – working to support the creation and maintenance of child care centers (and home-based care) in areas that have been identified as the most urgent in their region.  
In addition, MiLEAP is preparing to lead a robust pre-K expansion that was

announced by Governor Whitmer in her State of the State address in January of 2024, that will make state-funded pre-K accessible to all families regardless of income. This investment will strengthen and dramatically expand child care centers throughout the state.

#### 4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: **Our Strong Start (housed in child care licensing) has a team of trained navigators that connect child care entrepreneurs with grant opportunities and assistance, addressing questions and concerns about starting or expanding their child care business. The Our Strong Start team assists eligible child care entrepreneurs in applying for pre-licensure grants which are available to those who have not yet completed the process of becoming licensed. This grant funding is available to help cover costs such as initial child care facility costs, (rent, mortgage etc.) fire and health inspection fees, child development learning supplies and curriculum, and other items necessary for opening a child care business. In addition, startup grants are available once child care entrepreneurs obtain their license, to help support the costs associated with opening a new child care business. On-line toolkits to support entrepreneurs in better understanding business development, the child care industry, and the licensing process. In addition, the required licensing orientation sessions will be available online to support child care providers in successfully completing this requirement.**
- b. Infants and toddlers. Describe: **Michigan, through its GSQ Resource Centers, offers an infant/toddler support network through Infant Toddler Specialists who lead peer to peer opportunities through cohorts, provide technical assistance and offer specialized infant/toddler training.**
- c. Children with disabilities. Describe: **Michigan offers technical assistance and training around supporting children with disabilities through our GSQ Resource Centers, and through a partner agency, Early on Training and Technical Assistance (EOTTA). We currently have a PDG B-5 project with EOTTA, All Together, that is focused on professional development and coaching to support providers with inclusive practices and working with families with special needs. All Together provides 4 free training modules as well resources for providers. Modules include an overview of the Early On services and the process for referring children, inclusive care for infants and toddlers including strategies for supporting them, inclusive care for preschoolers also including strategies for support children, and how to build collaborative relationships with families and other organizations that support children with special needs. It offers 2 CEU's and/or SCECH's once a participant completes all four modules with 80% competency. Its resources are**



also available in several language including Spanish and Arabic.

- d. Children who receive care during non-traditional hours. Describe: **During the Caring for MI Future initiative, 16 Regional Child Care Planning Coalitions, predominantly led by Economic Development Organizations, were developed throughout the state, bringing together cross-sector stakeholders to understand the child care challenges and their impact on economic development, and create actionable, powerful strategies to address the child care challenges in their regions. The Department believes that data collected by the Regional Child Care Planning Coalitions will help us begin to devise strategies to better support this type of care.**
- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe:

#### 4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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.

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 access to high-quality programs. **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 farm worker, a child experiencing homelessness, or a family with an active substantiated neglect/abuse case. 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. The state is also working to implement a simplified application for foster care children to help reduce barriers during the application process.**

## 5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to [Lead Agencies](#) to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, 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 by the [Lead Agency](#). CCDF-required annual monitoring

and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, [Lead Agencies](#) set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each [Lead Agency](#) identifies and defines its own categories of care. OCC does not expect [Lead Agencies](#) to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

## 5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

### 5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: **A facility, other than a private residence, receiving 1 or more children under 13 years of age for care of less than 24 hours a day, where parents or guardians are not immediately available to the child. MCL 722.111**

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe:

☒ No.

- b. Identify the family child care providers subject to licensing: **Family child care providers include family child care homes and group child care homes. A family child care home license allows a provider to care or supervise from one to six unrelated 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, as defined by Michigan law, 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 unrelated 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 does not include children who are related as defined by Michigan law to an adult member of the family by blood,**

marriage, or adoption. It includes care for an unrelated minor for more than four weeks in a calendar year. Family and group homes can request an increase in capacity if the licensee meets certain conditions. Licensed Family child care and group child care homes allow a provider to care or supervise related and unrelated 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.

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe:

☒ No.

- c. Identify the in-home providers subject to licensing: **Michigan in home providers are license exempt.**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe:

☒ No.

#### 5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

- a. License-exempt center-based child care. Describe by answering the questions below.

- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Military and Tribal child care centers.**
- ii. Describe the 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. **Military and Tribal child care providers are asked to self-certify that they meet all of the CCDF health and safety requirements through their own rules, regulations, and monitoring systems.**
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Military and Tribal child care providers are asked to self-certify that they meet all of the CCDF health and safety requirements through their own rules, regulations, and monitoring systems.**

- b. License-exempt family child care. Describe by answering the questions below.

- i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Tribal child care homes.**
- ii. Describe the 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. **Military and Tribal child care homes: Are exempt from licensing because they are located on military and tribal land or within a tribal service area.**

**Military and Tribal child care homes both operate under military and tribal licensing rules and regulations, which include rules to ensure all health and safety requirements are being met. For those who also serve Child Care and Development Fund (CCDF) children they are asked to annually self-certify that they meet the health and safety requirements through their own rules, regulations, and monitoring systems.**

- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **In Michigan there are military and Tribal child care homes who are exempt from licensing because they are located on federal land or in their tribal service area. Military and Tribal child care homes each operate under their own rules and regulations, which include rules to ensure the health and safety of children. For those who also serve Child Care and Development Fund (CCDF) children they are asked to annually self-certify that they meet the health and safety requirements through their own monitoring systems.**
- c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.
  - i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **License exempt-unrelated providers.**
  - ii. Describe the 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. **License Exempt unrelated providers are enrolled by MILEAP Child Development and Care (CDC)License Exempt unrelated providers are enrolled by MiLEAP Child Development and Care (CDC) . The provider must be at least 18 years of age, provide care for no more than 6 children at the same time with no more than 2 of the children can be under 12 months of age. A provider may care for multiple families at different times with care being in the child's home for no more than 2,016 hours combined for all children. The provider must be at least 18 years of age, provide care for no more than 6 children at the same time with no more than 2 of the children can be under 12 months of age. A provider may care for multiple families at different times with care being in the child's home for no more than 2,016 hours combined for all children.**
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **License exempt unrelated providers are enrolled by the department and must complete: an application, a phone interview, and pass all required comprehensive background check that includes fingerprint-based FBI Rap Back Check before they are approved to provide care and receive the Child Development and Care (CDC) scholarship. In addition, a 7.5-hour face to face or a 4.5-hour virtual health and safety training called License Exempt Provider Preservice Training (LEPPT), within 30 days of providing care following an approved enrollment to be eligible to receive CDC scholarship payment. Providers that are re-enrolling must complete the current year Michigan Ongoing Health & Safety Training Refresher before re-enrolling. The first health and safety coaching visit are completed by Early Childhood Investment**

Corporation (ECIC) within 90 days of their monthly notification of enrollment.

## 5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

### 5.2.1 Age classifications

Describe how the **Lead Agency** defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: **Birth until one year.**
- b. Toddler. Describe: **One year until 30 months.**
- c. Preschool. Describe: **30 months until eligible to attend kindergarten.**
- d. School-Age. Describe: **A child eligible from kindergarten until 13 years old. 13+ years of age are eligible if a medical condition requires care or there is a court order.**

### 5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

- a. Licensed CCDF center-based care:
  - i. Infant.  
Ratio: **1:4**  
Group size: **12**
  - ii. Toddler.  
Ratio: **1:4**  
Group size: **12**
  - iii. Preschool.  
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. 30 for children ages three years until age four. 36 for children ages four years until school-age.**
  - iv. School-Age.  
Ratio: **1:18**  
Group size: **36**
  - v. Mixed-Age Groups (if applicable).

Ratio: **If mixed-ages, ratio is determined by the youngest child.**

Group size: **If mixed-ages, group size is determined by the youngest child.**

- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

- i. **[x]** Not applicable. There are no differences in ratios and group size requirements.
- ii. Infant:
- iii. Toddler:
- iv. Preschool:
- v. School-Age:
- vi. Mixed-Age Groups:

- c. Licensed CCDF family child care home providers:

- i. Infant (if applicable)

Ratio: **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. Relative children as defined by Michigan law over the age of 6 years old are not included in this ratio.**

- ii. Toddler (if applicable)

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. Relative children as defined by Michigan law over the age of 6 years old are not included in this ratio.**

- iii. Preschool (if applicable)

Ratio: **1:6**

Group size: **6 for children 30 months until three years old. Relative children as defined by Michigan law over the age of 6 years old are not included in this ratio.**

- iv. School-Age (if applicable)

Ratio: **1:6**

Group size: **For each member of personnel, not more than 4 children shall be under the age of 30 months, with no more than two of the four children under the age of 18 months. Relative children as defined by Michigan law over the age of 6 years old are not included in this ratio.**

- v. Mixed-Age Groups

Ratio: **Each caregiver can care for up to 6 children.**

Group size: **For each member of personnel, not more than 4 children shall**

be under the age of 30 months, with no more than two of the four children under the age of 18 months. Relative children as defined by Michigan law over the age of 6 years old are not included in this ratio.

- d. Are any of the responses above different for license-exempt family child care homes?

☐ No.

☒ Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **Military and Tribal child care homes: These programs have their own monitoring and licensing rules and determine their own ratio and group sizes.**

☐ Not applicable. The Lead Agency does not have license-exempt family child care homes.

- e. Licensed in-home care (care in the child's own home):

- i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

- ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

- iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

- iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

- v. Mixed-Age Groups (if applicable)

Ratio: **N/A**

Group size: **N/A**

- f. Are any of the responses above different for license-exempt in-home care?

☐ No.

☒ Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **License exempt unrelated provider: Allowed to care for up to six children at one time and limited to no more than two children under 12 months of age at the same time.**

#### 5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

- a. Licensed center-based care
  - i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Lead caregivers are required only for groups of children who are preschool age and younger. Lead caregivers shall have the following qualifications: 19 years old or older, have a high school diploma or GED, and meet 1 of the qualifications: (a) Bachelor's degree or higher in early childhood education, child development or child related field or (b) Montessori credential with 480 hours of experience or (c) Associate degree or higher in early childhood education or child development or (d) Valid child development associate credential with 480 hours of experience and coursework in early childhood education, child development or a child related field in one of the following combinations: (1) High school diploma or GED, 12 semester hours with 960 hours of experience (2) High school diploma or GED, 12 semester hours, 18 CEU's or a combination to equal 180 clock hours with 1,920 hours of experience. (3) High school diploma or GED, 6 semester hours, 9 CEU's, or a combination to equal 90 clock hours with 3,840 hours of experience. In addition to (3) lead caregiver must have within two years of date of hire obtain an additional 6 semester hours, 9 CEUs, or a combination to equal 90 clock hours or 90 hours training from MiRegistry). Lead caregivers for infants and toddlers shall have 3 semester hours, 4.5 CEUs or 45 hours of MiRegistry approved infant and toddler development and care practices within 3 months of hire. A rule variance can be requested for a potential lead caregiver that does not have the required education; course work that is required in the rules. The individual must be pursuing a relevant certificate or degree.**
  - ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **Early Childhood Program Director and School-age Program Director qualifications: In addition to completed required Health and Safety training the Program Director must be at least 21 years of age, have earned a high school diploma or general equivalency diploma (GED) and early childhood program directors shall meet one of the following qualifications with all required coursework in early childhood education or child development: (a) Bachelor's degree or higher in early childhood education or child development (b) bachelor's degree or higher in child related field including 18 semester hours of coursework in early childhood education, child development or child-related field and 480 hours of experience. (c) Montessori credential with 18 semester hours of coursework in early childhood education, child development or child-related field and 480 hours of experience. (d) Associate degree or higher in early childhood education or child development, 18 semester hours and 480 hours of experience (e) Valid child development associate credential, 18 semester hours and 960 hours of experience. (f) Sixty semester hours with 18 semester hours of coursework in early childhood education, child development or child-related field and 1,920 hours of experience.**  
**School Age Program Director Qualifications**  
**(a) Bachelor's degree or higher in child- related field (b) Montessori credential with 12 semester hours of coursework in a child-related field and 480 hours of experience. (c) Associate degree in child-related field and 480 hours of**



experience (d) Valid Michigan school-age youth development credential, 12 semester hours and 480 hours of experience. (e) Valid child development associate credential, 12 semester hours and 480 hours of experience. (f) 60 semester hours of college credit with 12 semester hours in a child-related field, and 720 hours of experience. (g) High school diploma or GED with 6 semester hours of coursework in a child-related field and 2,880 hours of experience.

All program directors shall have at least 2 semester hours or 3.0 CEUs in child care administration or have an administrative credential approved by the department. The program director may also use 30 hours of administrative training from MiRegistry to meet these requirements.

A rule variance can be requested if a potential program director does not have the required education, coursework, and/or experience. The individual must be pursuing a relevant certificate or degree.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **An applicant or licensee shall be of responsible character and shall be suitable and able to meet the needs of children and provide for their care, supervision, and protection.**

All persons, including minors, residing in the child care home shall meet all of the following requirements: (a) Be suitable to meet the needs of children. (b) Be able to ensure that services and facilities are conducive to the welfare of children. (c) Act in a manner that is conducive to the welfare of children. (d) Demonstrate a willingness and ability to comply with the act and these rules.

Child care staff member requirements: (1) 18 years of age or older (2) Before caring for children at a child care home, an individual shall provide the licensee with all the following: (a) A valid certification in infant, child, and adult CPR. (b) A valid certification in first aid. (c) Proof of training in the prevention of infectious disease, including immunizations. (4) A child care staff member shall conduct himself or herself in a manner that is conducive to the welfare of children and be able to meet the needs of children and provide for their care, supervision, and protection.

Child care assistant requirements: (1) Must have direct supervision at all times by licensee or a child care staff member who is present on site and can observe the child care assistant. This position shall not substitute for the licensee or child care staff member. (2) 14 to 17 years of age. (3) Prior to contact with children, the individual shall be determined by the department to be eligible to serve as a child care assistant and conduct himself or herself in a manner that is conducive to the welfare of children. (4) Within 90 days of hire, a child care assistant shall provide the licensee all the following: (a) A valid certification in infant, child, and adult CPR. (b) A valid certification in first aid. (c) Proof of training in the prevention of infectious disease, including immunizations.

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **N/A**

#### 5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

- a. License-exempt center-based child care. **These are set by the tribal or military program based on their own rules/regulations.**
- b. License-exempt home-based child care. **These are set by the tribal or military program based on their own rules/regulations.**
- c. License-exempt in-home care (care in the child's own home). **License exempt unrelated provider requirements: 18 years or older. Providers enrolling for the first time must complete, within 30 days of providing care, the License Exempt Provider Preservice Training (LEPPT). Providers that are re-enrolling must complete the current year Michigan Ongoing Health & Safety Training Refresher before re-enrolling.**

### 5.3 Health and Safety Standards for CCDF Providers

**Lead Agencies** must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

#### 5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8155 Child accidents and incidents; child and staff illness. Rule 155.**  
**(1) A center shall have a written plan for how and when a parent is notified when personnel observe any of the following: (a) Changes in a child's health. (b) A child experiences an accident, injury, or incident. (c) A child is too ill to remain in the group. (2) A center shall ensure that a child who is too ill to remain in the group is placed in a separate area and is cared for and supervised until the parent arrives. (3) Items and facilities used by an ill child or adult must not be used by any other individual until washed, rinsed, and sanitized.(4) If a center becomes aware that a staff member, volunteer, or child in care has contracted a communicable disease, then the center shall notify parents and provide all of the following information: (a) The name of the communicable disease the children were exposed to. (b) The symptoms of the disease. (c) Prevention measures as recommended by the U.S. Centers for Disease Control and Prevention (5) A center shall have a written policy**

detailing when children, staff, and volunteers will be excluded from the center due to illness.

**R 400.8325 Sanitization. Rule 325.** (1) All tableware, utensils, food contact surfaces, and food service equipment must be thoroughly washed, rinsed, and sanitized after each use. (2) Multipurpose tables must be thoroughly washed, rinsed, and sanitized before and after they are used for meals or snacks. (3) Enamelware utensils are prohibited. (4) Reuse of single service articles is prohibited. (5) Multi-use tableware and utensils must be washed, rinsed, and sanitized using 1 of the following methods: (a) A commercial dishwasher. (b) A residential dishwasher with sanitizing capability. (c) A 3-compartment sink and adequate drain boards. (d) A 2-compartment sink for washing and rinsing, a third container suitable for complete submersion for sanitizing, and adequate drain boards. (6) If the manual washing method is used, as referenced in subrule (4)(c) and (d) of this rule, all of the following must be done: (a) Rinse and scrape all utensils and tableware before washing. (b) Thoroughly wash in detergent and water. (c) Rinse in clear water. (d) Sanitize using 1 of the following methods:

(i) Immersion for at least 30 seconds in clean, hot water of at least 170 degrees Fahrenheit. (ii) Immersion for at least 1 minute in a solution containing between 50 and 100 parts per million of chlorine or comparable sanitizing agent at a temperature of at least 75 degrees Fahrenheit. A test kit or other device that measures parts per million concentrations of the solution must be used when a chemical is used for sanitizing. (e) Air dry. (7) Sponges must not be used in a food service operation.

**R 400.8137 Diapering; toileting. Rule 137.**

(1) Except as provided in subrule (2) of this rule, diapering must occur in a designated diapering area that complies with all of the following: (a) Is physically separated from food preparation and food service. (b) Is within close proximity to a sink that is used exclusively for hand washing. (c) Has non-absorbent, smooth, easily cleanable surfaces in good repair. (d) Is of sturdy construction with railings or barriers to prevent falls. (e) Is an elevated diapering table or similar structure. (f) Is washed, rinsed, and sanitized after each use. (2) Children 1 year of age and older may be changed in a bathroom standing up or on a nonabsorbent, easily sanitized surface, with a changing pad between the child and the surface. (3) Diapering supplies must be within easy reach of the designated diapering area.

(4) A plastic-lined, tightly covered container must be used exclusively for disposable diapers and training pants and diapering supplies. The container must be emptied and sanitized at the end of each day.

(5) Only single-use disposable wipes or other single-use cleaning cloths must be used to clean a child during the diapering or toileting process (6) Diapers and training pants must be checked frequently and changed when wet or soiled.

(6) Guidelines for diapering must be posted in diapering areas. (7) Disposable gloves, if used for diapering, must only be used once for a specific child and be removed and disposed of in a safe and sanitary manner immediately after each diaper change. (8) The following apply when cloth diapers or training pants are used: (a) Each cloth diaper must be covered with an outer waterproof covering. Outer coverings must be removed as a singular unit with wet or soiled diapers and with wet or soiled training pants, if used. (b) Diapers, training pants, and outer coverings must not be reused until washed and sanitized. (c) Rinsing the contents

must not occur at the center. (d) Soiled diapers must be placed in a plastic-lined, covered container, wet bag, or other waterproof container, and used only for that child's soiled diapers. (e) Soiled diapers or training pants must be stored and handled in a manner that will not contaminate any other items and must not be accessible to children. (f) Soiled diapers or training pants must be removed from the center every day by the child's parent. (g) A child's supply of clean diapers or training pants may only be used for that child. (9) Toilet learning or training must be planned cooperatively between the child's regular caregivers and the child's parent, so the toilet routine established is consistent between the center and the child's home. (10) Equipment used for toilet learning or training must be provided. All of the following equipment is acceptable for toilet learning or training: (a) Adult-sized toilets with safe and easily cleanable modified toilet seats and step aids. (b) Child-sized toilets. (c) Non-flushing toilets or potty chairs, if they are all of the following: (i) Made of a material that is easily cleanable. (ii) Used only in a bathroom area. (iii) Used over a surface that is impervious to moisture. (iv) Washed, rinsed, and sanitized after each use.

**R 400.8134 Hand washing. Rule 134.** (1) As used in this rule, "hand washing" means to cleanse the hands with soap and warm running water for at least 20 seconds. (2) All staff and volunteers shall wash their hands at all of the following times: (a) Prior to starting the workday at the center. (b) Prior to care of children. (c) Before preparing and serving food and feeding children. (d) Before giving medication. (e) After each diapering. (f) After using the toilet or helping a child use the toilet. (g) After handling bodily fluids. (h) After handling animals and pets and cleaning cages. (i) After handling garbage. (j) When soiled. (3) Staff and volunteers shall ensure that children wash their hands at all of the following times: (a) Before meals, snacks, or food preparation experiences. (b) After toileting or diapering. (c) After handling animals and pets. (d) When soiled. (4) Guidelines for hand washing must be posted in food preparation areas, in toilet rooms, and by all hand washing sinks. (5) Staff may wash children's hands with non-toxic disposable wipes in the following situations: (a) When the child is too heavy to hold for handwashing. (b) When the child cannot stand safely at the sink. (c) When the child is not developmentally ready to hold his or her head. (d) When the child has a special need, so the child is not able to wash his or her own hands. (e) When soap and running water are not available during an outing, hand sanitizers or single-use wipes may be used as a temporary measure.

**R 400.8380 Maintenance of premises. Rule 380.** (1) The premises must be maintained in a clean and safe condition and must not pose a threat to health or safety.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard:  
**R400.1919 Communicable disease; immunization; mental and physical health; physician attestation; tuberculosis. Rule 19.** (1) An applicant shall obtain a written statement, signed by a licensed physician or his or her designee within 1 year before issuance of the initial license, that attests to the applicant's mental and physical health. The attestation must be renewed at the time of subsequent license renewals. (2) A licensee shall obtain from a child care staff member and a child care assistant a written statement, signed by a licensed physician or his or

her designee within 1 year prior to caring for children, that attests to the child care staff member's or child care assistant's mental and physical health. The attestation must be renewed at the time of subsequent renewals of the child care home's license. (3) An applicant, licensee, child care staff member, child care assistant, and a member of the household who is age 14 or older shall provide written evidence of freedom from communicable tuberculosis (TB) prior to caring for children or living in the child care home. (4) An individual who lives in a child care home or who cares for children in a child care home, who has a suspected or confirmed case of a communicable disease, shall not come into contact with children in the home's care. Communicable disease includes, but is not limited to, any of the following: (a) Tuberculosis. (b) Influenza. (c) Measles. (d) Whooping cough. (e) Strep throat. (f) Scarlet fever (g) Chicken pox. (2) If immunizations, as recommended by the state department of health and human services, have not been given or completed for all minors who live in the child care home, then the licensee shall inform the parent of each child in care at the home and all personnel. (3) The documents required in this rule must be retained by the licensee for a minimum of 4 years from the date the individual no longer resides in or cares for children in the child care home.

R 400.1961 Parent notification required; incidents; accidents; illness; disease; isolation. Rule 61.

(1) A licensee shall promptly report to a child's parent any of the following: (a) Any incidents, accidents, suspected illness, or other changes observed in the health of a child.

R 400.1924 Hand washing. Rule 24. (1) All personnel shall wash their hands appropriately and in the following manner: (a) Before and after all of the following: Preparing and serving food, eating, and feeding. Giving medication. (b) After all of the following: Diapering. Using the toilet or helping a child use the toilet. Handling bodily fluids, such as mucus, blood, vomit, from sneezing, wiping, and blowing noses, from mouths, or from sores. Handling animals and pets. Cleaning or handling garbage. (2) Personnel shall ensure that children wash their hands at all of the following times: (a) Before and after meals, snacks, or food preparation experiences. (b) After toileting or diapering. (c) After contact with any bodily fluids. (d) After playing in sand or water. (e) After handling animals and pets. (f) When soiled. (3) Hand sanitizers and wipes may be used as a temporary measure during outings, such as field trips and outdoor activities, until soap and running water are available. (4) When an infant is too heavy to hold for handwashing, cannot stand safely to wash hands at a sink, is not developmentally ready to hold head, and for children with special needs who are not capable of washing their own hands, staff may wash the child's hands with non-toxic disposable wipes.

R 400.1923 Diapering and toilet learning. Rule 23. (1) Diapering of infants and toddlers shall only occur in a designated changing area. (2) The designated changing area must comply with all of the following: (a) Be used exclusively for changing wet or soiled diapers or underwear. (b) Be located away from food preparation and meal service areas. (c) Have access to a hand washing sink that is not used for food preparation. (d) Have a nonabsorbent, easily sanitized surface with a changing pad between the child and the surface. (e) Be cleaned and sanitized after each use. (f) Have diapering and changing supplies within easy

reach.

(g) Have a plastic-lined, tightly covered container that is used exclusively for disposable diapers and diapering supplies that must be emptied and sanitized at the end of each day. (3) Diapers or training pants must be changed when wet or soiled. (4) Only single use disposable wipes or other single use cleaning cloths must be used to clean a child during the diapering or toileting process. (5) All of the following requirements apply when cloth diapers or training pants are used: (a) Each cloth diaper must be covered with an outer waterproof covering. Outer coverings must be removed as a singular unit with wet or soiled diapers or training pants. (b) Diapers, training pants, and outer coverings must not be reused until machine washed and sanitized. (c) No rinsing of the contents may occur at the child care home. (d) Soiled diapers must be placed in a plastic-lined, covered container used only for that child's soiled diapers. (e) Soiled diapers or training pants must be stored and handled in a manner that will not contaminate any other items and must not be accessible to children. (f) A child's parent shall remove soiled diapers or training pants from the child care home every day. (g) A child's supply of clean diapers or training pants must be used only for that child. (6) Toilet learning must be planned cooperatively between the parent and the licensee so the toilet routine established is consistent. (7) If toilet learning equipment such as potty chairs and modified toilet seats, are used, then both of the following apply: (a) They must be able to be easily cleaned and sanitized. (b) Potty chairs must be emptied, rinsed, and sanitized after each use. (8) If disposable gloves are used, then they must only be used once for a specific child and must be removed and disposed of in a safe and sanitary manner immediately after each diaper change

R 400.1932 Home maintenance and safety. Rule 32. (1) The structure, premises, and furnishings of a child care home must be in good repair and maintained in a clean, safe, and comfortable condition.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Military and Tribal centers are licensed exempt and standards are set by military and tribal regulations.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Military and Tribal family child care homes are licensed exempt and set by military and tribal regulations.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. License exempt unrelated providers complete License Exempt**

Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on prevention and control of infectious diseases (including immunization). Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach. The parents of children approved for the CDC scholarship have self-certified at application or redetermination that the child is up to date on immunizations, is exempt from the immunization requirement, or is not up-to-date and in the grace period.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under licensed center rules and standards.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **Rule 400.8143 Children's records Rule 143. (1) At the time of a child's initial attendance, a center shall obtain a child information card, using a form provided by the department or a comparable substitute, that is completed and signed by the child's parent. The center shall keep it on file and accessible in the center. For children under school-age, at the time of a child's initial attendance, a center shall obtain, keep on file, and make accessible in the center 1 of the following: A certificate of immunization showing a minimum of 1 dose of each immunizing agent specified by the department of health and human services (DHHS). A copy of a waiver addressed to DHHS and signed by the parent stating immunizations are not being administered due to religious, medical, or other reasons. When a child under school-age whose immunizations were not up-to-date at the time of enrollment has been in attendance for 4 months, an updated certificate showing completion of all additional immunization requirements as specified by DHHS must be kept on file, unless there is a signed statement by a licensed health care provider stating immunizations are in progress. A center shall report to DHHS, by October 1 of each year and using the method established by the DHHS, immunizations for all children enrolled, under section 9211(2) of the public health code, 1978 PA 368, MCL 333.9211(2).**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Rule 7. (1) Prior to a child's initial attendance, a licensee shall obtain the following documents: Documentation that immunizations and boosters, as recommended by the state department of health and human services, are any of the following: Have been completed. Are in progress. Are not being administered due to religious, medical, or other reasons based on a waiver signed by the parent. If a parent objects to emergency medical treatment on religious grounds, the parent shall provide a signed statement that he or she assumes responsibility for all emergency care. Records in subrule (1) of this rule must be reviewed and updated**

annually or when information changes.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Military and Tribal centers are licensed exempt and standards are set by military and tribal regulations.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Military and Tribal family child care homes are licensed exempt and set by military and tribal regulations.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on immunization. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach. The parents of children approved for the CDC scholarship have self-certified at application or redetermination that the child is up to date on immunizations, is exempt from the immunization requirement, or is not up-to-date and in the grace period. Michigan current implementation plan includes creating and implementing standards beyond our checklist and process around this topic for license exempt providers. Timeline for completion is October 1, 2024.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under licensed center rules and standards.**

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8131 Professional development requirements. Rule 131. (1) The center shall provide an orientation about the center's policies and practices and these administrative rules for all personnel hired after the effective date of these rules and before unsupervised contact with children. Child care staff members shall have training that includes information about prevention of sudden infant death syndrome and use of safe sleep practices before caring for infants and toddlers.**  
**R 400.8176 Sleeping equipment. Rule 176. (1) All bedding and sleeping equipment must be appropriate for the child, clean, comfortable, safe, and in good repair.**



Heavy objects that could fall on a child, such as shelving and televisions, must not be above sleeping equipment. A crib or porta-crib must be provided for all infants in care. 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. 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. Car seats, infant seats, swings, bassinets, and play yards are not approved sleeping equipment. 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. 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. A center shall not use stacking cribs. 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](http://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. A crib or porta-crib must have a firm, tight-fitting waterproof mattress. A tightly fitted bottom sheet must cover the crib or porta-crib mattress with no additional padding placed between the sheet and mattress. 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. Blankets must not be draped over cribs or porta-cribs when in use. Cots and mats must be constructed of a fabric or plastic that is easily cleanable. 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. 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. 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. R 400.8188 Sleeping, resting, and supervision. Rule 188. (1) Children under 3 years of age shall be provided opportunities to rest regardless of the number of hours in care. A center shall permit children under 18 months of age to sleep on demand. Infants shall rest or sleep alone in cribs or porta-cribs. Infants shall be placed on their backs for resting and sleeping. 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. 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. 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. A sleeping infant's breathing, sleep position, and bedding must be monitored frequently for possible signs of distress. An infant's head must remain uncovered during sleep. Toddlers shall rest or sleep alone in cribs, porta-cribs, or on mats or cots. 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. Naptime or quiet time must be provided when children under school-age are in attendance 5 or more continuous hours per day. 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. Resting or sleeping areas must have adequate soft lighting to allow the child care staff member to assess children. Video surveillance equipment and baby monitors must not be used in place of subrule (8) of this rule and R 400.8125(1).

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **R 400.8131 Professional development requirements. Rule 131. (1) The center shall provide an orientation about the center's policies and practices and these administrative rules for all personnel hired after the effective date of these rules and before unsupervised contact with children. (4) Child care staff members shall have training that includes information about prevention of sudden infant death syndrome and use of safe sleep practices before caring for infants and toddlers. R 400.1905 Training (3) A licensee shall ensure that child care staff members and child care assistants, prior to caring for children, have training that includes information on all of the following: (a) Safe sleep practices to prevent sudden infant death syndrome.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Military and Tribal centers are licensed exempt and standards are set by military and tribal regulations.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Military and Tribal family child care homes are licensed exempt and set by military and tribal regulations.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or**

when re-applying they complete Michigan Health & Safety Refresher. This training includes information on sudden infant death syndrome and Safe Sleep Practices. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of school programs in Michigan operate under center licensing regulations and standards.**

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8152 Medication; administrative procedures. Rule 152 (1) Medication, prescription or nonprescription, must be given to a child by a child care staff member only. (2) All medication must be in its original container, stored according to instructions, and clearly labeled for a named child, including all nonprescription topical medications described in subrule(8) of this rule. (2) Prescription medication must have the pharmacy label indicating the physician's name, child's first and last name, instructions, name and strength of the medication, and must be given according to those instructions. (3) A child care staff member shall keep all medication out of the reach of children and shall return it to the child's parent or destroy it when the parent determines it is no longer needed or it has expired. (4) A child care staff member shall give or apply any prescription or nonprescription medication according to the directions on the original container, unless otherwise authorized by a written order of the child's physician. (5) A child care staff member shall not add medication to a child's bottle, beverage, or food unless indicated on the prescription label. (6) Topical nonprescription medication, including but not limited to diapering cream, triple antibiotic, sunscreen, and insect repellant, requires written parental authorization annually (7) A center shall maintain a record as to the time and the amount of medication given or applied, with the exception of medications described in subrule (8) of this rule, on a form provided by the department or a comparable substitute approved by the department. One form per medication is required. The signature of the child care staff member administering the medication must be included.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **R 400.1918 Medication; administration; procedures. Rule 18 (1) Medication, prescription or nonprescription, must be given to a child in care by a licensee or a child care staff member only. A child care assistant shall not give medication to a child in care. (2) All medication must be in the original container, stored according to instructions, and clearly labeled for a named child. (3) Prescription medication must have the pharmacy label indicating the physician's name, child's first and last name, instructions, and name and strength of the medication, and must be given in accordance with those instructions. (4) All medication must be kept out of the**

reach of children and returned to the child's parent when he or she determines it is no longer needed or when it has expired. (5) A licensee or child care staff member shall give or apply prescription or nonprescription medication according to the directions on the original container unless otherwise authorized by a written order of the child's physician. (6) A record of the date, time, and the amount of all medication given or applied must be maintained on a form provided by the department or a comparable substitute approved by the department. (7) Topical nonprescription medication, including but not limited to sunscreen, insect repellent, and diaper rash ointment, is exempt from subrules (1) and (7) of this rule. (8) TR 400.1918 Medication; administration; procedures. Rule 18 (1) Medication, prescription or nonprescription, must be given to a child in care by a licensee or a child care staff member only. A child care assistant shall not give medication to a child in care. (2) All medication must be in the original container, stored according to instructions, and clearly labeled for a named child. (3) Prescription medication must have the pharmacy label indicating the physician's name, child's first and last name, instructions, and name and strength of the medication, and must be given in accordance with those instructions. (4) All medication must be kept out of the reach of children and returned to the child's parent when he or she determines it is no longer needed or when it has expired. (5) A licensee or child care staff member shall give or apply prescription or nonprescription medication according to the directions on the original container unless otherwise authorized by a written order of the child's physician. (6) A record of the date, time, and the amount of all medication given or applied must be maintained on a form provided by the department or a comparable substitute approved by the department. (7) Topical nonprescription medication, including but not limited to sunscreen, insect repellent, and diaper rash ointment, is exempt from subrules (1) and (7) of this rule. (8) The records required in this rule must be retained for a minimum of 4 years. R 400.1918 Medication; administration; procedures. (9) Medication, prescription or nonprescription, must be given or applied only with prior written permission from a parent.] the records required in this rule must be retained for a minimum of 4 years. R 400.1918 Medication; administration; procedures. (9) Medication, prescription or nonprescription, must be given or applied only with prior written permission from a parent.]

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Military and Tribal centers are licensed exempt and standards are set by military and tribal regulations.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Military and Tribal family child care homes are licensed exempt and set by military and tribal regulations.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by**

October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on administration of medicine. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach. Michigan current implementation plan includes creating and implementing standards beyond our checklist and process around this topic for license exempt providers. Timeline for completion is October 1, 2024.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under licensed center regulations and standards.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **A licensee or child care staff member shall give or apply medication, prescription or nonprescription, only with prior written permission from a parent.**  
**R 400.8152 Medication; administrative procedures. Rule 152. (1) Medication, prescription or nonprescription, must be given to a child by a child care staff member only. A child care staff member shall give or apply medication, prescription or nonprescription, only with prior written permission from a parent**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **A licensee or child care staff member shall give or apply medication, prescription or nonprescription, only with prior written permission from a parent. R 400.1918 Medication; administration; procedures. Rule 18. (1) Medication, prescription or nonprescription, must be given to a child in care by a licensee or a child care staff member only. A child care assistant shall not give medication to a child in care. (2) Medication, prescription or nonprescription, must be given or applied only with prior written permission from a parent.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x]Not applicable.**
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Military and Tribal centers are licensed exempt and standards are set by military and tribal regulations.**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Military and Tribal family child care homes are licensed exempt and set by military and tribal regulations.**
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023 the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by**

October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on obtaining parent permission to administer medication. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under licensed center regulations and standards.**

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The agency needs additional time to meet this requirement. The current policy states that within 90 days of being hired, or the first day as an unsupervised volunteer, all child care staff members and unsupervised volunteers who work directly with children shall complete the following trainings, which may count toward annual professional development hours and are available at MiRegistry: prevention of and response to emergencies due to food and allergic reactions. The lack of procedures for the prevention of food and allergic reactions is the reason for the noncompliance in this standard. With the revisions planned, it is expected that this policy will meet all requirement and be in compliance by January 2026.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The agency needs additional time to meet this requirement. The current policy states that a licensee shall complete not less than 10 clock hours of training each calendar year related to child development, program planning, and administrative management for a child care business, not including CPR, first aid, and infectious disease, including immunizations, training. Within 90 days after receiving a child care license or of being hired at a child care home, a licensee, a child care staff member, and a child care assistant shall complete training on all of the following topics: Prevention of and response to emergencies due to food and allergic reactions. With the revisions planned, it is expected that this policy will meet all requirements and be in compliance by January 2026.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  

**[x] Not applicable.**
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Military and**

**Tribal centers are licensed exempt and standards are set by military and tribal regulations.**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Military and Tribal family child care homes are licensed exempt and set by military and tribal regulations.**
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on prevention of emergencies due to food and allergic reactions. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach.**
  - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under center regulations and standards.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The agency needs additional time to meet this requirement. The current policy states that within 90 days of being hired, or the first day as an unsupervised volunteer, all child care staff members and unsupervised volunteers who work directly with children shall complete the following trainings, which may count toward annual professional development hours and are available at MiRegistry: prevention of and response to emergencies due to food and allergic reactions. The lack of procedures for the response to food and allergic reactions is the reason for the noncompliance in this standard. With the revisions planned, it is expected that this policy will meet all requirement and be in compliance by January 2026.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The agency needs additional time to meet this requirement. The current policy states that a licensee shall complete not less than 10 clock hours of training each calendar year related to child development, program planning, and administrative management for a child care business, not including CPR, first aid, and infectious disease, including immunizations, training. Within 90 days after receiving a child care license or of being hired at a child care home, a licensee, a child care staff member, and a child care assistant shall complete training on all of the following topics: Prevention of and response to emergencies due to food and allergic reactions. The lack of policies relating to the**

response to food and allergic reaction is the reason for the agencies noncompliance. With the revisions planned, it is expected that this policy will meet all requirements and be in compliance by January 2026.

- iii. All CCDF-eligible licensed in-home care. Provide the standard::  
  - ☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Military and Tribal centers are licensed exempt and standards are set by military and tribal regulations.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Military and Tribal family child care homes are licensed exempt and set by military and tribal regulations.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on prevention of emergencies due to food and allergic reactions. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under licensed center regulations and standards.**

#### 5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8170 Outdoor play area. Rule 170. (1) As used in this rule: The outdoor play area must be in a safe location. The outdoor play area must be protected from hazards, when necessary, by a fence or natural barrier that is at least 48 inches in height. R 400.8131 Professional development requirements. (c) Building and physical premises safety.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **R 400.1921 Water hazards; water activities. Rule 21. (1) A licensee shall 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. These barriers must be a minimum of 4 feet in height and appropriately secured**



to prevent children from gaining access to such areas. (2) A hot tub or spa pool must not be used when children are in care. (3) A hot tub or spa pool, whether indoors or outdoors, must be made inaccessible to children in care by the use of a locked hard cover. (4) A wading pool may be used when all of the following requirements are met: (a) It is clean and free of debris. (b) It is emptied and cleaned after each play period or immediately when it becomes dirty or contaminated. (c) It remains empty at all times when not in use. (5) Before use of a residential pool or any other body of water by children in care, a licensee shall ensure that the water is clean, safe, and sanitary, and that the children will be appropriately and adequately supervised. (6) Public swimming areas may be used only if a lifeguard is present. (7) If there are 2 groups of children, 1 group in the water and 1 group out of the water, then the personnel to child ratios, as required in R 400.1910, must be maintained for each group, with the exception that the personnel to child ratio for children under 3 years of age who are in the water must be 1-to-1 at all times. (8) Rescue equipment must be readily accessible at all times. (9) A working telephone must be immediately accessible in the water activity area. (10) A licensee shall obtain and keep on file written permission from a child's parent for the child's participation in either of the following: (a) Before each outdoor water activity at a swimming pool, lake, or other body of water off the child care home premises. (b) Once per season for water activities occurring on the child care home premises. (11) The emergency plan in R 400.1945 must include procedures for water emergencies.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  

☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Military and Tribal centers are licensed exempt and standards are set by military and tribal regulations.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Military and Tribal family child care homes are licensed exempt and set by military and tribal regulations.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on building and physical premises safety including hazards, bodies of water and vehicular traffic prevention. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,

day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under licensed child care center standards.**

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8170 Outdoor play area. Rule 170. (2) If outdoor space is not available adjacent to the center, then a center may use a park or other outdoor facility. The outdoor space must meet all of the following requirements: (b) The play area must be inspected before each use to ensure that no hazards are present. (7) The outdoor play area must be in a safe location. (8) The outdoor play area must be protected from hazards, when necessary, by a fence or natural barrier that is at least 48 inches in height.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **R 400.1921 Water hazards; water activities. Rule 21. (1) A licensee shall 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. These barriers must be a minimum of 4 feet in height and appropriately secured to prevent children from gaining access to such areas. (2) A hot tub or spa pool must not be used when children are in care. (3) A hot tub or spa pool, whether indoors or outdoors, must be made inaccessible to children in care by the use of a locked hard cover. (4) A wading pool may be used when all of the following requirements are met: (a) It is clean and free of debris. (b) It is emptied and cleaned after each play period or immediately when it becomes dirty or contaminated. (c) It remains empty at all times when not in use. (5) Before use of a residential pool or any other body of water by children in care, a licensee shall ensure that the water is clean, safe, and sanitary, and that the children will be appropriately and adequately supervised. (6) Public swimming areas may be used only if a lifeguard is present. (7) If there are 2 groups of children, 1 group in the water and 1 group out of the water, then the personnel to child ratios, as required in R 400.1910, must be maintained for each group, with the exception that the personnel to child ratio for children under 3 years of age who are in the water must be 1-to-1 at all times. (8) Rescue equipment must be readily accessible at all times. (9) A working telephone must be immediately accessible in the water activity area. (10) A licensee shall obtain and keep on file written permission from a child's parent for the child's participation in either of the following: (a) Before each outdoor water activity at a swimming pool, lake, or other body of water off the child care home premises. (b) Once per season for water activities occurring on the child care home premises. (11) The emergency plan in R 400.1945 must include procedures for water emergencies.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x] Not applicable.**
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Military and Tribal centers are licensed exempt and standards are set by military and tribal**

regulations.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Military and Tribal family child care homes are licensed exempt and set by military and tribal regulations.**
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on identification of and protection from bodies of water. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach.**
  - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under licensed child care centers.**
- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8170 Outdoor play area. Rule 170. (1) As used in this rule: The outdoor play area must be in a safe location. The outdoor play area must be protected from hazards, when necessary, by a fence or natural barrier that is at least 48 inches in height. R 400.8131 Professional development requirements. (c) Building and physical premises safety.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **On September 29, 2023 the agency received preliminary notice of a non-compliance related to this subsection. The agency needs additional time to meet this requirement. The current policy states that a child care home shall provide a clean, safe, and hazard free outdoor play area, on the premises or within a reasonable walking distance of the home. The agency lacks policies related to ensuring the identification of and protection from vehicular traffic hazards causing the non-compliance. With the revisions planned, it is expected that this policy will meet all requirements and be in compliance by January 2026.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x] Not applicable.**
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Military and Tribal centers are licensed exempt and standards are set by military and tribal regulations.**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Military and Tribal family child care homes are licensed exempt and set by military**

and tribal regulations.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on identification of and protection from bodies of water. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-state programs in Michigan operate under licensed center regulations and standards.**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8131 Professional development requirements. Rule 131. The center shall provide an orientation about the center's policies and practices and these administrative rules for all personnel hired after the effective date of these rules and before unsupervised contact with children. Before caring for children, all child care staff members and unsupervised volunteers who work directly with children shall be trained on prevention of shaken baby syndrome, abusive head trauma and child maltreatment, and recognition and reporting of child abuse and neglect.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **R 400.1905 Training. Rule 5. (3) A licensee shall ensure that child care staff members and child care assistants, prior to caring for children, have training that includes information on all of the following: Recognition of and the reporting of child abuse and neglect. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x] Not applicable.**
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Military and Tribal centers are licensed exempt and standards are set by military and tribal regulations.**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Military and Tribal family child care homes are licensed exempt and set by military and tribal regulations.**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on shaken baby, abusive head trauma and maltreatment. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach. License exempt unrelated providers complete.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under licensed child care center standards.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8131 Professional development requirements. Rule 131. (1) The center shall provide an orientation about the center's policies and practices and these administrative rules for all personnel hired after the effective date of these rules and before unsupervised contact with children. (3) Before caring for children, all child care staff members and unsupervised volunteers who work directly with children shall be trained on prevention of shaken baby syndrome, abusive head trauma and child maltreatment, and recognition and reporting of child abuse and neglect.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **R 400.1905 Training. (3) A licensee shall ensure that child care staff members and child care assistants, prior to caring for children, have training that includes information on all of the following: Recognition of and the reporting of child abuse and neglect. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  

**[x] Not applicable.**
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Military and Tribal centers are licensed exempt and standards are set by military and tribal regulations.**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Military and Tribal family child care homes are licensed exempt and set by military and tribal regulations.**
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance**

related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on child maltreatment. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under licensed child care center standards.**

#### 5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. ☒ Evacuation
- ii. ☒ Relocation
- iii. ☒ Shelter-in-place
- iv. ☒ Lock down
- v. Staff emergency preparedness
  - ☒ Training
  - ☒ Practice drills
- vi. Volunteer emergency preparedness
  - ☐ Training
  - ☐ Practice drills
- vii. ☒ Communication with families
- viii. ☒ Reunification with families
- ix. ☒ Continuity of operations
- x. Accommodation of
  - ☒ Infants
  - ☒ Toddlers
  - ☒ Children with disabilities
  - ☒ Children with chronic medical conditions
- xi. If any of the above are not checked, describe: **On September 29, 2023 the agency received preliminary notice of a non-compliance related to volunteer emergency preparedness drills and training. The agency needs additional time to meet this requirement. The agency rule indicates a staff member is always present with the**

children thus the volunteers would practice if present on the day of the drill. The agency lacks policies related specifically to volunteer training. With the revisions planned, it is expected that this policy will meet all requirements and be in compliance by January 2026.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8131 Professional development requirements. (5) Within 90 days of being hired, or the first day as an unsupervised volunteer, all child care staff members and unsupervised volunteers who work directly with children shall complete the following trainings, which may count toward annual professional development hours and are available at MiRegistry: (e) Handling and storage of hazardous materials and appropriate disposal of biocontaminants. R 400.8385 Poisonous or toxic materials. Rule 385. Containers of poisonous or toxic materials must be clearly labeled for easy identification of contents and stored out of reach of children.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **R 400.1905 Training. (4) Within 90 days after receiving a child care license or of being hired at a child care home, a licensee, a child care staff member, and a child care assistant shall complete training on all of the following topics: Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants. R400.1932 Home maintenance and safety All dangerous and hazardous materials or items must be stored securely and out of the reach of children R400.1942 Electrical service: maintenance Electrical cords must be arranged so they are not hazardous to children.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x] Not applicable.**
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Tribal or military centers are license exempt and set their own rules/regulations.**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Tribal and military family child care homes are licensed exempt and set by tribal regulations.**
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher.**

This training includes information on handling and storage of hazardous materials. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under center regulations and standards.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8131 Professional development requirements. (5) Within 90 days of being hired, or the first day as an unsupervised volunteer, all child care staff members and unsupervised volunteers who work directly with children shall complete the following trainings, which may count toward annual professional development hours and are available at MiRegistry: Handling and storage of hazardous materials and appropriate disposal of bio contaminants. R 400.8385 Poisonous or toxic materials. Rule 385. Containers of poisonous or toxic materials must be clearly labeled for easy identification of contents and stored out of reach of children.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **R 400.1905 Training. Within 90 days after receiving a child care license or of being hired at a child care home, a licensee, a child care staff member, and a child care assistant shall complete training on all of the following topics: (d) Handling and storage of hazardous materials and the appropriate disposal of bio- contaminants.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x] Not applicable.**
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Tribal or military program centers are license exempt and set their own rules/regulations.**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Tribal or military child care homes are license exempt and set their own rules/regulations.**
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on the disposal of biocontainment. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach.**
  - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,



day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under license center regulations and standards.**

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8710 Transportation. Rule 710. (1) If transportation other than public transportation or school transportation is provided, contracted, or sponsored by the center, all rules in this part apply. (2) If public transportation or school transportation is used, then only R 400.8760, 400.8770, and 400.8149 apply. (3) If a parent makes a private arrangement for the transportation of his or her child, not including arrangements made with the center, the rules in this part do not apply.**  
**R 400.8720 All motor vehicles. Rule 720. (1) All motor vehicles must be in safe operating condition. (2) All motor vehicles, except multifunction school activity buses and school buses inspected by the department of state police as indicated in subrule (3) of this rule, must be inspected annually by a licensed mechanic. A copy of the inspection must be kept on file at the center. Volunteer vehicles are not required to be inspected. (3) Centers that use multifunction school activity buses and school buses must 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 must be kept on file at the center. (4) A statement verifying that all motor vehicles, including volunteer vehicles, are in compliance with Michigan vehicle code safety equipment requirements, as defined in sections 683 to 711 of the Michigan vehicle code, 1949 PA 300, MCL 257.683 to 257.711, must be kept on file at the center. (5) The use of passenger vans with a rated seating capacity of 11 or more, including volunteer vehicles, is prohibited. (6) Multifunction school activity buses used for transporting children between the child care center and school must comply with all minimum safety specifications, except color, identification, and alternating flashing lights, as defined in the pupil transportation act, 1990 PA 187, MCL 257.1801 to 257.1877. (7) Motor vehicle seats used by children, staff, and volunteers must not face sideways. (8) A truck must not be used to transport children, except in the cab. (9) There must be no loose or heavy objects in the passenger compartment of any motor vehicle.**  
**R 400.8730 Safety equipment in motor vehicles. Rule 730. (1) All motor vehicles used to transport children must carry all the following safety equipment: (a) Three bidirectional emergency reflective triangles properly cased and securely stored in the motor vehicle. (b) A first aid kit 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 must carry both of the following additional safety equipment: (a) Not less than 3 15-minute flares or an approved battery-operated substitute properly cased and securely stored in the driver's compartment. (b) 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 must be inspected and maintained in accordance with NFPA-10. The fire extinguisher must bear a tag indicating the last date of inspection or service and the initials of the person who performed the inspection or service. (3) Volunteer motor vehicles are exempt from subrule (1)(a) of this rule R 400.8740 Manufacturer's rated seating capacity; restraint devices; safety belts. Rule 740. (1) Each child transported shall be seated according to the manufacturer's rated seating capacity and properly restrained by a passenger restraint device as required by sections 710d and 710e of 1949 PA 300, MCL 257.710d and 257.710e. (2) Passenger restraint devices, as required by subrule (1) of this rule, are not required for children transported on a school bus or a multifunction school activity bus. (3) Each restraint device must be properly anchored to the vehicle seat and used according to the manufacturer's specifications. Allowing 2 or more children to share a seat belt or restraint device is prohibited. (4) The driver of a motor vehicle and all adult passengers shall be seated according to the manufacturer's rated seating capacity and properly restrained by safety belts when the motor vehicle is in motion. (5) All safety belts and restraint devices used while transporting children and adults must be in good working condition.

R 400.8750 Motor vehicle operator. Rule 750. (1) The driver of any motor vehicle transporting children shall comply with all of the following: (a) Be at least 18 years of age. (b) Possess a valid operator or chauffeur's license with the appropriate endorsement as required by chapter III of the Michigan vehicle code, 1949 PA 300, MCL 257.301 to 257.329. (c) Have a personal driving record with not more than 6 active points as determined by the secretary of state. (d) Have proof of valid automobile insurance and registration. (e) Be familiar with the contents of the first aid kit. (f) Be familiar with the operation of the fire extinguisher, if a fire extinguisher is required. (1) All of the following documents must be kept on file at the center: (a) A copy of each driver's driving record, except for drivers of volunteer motor vehicles, obtained from the secretary of state at least once a year. (b) A self-certifying statement that all volunteer drivers comply with subrule (1) of this rule. (c) A copy of a valid driver's license for each driver. (2) Drivers shall be provided with a copy of the child information card or comparable substitute for each child being transported in their motor vehicles.

R 400.8760 Staff and volunteer-to-child ratio and supervision in transit. Rule 760. (1) The ratio of staff and volunteers-to-children in transit, including children related to a staff member, volunteer, licensee, or driver, must be based on the following provisions: (a) For infants and toddlers, there must be 1 staff member or volunteer for 4 children. The driver does not count in the staff and volunteer-to-child ratio. (b) For preschoolers under 3 years of age, there must be 1 staff member or volunteer for 8 children. The driver does not count in the staff and volunteer-to-child ratio. (c) For 3-year-olds, there must be 1 staff member or volunteer for 10 children. The driver may be counted in the staff or volunteer-to-child ratio. (d) For 4-year-olds, there must be 1 staff member or volunteer for 12 children. The driver may be counted in the staff or volunteer-to-child ratio. (e) For school-agers, there must be 1 staff member or volunteer for 18 children. The driver may count in the staff or 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. An additional staff member or

volunteer is not required if only 1 child under 36 months of age is transported. (2) To count in the staff member or volunteer-to-child ratios, staff members or volunteers shall be all of the following: (a) At least 16 years of age. (b) Seated with the children. (c) Responsible for the supervision of the children. (3) When children are entering or leaving the motor vehicle, the following safety precautions must be taken: (a) the accompanying staff member, volunteer, or driver shall ensure that the children are received by a staff member, parent, or other person as designated by the parent. (b) Children shall enter and leave the motor vehicle from the curbside unless the vehicle is in a protected parking area or driveway. (4) Children shall not be left unattended in a motor vehicle. (5) When children under school-age are entering or leaving the motor vehicle, the children shall be carried or helped into and out of the motor vehicle.

R 400.8770 Time limitation on child transit. Rule 770. For children under school-age, transportation routes shall be planned so that a child is not in the motor vehicle longer than 1 continuous hour.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: R 400.1951 Transportation. Rule 51. (1) A vehicle used to transport children in care must be maintained in a good, safe working condition. (2) A licensee shall ensure that the driver of a vehicle transporting children is an adult, who has a valid driver's license, valid vehicle registration, and proof of current automobile insurance. (3) A licensee shall notify the parents in advance when drivers other than child care staff members are used to transport children. (4) If the driver will have unsupervised access to children, the driver shall complete a comprehensive background check and be determined eligible by the department in compliance with section 5n of the act, MCL 722.115n. (5) Each child passenger restraint device and each safety belt must be installed, anchored, and used according to the manufacturer's specifications and must be maintained in a safe working condition. (6) The transportation of all children must be conducted pursuant to state law. (7) Each child transported shall remain seated and properly restrained by a child passenger restraint device appropriate for his or her age. The manufacturer's rated seating capacity for the vehicle must not be exceeded. (8) A licensee shall provide a driver with a copy of the child information card, or comparable facsimile, for each child being transported in a vehicle. (9) The driver of each vehicle transporting children shall carry in the vehicle, and be familiar with, the contents of a first aid kit. The first aid kit, must contain, at a minimum, all of the following: (a) Adhesive tape. (b) Bandages (assorted sizes) (c) Cold pack. (d) Disposable gloves. (e) Gauze pads and roller gauze (assorted sizes). (f) Hand sanitizer. (g) Plastic bags. (h) Scissors and tweezers. (i) Triangular bandage.

R 400.1952 Child transportation; parent permission; child information card; required when off premises. Rule 52 (1) A licensee shall obtain and keep on file written permission from a child's parent before a child is transported in a vehicle. Written permission must be obtained for both of the following: (a) Routine transportation, at least annually. (b) Nonroutine transportation, before each trip. (2) At the time of initial enrollment, a licensee shall obtain written permission

from a child's parent for the child to go on field trips that do not involve a vehicle including, but not limited to, walking to a park or in the neighborhood. (3) A licensee shall have a copy of each child's information card and a first aid kit, containing the items listed in R 400.1951(9), accessible at all times when children leave the premises.

R 400.1905 Training Within 90 days after receiving a child care license or of being hired at a child care home, a licensee, a child care staff member, and a child care assistant shall complete training on all of the following topics: (e) Precautions in transporting children.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Tribal or military centers are licensed exempt and set their own rules/regulations.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Tribal and military family child care homes are licensed exempt and set their own rules/regulations.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agency's standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on transporting children. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under license child care center standards.**

#### 5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **On September 29, 2023 the agency received preliminary notice of a non-compliance related to this subsection. The agency needs additional time to meet this requirement. The current policy states, all child care staff members who work directly with children are required to be trained in first aid and pediatric, child, and adult cardiopulmonary resuscitation (CPR) Page 16 Courtesy of Michigan Administrative Rules within 90 days of being hired. Prior to issuing a license to operate a child**

care center, and prior to the renewal of a license, the department shall verify that at least 50% of the child care staff members who work directly with children are currently certified in first aid and pediatric, child, and adult CPR. Each of these child care staff member's first aid and CPR certificates must be valid and retained on file in the center. The reason for the non-compliance is the language relating to first aid is not specific to pediatric first aid. With the revisions planned, it is expected that this policy will meet all requirement and be in compliance by January 2026.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **On September 29, 2023 the agency received preliminary notice of a non-compliance related to this subsection. The agency needs additional time to meet this requirement. The current policy states, before caring for children at a child care home, an individual shall provide the licensee with a valid certification of first aid. The reason for the non-compliance is the language relating to first aid is not specific to pediatric first aid. With the revisions planned, it is expected that this policy will meet all requirement and be in compliance by January 2026.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x] Not applicable.**
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Tribal or military centers are license exempt and have their own rules/regulations.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Tribal and military family child care homes are licensed exempt and have their own rules/regulations.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on pediatric first aid. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs that operate in Michigan operate under license center regulations and standards.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8131 Professional development requirements Rule 131.**  
**(1) The center shall provide an orientation about the center's policies and practices and these administrative rules for all personnel hired after the effective date of these rules and before unsupervised contact with children**  
**(10) All child care staff members who work directly with children are required to be trained in first aid and pediatric, child, and adult cardiopulmonary resuscitation (CPR) within 90 days of being hired. Prior to issuing a license to operate a child care center, and prior to the renewal of a license, the department shall verify that at least 50% of the child care staff members who work directly with children are currently certified in first aid and pediatric, child, and adult CPR. Each of these child care staff member's first aid and CPR certificates must be valid and retained on file in the center.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **R 400.1902 Applicant; licensee; requirements. (d) Have proof of certification in both of the following: Infant, child, and adult cardiopulmonary resuscitation (CPR). First aid Rule 2. (1) An applicant and a licensee shall meet all of the following requirements. R 400.1904a Child care staff member; employment requirements. Before caring for children at a child care home, an individual shall provide the licensee with all of the following: A valid certification in infant, child, and adult CPR. (b) A valid certification in first aid. R 400.1905 Training. (7) CPR and first aid training certification must be maintained according to the expiration dates on the individual's certification cards.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:  
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Tribal or military centers are license exempt and set their own rules/regulations.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Tribal and military family child care homes are licensed exempt and have their own rules/regulations.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to this subsection. The following is the agencies standard that has been revised to meet this non-compliance. This policy is expected to be in place by October 1, 2024. License exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on pediatric cardiopulmonary resuscitation. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs that operate in**

**Michigan operate under license center regulations and standards.**

**5.3.11 Identification and reporting of child abuse and neglect health and safety standard**

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8131 Professional development requirements Rule 131. (1) The center shall provide an orientation about the center’s policies and practices and these administrative rules for all personnel hired after the effective date of these rules and before unsupervised contact with children. Before caring for children, all child care staff members and unsupervised volunteers who work directly with children shall be trained on prevention of shaken baby syndrome, abusive head trauma and child maltreatment, and recognition and reporting of child abuse and neglect. R 400.8125 Staff; volunteer; requirements. (5) A written statement must be signed and dated by staff and volunteers at the time of hiring or before volunteering indicating all of the following information: (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.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **R 400.1902 Applicant; licensee; requirements. Rule 2. (1) An applicant and a licensee shall meet all of the following requirements: (e) Have documentation of completed training in both of the following: (i) Recognition and reporting of child abuse and neglect R 400.1903 Licensee responsibilities (g) Report to the department within, 3 business days, any changes in the household composition or when any new or existing member of the household or child care personnel has any of the following: (iv) Is being investigated by the state department of health and human services for an allegation of child abuse or neglect. R 400.1906 (1)(g) (1) A licensee shall maintain a file for each child care staff member and each child care assistant that includes all of the following: A written statement, signed and dated by the child care staff member or child care assistant at the time of hiring, indicating all of the following information: The individual is aware that abuse and neglect of children is unlawful. The individual knows that he or she is mandated by law to report child abuse and neglect. The individual has received a copy of the licensee’s discipline policy.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  
**[x] Not applicable.**
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Tribal or military program centers are license exempt and set their own rules/regulations.**
  - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Tribal family child care homes are licensed exempt and set by tribal regulations.**
  - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License**

exempt unrelated providers complete License Exempt Provider Preservice Training (LEPPT) the first time they apply. Then annually or when re-applying they complete Michigan Health & Safety Refresher. This training includes information on child abuse and neglect reporting. Failing to complete training will result in the provider being closed. Providers participate in an annual health and safety coaching visit at the location of care (child's home) where a checklist is completed by a trained coach. Michigan current implementation plan includes creating and implementing standards beyond our checklist and process around this topic for license exempt providers. Timeline for completion is October 1, 2024.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under license center regulations and standards.**
- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
  - i. All CCDF-eligible licensed center care. Provide the standard: **R 400.8131 Professional development requirements Rule 131. (1) The center shall provide an orientation about the center's policies and practices and these administrative rules for all personnel hired after the effective date of these rules and before unsupervised contact with children. Before caring for children, all child care staff members and unsupervised volunteers who work directly with children shall be trained on prevention of shaken baby syndrome, abusive head trauma and child maltreatment, and recognition and reporting of child abuse and neglect. R 400.8125 Staff; volunteer; requirements. (5) A written statement must be signed and dated by staff and volunteers at the time of hiring or before volunteering indicating all of the following information: (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.**
  - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **R 400.1906 (1)(g) (1) A licensee shall maintain a file for each child care staff member and each child care assistant that includes all of the following: (g) A written statement, signed and dated by the child care staff member or child care assistant 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 licensee's discipline policy. R 400.1905 Training. A licensee shall ensure that child care staff members and child care assistants, prior to caring for children, have training that includes information on all of the following: (c) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.**
  - iii. All CCDF-eligible licensed in-home care. Provide the standard:  

**[x] Not applicable.**
  - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Tribal or**



**military centers are license exempt and set their own rules/regulations.**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Tribal and military family child care homes are licensed exempt and set their own rules/regulations.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **State of Michigan requires all individuals that work with children to be identified as mandated reporters of child abuse and neglect. Michigan Child Protection Law reads: 722.623 Individual required to report child abuse or neglect; report by telephone or online reporting system; written report; contents; transmitting report to centralized intake; copies to prosecuting attorney and probate court; conditions requiring transmission of report to law enforcement agency; pregnancy or presence of sexually transmitted infection in child less than 12 years of age; exposure to or contact with methamphetamine production. Sec. 3. An individual is required to report under this act as follows: (a) A physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, physical therapist, physical therapist assistant, occupational therapist, athletic trainer, marriage and family therapist, licensed professional counselor, social worker, licensed master's social worker, licensed bachelor's social worker, registered social service technician, social 8 service technician, a person employed in a professional capacity in any office of the friend of the court, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or regulated child care provider who has reasonable cause to suspect child abuse or child neglect shall make an immediate report to centralized intake by telephone, or, if available, through the online reporting system, of the suspected child abuse or child neglect. Within 72 hours after making an oral report by telephone to centralized intake, the reporting person shall file a written report as required in this act. If the immediate report has been made using the online reporting system and that report includes the information required in a written report under subsection , that report is considered a written report for the purposes of this section and no additional written report is required. If the reporting person is a member of the staff of a hospital, agency, or school, the reporting person shall notify the person in charge of the hospital, agency, or school of his or her finding and that the report has been made, and shall make a copy of the written or electronic report available to the person in charge. A notification to the person in charge of a hospital, agency, or school does not relieve the member of the staff of the hospital, agency, or school of the obligation of reporting to the department as required by this section. One report from a hospital, agency, or school is adequate to meet the reporting requirement. A member of the staff of a hospital, agency, or school shall not be dismissed or otherwise penalized for making a report required by this act or for cooperating in an investigation. 722.633 Failure to report suspected child abuse or neglect; damages; violation as misdemeanor; unauthorized dissemination of information as misdemeanor; civil liability; maintaining report or record required to be expunged as misdemeanor; false report of child abuse or neglect. Sec. 13. (1) A person who is required by this act to report an instance of suspected child abuse or neglect and who fails to do so is civilly liable for the damages proximately caused by the failure. (2) A person who**

is required by this act to report an instance of suspected child abuse or neglect and who knowingly fails to do so is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs in Michigan operate under licensed center regulations and standards.**

- c. Confirm if child care providers must comply with the [Lead Agency's](#) procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

☒ Yes, confirmed.

☐ No. If no, describe:

#### 5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

☒ Yes.

☐ No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **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. For child care center and homes, the following regulations apply; R 400.8131(6) All child care staff members who work directly with children shall complete 16 clock hours of professional development annually on topics relevant to job responsibilities that include, but are not limited to, any of the following subjects: (b) Health, safety, and nutrition.**
- ii. Access to physical activity. Describe: **The daily activity program includes appropriate opportunities for children to have a variety of play opportunities indoor and outdoor using small and large muscles. For child care centers, access to physical activity is described in the following regulations: R 400.8179 Program. (2) A center shall implement a program plan that includes daily learning experiences appropriate to the developmental level of the children. Experiences must be designed to develop all of the following: (a) Physical development. (3) The program must be planned to provide a**

flexible balance of all of the following experiences: (c) Large and small muscle. (4) Developmentally appropriate experiences must be designed so that throughout the day each child has opportunities to do all of the following: (g) Be physically active. R 400.8170 Outdoor play area. (3) A center operating with children in attendance for 3 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. For family and group homes, the following regulation relate to access to physical activity; Family & Group Homes: R 400.1914 Daily activity program A licensee shall plan daily activities so that each child may do any of the following: (b) Develop and use large and small muscles. All of the following developmentally appropriate opportunities must be provided daily: (a) A balance of active and quiet play, group and individual activities. (b) Indoor and outdoor play, except during inclement or extreme weather, or unless otherwise ordered by a health care provider.

- iii. Caring for children with special needs. Describe: Caregivers shall work with parents and medical professionals to provide care in accordance with the child's specific individual needs. For children with special needs who are cared for in child care centers, the following regulations apply: 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, R 400.8146 Information provided to parents For infants and toddlers, a center shall provide parents with a written daily record that includes at least the following information: (a) Food intake time, type of food, and amount eaten. (b) Sleeping patterns indicating when and how long the child slept. (c) Elimination patterns, including bowel movements, consistency, and frequency. (d) Developmental milestones. (e) Changes in the child's usual behaviors. R 400.8179 Program. (12) For children with special needs, care must be provided according to the child's needs as identified by parents, medical personnel, or other relevant professionals. R 400.8161 Emergency procedures. (2) The written procedures must include all of the following: (f) A plan for how each child with special needs will be accommodated during

each type of emergency. For children with special needs who are cared for in Child Care Family and Group Homes, the following regulations apply: R 400.1914 Daily activity program (7) For children with special needs, a licensee shall work with the parents, medical personnel, or other relevant professionals to provide care in accordance with the child's identified needs and learning supports. R 400.1945 Emergency; plan; drill. (2) The written plan must include all of the following: (h) A plan for how children with special needs will be accommodated in all types of emergencies.

- iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: R 400.8131 Professional development requirements. (6) All child care staff members who work directly with children shall complete 16 clock hours of professional development annually on topics relevant to job responsibilities that include, but are not limited to, any of the following subjects: (a) Child development and learning. (b) Health, safety, and nutrition. License exempt unrelated providers complete two hours of health and safety training annually.

#### 5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

##### 5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Administration of medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Emergency preparedness and response planning and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

appropriate)			
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **Providers must complete training within 30 days of providing care when enrolled as a license exempt provider.**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

☒ No

☐ Yes. If yes, describe:

## 5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

### 5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

☐ Yes.

☒ No. If no, describe: **On September 29, 2023 the agency received preliminary notice of a non-compliance related to inspections. The agency needs additional time to meet this requirement. The agency rule is being updated and all components of Health and Safety will be included. The agency was missing Health and Safety component thus indicating that all areas of inspection would not have been checked for compliance. With the revisions planned, it is expected that this policy will meet all requirements and be in compliance by January 2026.**

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

☒ Annually.

☐ More than once a year. If more than once a year, describe:

☐ Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

☒ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **The licensing consultant may use the Child Care Center Compliance Records (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; Tuberculosis (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, to assure the provider is in compliance with the health and safety requirements, 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.**

☐ No. If no, describe:

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **MiLEAP - Child Care Licensing Bureau**

b. Licensed CCDF family child care providers

- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

☒ Yes.

☐ No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

☒ Annually.

☐ More than once a year. If more than once a year, describe:

☐ Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

☒ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **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.

☐ No. If no, describe:

- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **MiLEAP - Child Care Licensing Bureau.**

c. Licensed in-home CCDF child care providers

- i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

☒ No.

☐ Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

☐ Yes.

☐ No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

☐ Annually.

☐ More than once a year. If more than once a year, describe:

☒ Other. If other, describe: **N/A - Michigan licensed in home providers are license exempt**

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **N/A - Michigan licensed in home providers are license exempt**

## 5.5.2 Inspections for license-exempt providers



Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

- i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

☒ Annually.

☐ More than once a year. If more than once a year, describe:

☐ Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

☒ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Military and Tribal centers are exempt from licensing because they are located on federal land and operate under their own licensing rules and regulations. For those who also serve Child Development and Care Fund (CCDF) children they are asked to annually self-certify that they are in compliance with all of the required health and safety requirements and that they are monitored for compliance.**

☐ No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Military and Tribal Authority. Lead agency ensures they self-certify they are in compliance.**

b. License-exempt CCDF family child care providers

- i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

☒ Annually.

☐ More than once a year. If more than once a year, describe:

☐ Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

☒ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Military and Tribal centers are exempt from licensing because they are located on federal land and operate under their own licensing rules and regulations. For those who also serve Child Development and Care Fund (CCDF) children they are asked to annually self-certify that they are in compliance with all of the required health and safety requirements and that they are monitored for compliance.**

☐ No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Military and Tribal Authority. Lead agency ensures they self-certify they are in compliance.**

#### 5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **For License Exempt - Unrelated providers an annual visit is conducted by trained coaches from Early Childhood Investment Corporation (ECIC) a contractor for the Lead Agency. Initial visits are announced. Ongoing visits are unannounced. 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 LEPPT training. They also connect the license exempt providers to additional resources and training. If items are found to be non-compliant a Corrective Action Plan (CAP) is completed, and the coach completes an additional unannounced visit. If further noncompliance is identified the case is reviewed by the lead agency policy team for action which may include closure of the provider.**
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **Early Childhood Investment Corporation (ECIC) and Great Start to Quality Resource Centers**

#### 5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the 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. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency 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 monitoring and inspection reports.

- a. Does the Lead Agency post:
  - i. ☒ Pre-licensing inspection reports for licensed programs.
  - ii. ☒ Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
  - iii. ☐ Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately

on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:

- iv. ☐ Other. Describe:
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
  - i. ☒ Date of inspection.
  - ii. ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **Displayed in a table on the front page of the renewal report cover sheet the Health and Safety violations are listed. This information is also listed in a table format on the Special Investigation Report and the Interim Report. License Exempt Provider Health and Safety Checklist full report is posted for a minimum of three years on the Great Start to Quality website provider search using the Provider ID.**
  - iii. ☒ Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **Licensed providers that have a Corrective Action Plan (CAP) have it posted as a downloadable link on the statewide website search for licensed provider centers and homes. These are posted for a minimum of three years. License Exempt Providers Corrective action plans are posted for a minimum of three years on the Great Start to Quality website using the license exempt provider's Provider ID.**
  - iv. ☒ A minimum of 3 years of results, where available.
  - v. If any of the components above are not selected, please explain: **On September 29, 2023, the agency received preliminary notice of a non-compliance related to subsection iv of this section, Posting monitoring results on the consumer education website for a minimum of 3 years. This item has been amended to reflect a policy or program change included in the CCDF Plan, effective October 2, 2023. Approval of this amendment indicates that Michigan's CCDF Plan demonstrates compliance with the Final Rule and clears related monitoring finding for 45 CFR 98.33(a)(4) - Consumer Education: Posting Monitoring and Inspection Reports. Although the information is available, the agency is working to make it available on the GSQ website to ensure that families have access to this information from one, simple to access location. Additionally, due to system migration issues, providing access to the years prior to January 2024 is not possible.**
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
  - i. Provide the direct URL/website link to where the reports are posted: **License exempt provider reports are posted License Exempt Provider Search - Great Start to Quality. License provider reports are found Statewide Facility Search (site.com)**

**<https://greatstarttoquality.org/lep-search/>**

- ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Reports are posted within 90 days of visit.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?  
☒ Yes.  
☐ No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?  
☒ Yes.  
☐ No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?  
☒ Yes.  
☐ No. If no, describe:

#### 5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must 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.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and 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. **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.**

#### 5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide 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. **Michigan's child care licensing system is organized into eight regions with 11 child care 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 Child Care Licensing Bureau (CCLB) and the Department, monthly reports are received that provide the consultant/provider ratio by region in order to ensure we are maintaining caseloads of at least 1:95. Current licensing consultant to provider ratio is 1:91 with a total of 90 consultants.

## 5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

### 5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **Child care center staff are required to complete a state-developed health and safety refresher course each year. The course is two hours in length and covers 2-4 health and safety topics each year. The course is available both online/on demand and is delivered virtually in English and Spanish through our Great Start to Quality Resource Centers. The course is free. Child Care Licensing has specific rules in place that determine the timing and number of staff that are required to maintain Pediatric First Aid and CPR certification.**
- b. License-exempt child care centers: **License exempt military and tribal child care center staff have access to the state developed health and safety refresher course. The course is two hours in length and covers 2-4 health and safety topics each year. The course is available both online/on demand and is delivered virtually in English and Spanish through our Great Start to Quality Resource Centers. The course is free. License exempt tribal child care centers self-certify they are meeting they are meeting health and safety requirements.**
- c. Licensed family child care homes: **Licensed family and group home child care staff are required to complete the state-developed health and safety refresher course each year. The course is two hours in length and covers 2-4 health and safety topics each year. The course is available both online/on demand and is delivered virtually in English and Spanish through our Great Start to Quality Resource Centers. The course is free. Child Care Licensing requires that family and group home child care staff maintain valid CPR and Pediatric First Aid certification.**
- d. License-exempt family child care homes: **License exempt military and tribal family child care center staff have access to the state developed health and safety refresher course. The course is two hours in length and covers 2-4 health and safety topics each year. The course is available both online/on demand and is delivered virtually in English and Spanish through our Great Start to Quality Resource Centers. The course is free. License exempt tribal child care centers self-certify they are meeting they are meeting health and safety requirements.**
- e. Regulated or registered in-home child care: **N/A**

- f. Non-regulated or registered in-home child care: **License exempt child care providers both related and unrelated are required to complete a state-developed health and safety refresher course each year. The course is two hours in length and covers 2-4 health and safety topics each year. The course is available both online/on demand and is delivered virtually in English and Spanish through our Great Start to Quality Resource Centers.**

## 5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

### 5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?  
☒ Yes.  
☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.
- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?  
☒ Yes.  
☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.
- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?  
☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

#### 5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

#### 5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.



- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

#### 5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

☒ Yes.

☐ No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

#### 5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

#### 5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

#### 5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
  - Knowingly made materially false statements in connection with the background check.
  - Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
  - Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
  - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
  - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- ☒ Yes.
- ☐ No. If no, describe the disqualifying criteria:
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.
- ☒ Uses them to disqualify employment. If checked, describe: **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 Bridges Eligibility Manual (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, breaking and 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). Michigan does have a crime of Police Officer-Assault, Resist, Obstruct. For this offense, the CCBC or CDC analyst will**

**obtain a copy of the police report to determine if an assault occurred, or whether the applicant simply resisted or obstructed.**

- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

☐ Does not use them to disqualify employment.

☒ Uses them to disqualify employment. If checked, describe: **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 Bridges Eligibility Manual (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, breaking and entering, computer crimes, embezzlement, extortion and 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). Michigan does have a crime of Police Officer-Assault, Resist, Obstruct. For this offense, the CCBC or CDC analyst will obtain a copy of the police report to determine if an assault occurred, or whether the applicant simply resisted or obstructed.**

#### 5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

☒ Yes.

☐ No. If no, describe the current process of notification:

#### 5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

☒ Yes.

☐ No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge

the accuracy or completeness of the information contained in such individual's background report.

☒ Yes.

☐ No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

☒ Yes.

☐ No. Describe:

- iv. Get completed in a timely manner.

☒ Yes.

☐ No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

☒ Yes.

☐ No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

☒ Yes.

☐ No. Describe:

#### 5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

☒ Yes.

☐ No. If no, describe:

- b. In-state criminal background check with fingerprints.  
☒ Yes.  
☐ No. If no, describe:
- c. In-state Sex Offender Registry.  
☒ Yes.  
☐ No. If no, describe:
- d. In-state child abuse and neglect registry.  
☒ Yes.  
☐ No. If no, describe:
- e. Name-based national Sex Offender Registry (NCIC NSOR).  
☒ Yes.  
☐ No. If no, describe:
- f. Interstate criminal background check, as applicable.  
☒ Yes.  
☐ No. If no, describe:
- g. Interstate Sex Offender Registry check, as applicable.  
☒ Yes.  
☐ No. If no, describe:
- h. Interstate child abuse and neglect registry check, as applicable.  
☒ Yes.  
☐ No. If no, describe:
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?  
☒ Yes.  
☐ No. If no, describe:

#### 5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?  
☒ Yes.  
☐ No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

☒ Yes.

☐ No. If no, describe the current policy:

#### 5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

☒ Yes.

☐ No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **The lead agency does not process registry checks for other states as criminal history information for civil purposes can be requested from different departments. The requests are handled by MiLEAP Child Care Background Check Program (CCBC) for coordination of completing the interstate check.**

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

☐ Yes. If yes, describe the current policy.

☒ No.

#### 5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **Home - Child Care Background Check (miltcpartnership.org)**

**<https://miltcpartnership.org/childcareportal?r=1>**

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:

i. ☒ Agency name

ii. ☒ Address

iii. ☒ Phone number

- iv. ☒ Email
  - v. ☒ Website
  - vi. ☒ Instructions
  - vii. ☒ Forms
  - viii. ☒ Fees
  - ix. ☒ Is the State a National Fingerprint File (NFF) State?
  - x. ☒ Is the State a National Crime Prevention and Privacy Compact State?
  - xi. If not all boxes above are checked, describe:
- c. Interstate sex offender registry (SOR) check:
- i. ☒ Agency name
  - ii. ☒ Address
  - iii. ☒ Phone number
  - iv. ☒ Email
  - v. ☒ Website
  - vi. ☒ Instructions
  - vii. ☒ Forms
  - viii. ☒ Fees
  - ix. If not all boxes above are checked, describe:
- d. Interstate child abuse and neglect (CAN) registry check:
- i. ☒ Agency name
  - ii. ☒ Is the CAN check conducted through a county administered registry or centralized registry?
  - iii. ☒ Address
  - iv. ☒ Phone number
  - v. ☒ Email
  - vi. ☒ Website
  - vii. ☒ Instructions
  - viii. ☒ Forms
  - ix. ☒ Fees
  - x. If not all boxes above are checked, describe:

#### 5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.



Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

☒ Yes.

☐ No. If no, describe what is currently in place and what elements still need to be implemented:

#### 5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

☒ Yes.

☐ No. If no, what is the frequency for renewing each component?

### 5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

#### 5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

☐ No.

☒ Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

**License exempt relative providers are exempt from annual health and safety inspections and licensing requirements and fingerprints. In-state background checks are completed to determine eligibility on all adult household members over the age of 18.**

## 6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce,

and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

## 6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

### 6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
  - i. ☐ Providing program-level grants to support investments in staff compensation.
  - ii. ☐ Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
  - iii. ☐ Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
  - iv. ☐ Subsidizing family child care provider and center-based child care staff retirement benefits.
  - v. ☐ Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
  - vi. ☐ Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
  - vii. ☒ Providing scholarships or tuition support for center-based child care staff and family child care providers.
  - viii. ☐ Other. Describe:
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **Michigan, through a \$30M work project appropriation (school aid general fund) and Preschool Development Grant (PDG) dollars will have the opportunity to implement a pilot wage scale project, in addition we will continue offering TEACH. Early Childhood® Michigan scholarships, which include bonuses/stipends. Michigan invests in TEACH Early Childhood Michigan to support providers with their professional development goals related to credential attainment and pursuit of higher education. TEACH 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 through stipends, bonuses and wage increases. In addition, Michigan will continue implementation of apprenticeship opportunities throughout the state, which include wage increases. We collect data in MiRegistry and are using the registry data to inform current and ongoing wage picture; also planning communication to the field on the importance of providing their**

compensation information in the registry. Data from a recent (2024) wage scale pilot funded through PDG that can provide information on competitive wage scales and their impact on the field as a compensation strategy.

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **N/A**
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **Michigan Lifelong Education Advancement and Potential (MiLEAP) works with strong partners to support the mental health and well-being of the child care workforce. They include the Michigan Department of Health and Human Services (MDHHS) and the Michigan Association for Infant Mental Health (MI-AIMH). To support the mental health and well-being of the child care workforce, the MDHHS infant and early childhood mental health consultation / Social Emotional team has developed strategies to reach as many providers as possible statewide. To support child care leadership such as directors, a consultant provides virtual support sessions focusing on reflective leadership skills as well as a peer to peer office hours to discuss strategies to overcome barriers. This provides connection between child care directors and administrators along with skill building that allows them to be effective leaders for their teams. In addition, consultants have offered 4 cohorts of reflective communities of practice for leaders and child care workers to have space to reflect on the work they are doing and how it is impacting them, and to connect with other professionals managing similar stressors. In the communities where consultants are providing direct Infant and Early Childhood Mental Health Consultation (IECMHC) services, they often provide wellness, self-care, and regulation workshops to support child care staff in taking care of themselves. These workshops are often open to any providers within their communities. The consultants also provide self-care strategies and individualized support and referral to those providers they are directly working with. The MDHHS Infant and Early Childhood Mental Health Consultation (IECMHC) website has several downloadable resources for providers that give information on adult caregiver stress reduction and well-being. MiLEAP also works with the MI-AIMH, a statewide nonprofit organization that prioritizes mental health, wellness, relationships and equity for Michigan's infants and young children and the early childhood professional workforce. Some of their work includes: mental health supports, Trauma Informed Care, Culturally Humble training/technical assistance to centers/home providers, infant and early childhood mental health resources, listening sessions to amplify workforce voices, Reflective Supervision/Reflective Practice for early childhood educators, and the relaunch of the MI-AIMH public mental health website to offer training and technical assistance tools and resources at no cost to professionals and families. Both partners are committed to supporting the well-being and mental health of the child care workforce and are continually looking at innovative ways to provide supports.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **Recruitment and retention are key reasons Michigan has also embraced apprenticeship as a workforce strategy. Employers engaging in apprenticeship find it is a strong recruitment and retention tool. The apprentice has access to structured on the job learning, training and/or college coursework to support earning an industry recognized credential or degree**

without cost, and wage increases along their path to completion. The employer has the benefit of an engaged and supported apprentice working in their program while implementing the content they are learning through their related coursework. Apprentices remain with their employer throughout the apprenticeship and ideally long after their completion. Apprenticeship conveys an investment in the apprentice/employee that increases the likelihood that the apprentice will remain employed with their apprenticeship employer.

#### 6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **Michigan offers a 30-hour child care center administration series that is currently delivered across the state through our ten Resource Centers. This series provides content on program quality and evaluation, budgeting and financial management, hiring and retaining staff, curriculum, marketing, leadership, time management and child care center licensing rules and regulations. This series meets the licensing requirement for child care administration content for those interested in becoming center program directors. Based on feedback from the field and child care licensing, the State is currently working with a contractor to move this series to an online platform. Self-paced and always accessible courses are important to supporting those that are trying to meet the child care administration requirement and move into the program director role. The online version is expected to be launched in September 2024. In fiscal year 2022, with the support of the Quality Assurance Technical Assistance Center to develop content, Michigan launched a business series targeted at home-based providers. The series includes five courses with content covering budgeting and financial management, setting and collecting fees, marketing, time management, and work life balance. This series is currently delivered by the ten Resource Centers. This series is also being developed into an online series and will launch in early 2025. In addition, Michigan has 22 Family Child Care Networks. Networks are working through 11 quality benchmarks around business sustainability with support and resources for participating family child care providers.**
- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
  - i. ☒ Fiscal management.
  - ii. ☒ Budgeting.
  - iii. ☒ Recordkeeping.
  - iv. ☒ Hiring, developing, and retaining qualified staff.
  - v. ☒ Risk management.
  - vi. ☒ Community relationships.
  - vii. ☒ Marketing and public relations.
  - viii. ☒ Parent-provider communications.
  - ix. ☒ Use of technology in business administration.
  - x. ☒ Compliance with employment and labor laws.

- xi. [ ] Other. Describe any other efforts to strengthen providers' administrative business:

### 6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **Training and support are offered to provider populations for whom English is not their primary language through individual Great Start to Quality Resource Centers. Two of the Resource Centers have bilingual staff and all support providers with translation services. One Resource Center is facilitating a learning community in Spanish. MiLEAP has partnered to develop a new online series supporting children with disabilities that is offered in English, Spanish and Arabic. In addition, MiLEAP is currently working with a contractor to provide our state developed center and home-based business series in English, Spanish and Arabic. Both series will be available online. In addition, we continue to add training sponsors to MiRegistry that offer training in a variety of languages to support providers with accessing professional development in their home language. In 2023, the Great Start to Quality and MiRegistry websites were updated to allow for translation of webpage content into Spanish and Arabic. In fiscal year24, we were able to launch Family Child Care Networks (FCCNs). Twenty-two networks were launched including one network supporting Spanish speaking providers and one network supporting Arabic speaking providers. Funding is proposed to continue for the FCCNs in the FY25 budget.**
- b. Providers and staff 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 the content being presented. In addition, one-on-one consultation is provided to meet the needs as best as possible.**

## 6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

### 6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

☒ Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **MI LEAP updated the career pathway to recognize registered apprenticeship models at the credential, associate degree and bachelor's degree level. This change was made through consultation with our Apprenticeship Leadership Group and our partners at the Early Childhood Investment Corporation and MiRegistry. In addition, we made changes to the workforce registry, MiRegistry, to better support gathering workforce data on our state funded preschool program-Great Start Readiness Program (GSRP). These updates support GSRP with annual reporting that includes wage, benefit, higher education, and professional development information on the workforce. Consultation was completed in collaboration Michigan State University (our evaluation partner), Intermediate School Districts and the GSRP Education Consultants. We also added Career Technical Education (CTE) students in the Education General track and their teachers to the MiRegistry audience to increase information on this pipeline group. An organization type was also created to allow teachers to view student learning records, guide professional development and support tracking of Child Development Associate (CDA) and Michigan Youth Development Credential (MI-YDA) content hours and work-based learning.**

☐ No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

☒ Yes. If yes, identify the other key groups: **Michigan professional development framework was developed through a stakeholder group process that included four work streams-Core Knowledge and Competencies, Quality Assurance, Access and Outreach and Qualifications, Credentials and Pathways. This stakeholder group assisted by making recommendations through a larger stakeholder group to the Office of Great Start for approval and implementation. These groups included representatives from: Great Start to Quality (GSQ), Early Childhood Investment Corporation (ECIC), Early Childhood Support Networks (ECSNs), Community Colleges (2yr), University's (4yr), Migrant Telamon, Michigan Head Start Association (MHSA), Michigan Department of Health Human Services (MDHHS), Great Start Readiness Preschool (GSRP), Michigan Association of Intermediate school Administrators (MAISA), Tribal Representation, Michigan Afterschool Partnership (MASP), Michigan Association for Infant Mental Health (MI-AIMH), Teacher Education Assistance for College and Higher (TEACH.) Early Childhood® Michigan, Michigan Association for the Education of Young Children (MiAEYC), Child Care Licensing Bureau (CCLB), Early- On® Technical Assistance Network, Office of Career and Technical Education (CTE), Office of Professional Preparation Services (OPPS), Head Start Training and Technical Assistance, Community Health/Home Visiting.**

☐ No.

### 6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency’s framework for training and professional development addresses the following required elements:
- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **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 and OST program standards, including our state learning guidelines. Both the CKCC and our learning guidelines have been approved and endorsed by the State Board of Education (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 from an entry level all the way through to mastery. Each level builds on the knowledge of the previous level. Training approved in MiRegistry 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 the expected training outline detailing the competency statements they are addressing. Educators can intentionally plan their professional development to support mastery of competencies in a specific knowledge area. Our CKCCs can support those working in early childhood and out of school time roles. Michigan does not have specific competencies for specific roles, however, our partners that lead the infant toddler specialist network, mental health consultants and coaches have standards or requirements for those that are fulfilling those specific roles. The Department has just started the process of aligning our early childhood standards and competencies to the National Association for the Education of Young Children’s Professional Standards and Competencies. Michigan plans to have an initial crosswalk completed by the end of fiscal year 24 with an implementation plan determined and launched in 2025. In January 2022, Michigan moved to requiring all professional development to be approved (and thus aligned to our CKCCs) in MiRegistry to count for Great Start to Quality professional development indicators.**
  - ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **Michigan has developed a formal career lattice or pathway which was introduced to the field with the launch of MiRegistry. In our formal pathway, we have built entry steps that are based on gaining professional development (training, credit bearing course work, technical assistance) that cover required health and safety training and then include content in all eight (early childhood) and ten (school age) CKCC competency areas. The beginning steps move a provider toward achieving a Child Development Associate (CDA) or Michigan Youth Development Associate certificate (MI-YDA - School Age Credential). Additional steps require college coursework and achievement of a degree. The career pathway is targeted to both early childhood and OST professionals. The pathway was updated to recognize registered apprenticeship completion to support our state’s commitment to this workforce strategy. We recently updated the career pathway to recognize**

registered apprenticeship completion with a credential, associate degree or bachelor's degree.

- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **Michigan is utilizing advisory groups to inform our workforce initiatives. These initiatives include Career Pathway/Career Technical Education (CTE)/high school credential initiative, TEACH Scholarships, Great Start to Quality, License Exempt Provider Quality work, Infant Toddler Contracts, and other quality initiatives as needed. These advisory groups help MiLEAP develop, promote, and maintain a comprehensive, accessible, inclusive systems 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. They include representatives from: GSQ, ECIC, ECSNs, Community Colleges (2yr) and Universities (4yr), Migrant Telamon, Michigan Head Start Association (MHSA), MDHHS, GSRP, Michigan Association of Intermediate school Administrators (MAISA), Tribal Representation, Michigan Afterschool Partnership (MASP), MI-AIMH, TEACH. Early Childhood® Michigan, Michigan AEYC, Child Care Licensing Bureau (CCLB), Early-On® Technical Assistance Network, Office of Career and Technical Education (CTE), Office of Professional Preparation Services (OPPS), Head Start Training and Technical Assistance, and Community Health/Home Visiting.**
- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Michigan participated in a national TEACH. Articulation Project in 2020 and has continued to build additional agreements between associate degree granting institutions and bachelor's degree granting institutions based on a block transfer approach. We continue to support associate degree granting institutions in pursuing a common set of high quality standards (specifically the 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 coursework a transfer student has remaining to earn their degree at the bachelor's 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 bachelor's degree granting institutions. These agreements have served as models to support other institutions in developing block articulation/transfer agreements. Since the beginning, we have added new agreements and look forward to adding more, as we now have 15 community colleges that are NAEYC accredited. All colleges participating with TEACH. Early Childhood® Michigan are required to have at least one articulation agreement in place. 22 associate degree granting institutions have at least one articulation agreement with a bachelor's degree granting institution. We have built on this initial work through our Career and Technical Education/High School Credential Initiative. In early 2020, Michigan began working with the Region 8 Comprehensive Center on an initiative to expand the**



pipeline of credentialed early childhood and out of school time educators through career pathways that begin in high school and expand into multiple career opportunities. This work is a cross-office collaboration and relies on the Career and Technical Education (CTE) general education pathway to build the pipeline. With new Perkins requirements (for CTE), Michigan is requiring CTE Education general programs to offer either the CDA (Child Development Associate) credential or the MI-YDA (Michigan Youth Development Associate Credential) or both to students as part of their programming. This program launched during the 21-22 school year. As part of the CTE pipeline work, there are eight bachelor's degree granting colleges and 10 associate degree granting colleges that are engaged in articulation/transfer agreements for high school students completing a credential and pursuing higher education. These agreements focus on teacher education degree programs, including Michigan's new Birth- Kindergarten and PreK-Third bands. In addition to the articulation work, we have increased the number of early middle college programs supporting students from four in 21-22 school year to 20 in the 23-24 school year. Early middle college programs allow high school students to complete an additional year of high school and graduate with their high school diploma and associate degree without cost.

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **In April 2018, Michigan launched our workforce registry, MiRegistry. MiRegistry allows for the collection of demographic, wage, education, retention, and professional development information. Currently, there are over 75,000 active MiRegistry users. In 2023, we shared our first workforce report with the Governor's Office. It included demographic, verified wage, and verified professional development information on the workforce. Michigan has utilized MiRegistry to reach the workforce with surveys that gather information on educator wellbeing and needs. The Department is continuing to update the system to better collect and report on data and we are continuing to message the field around the importance of providing information to support understanding their needs and policy making.**
- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **Michigan provides funding to TEACH. Early Childhood® Michigan, a statewide scholarship program designed to help child care center teaching staff, preschool teachers, family child care providers, group homeowners, center directors, early childhood professionals and administrators meet their professional development goals, while continuing their current employment in regulated early childhood and school age care settings. TEACH. 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. TEACH. scholarships support college credit- based education, books, release time and a travel stipend. TEACH funds can also be used to cover the cost of the CDA and the MI-YDA (Michigan Youth Development Associate Credential). Students may utilize the T.E.A.C.H. Early Childhood® Michigan scholarship in conjunction with other**

scholarships and student aid including Michigan Reconnect Scholarship for associate degree earning students, the Michigan Achievement Scholarship, and MI Future Educator programs for those seeking teacher certification. Michigan has also embraced apprenticeship as a workforce strategy. Critical to registered apprenticeships are employer involvement, structured on the job learning, related instruction, rewards (wage increases) for skill gains and industry recognized credentials. These components align with our state's interest in building a competent, well- compensated workforce. Apprenticeship can be supported by outside the early childhood system funds. There are both state and federal funds available to apprentices and employers which is an important benefit of this strategy.

b. Does the Lead Agency use additional elements?

☒ Yes.

If yes, describe the element(s). Check all that apply.

- i. ☒ Continuing education unit trainings and credit-bearing professional development. Describe: **Providers have access to professional development that offers both CEUs and State Continuing Education Clock Hours (SCECHs) through the MiRegistry training calendar. 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 TEACH. Early Childhood® Michigan for support in pursuing CDA training, associate or bachelor's degree are required to take credit bearing college coursework. For support with the CDA credential fee, a provider can utilize both noncredit bearing and credit bearing hours.**
- ii. ☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **Training that is approved through our Quality Recognition Improvement System (QRIS)–GSQ, goes through our statewide trainer and training approval process which lives in MiRegistry. 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 the current block transfer approach for those moving from the associate level to pursuit of a bachelor's degree. Michigan continues to connect with institutions of higher education at quarterly ACCESS (Association of associate degree Early Childhood Teacher Educators) meetings and through summit opportunities to encourage alignment with our state framework. Michigan is in the process of adopting the National Association for the Education of Young Children's Professional Standards and Competencies, as we believe this will create even more opportunities for alignment.**
- iii. ☐ Other. Describe:
- ☐ No.

#### 6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **Michigan's professional standards and competencies are designed to support providers in various roles, child care settings, ages of children served and at varying levels of competency. The competencies that are targeted toward those working in early childhood roles and school age/out of school time roles. All training content in our state registry, MiRegistry, is aligned to the relevant competencies (early childhood or school age). All training is approved and leveled to support providers with intentionality in planning professional development to meet their needs. The Department pulls training or course data that provides insight into availability of specific content by content area and completion of specific content by content area, as well as availability of each level of training (developing, achieving, and extending). Michigan is in the process of updating our early childhood standards and plan to embrace the NAEYC professional standards and competencies.**
- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **Michigan has a career pathway that is targeted toward early childhood and school age professionals. It was widely introduced with the launch of MiRegistry in 2018. Individuals receive a career pathway level based on professional development, credentials and/or higher education achievement. It begins with foundational levels and progresses through to professional levels. Accompanying the career pathway are possible career opportunities that align to the qualifications for each level. The possible career positions include roles in licensed child care programs-including state preK (GSRP), Head Start, family child care and centers providing infant through school age programming. It also recognizes licensing roles, Great Start to Quality roles, TEACH. roles, and other agency roles. The Department has built a webpage on the MiRegistry site to support learning about the career pathway, careers in early childhood education and careers in out of school time/youth development and continues to add content. While the career pathway levels and possible positions/role information are relevant to the broader early childhood and school age field, the majority of those actively engaged in MiRegistry are tied to licensed child care and out of school time programs. Michigan does not have a wage ladder tied to the career pathway. Individuals participating in TEACH. that achieve a credential do receive a wage increase or bonus as a condition of TEACH. Individuals successfully completing a registered apprenticeship (which is recognized on the career pathway) also receive wage increases. Wage increases are tied to apprenticeship requirements.**
- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **Michigan current advisory structure has been determined as needed by the specific initiative. There are advisory groups in place for TEACH.; for quality work focused on License Exempt Providers; our Career Technical Education Future Proud Michigan**

Educator LAUNCH pipeline initiative, and the department is in the process of determining an advisory group to support our adoption of the NAEYC professional standards. Each of these advisory groups has different goals around building a competent, diverse, and stable workforce. The Department is beginning larger conversations around compensation and have an infant toddler wage pilot in place and a larger workforce initiative that will likely inform and allow for setting goals specific to compensation and wages. The department has data around TEACH. participants including wage and retention. Michigan has data from the CTE LAUNCH initiative that speaks to the number of programs across the state, the number of students enrolled, CDA and MI-YDA competencies completed, and the department will be following these students in MiRegistry to speak to longevity and credential and higher education completion. Michigan uses data available in MiRegistry that speaks to current wage, employment, credentials, higher education and career pathway level.

- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **Michigan utilizes an annual higher education summit to support continued articulation work, as well as the TEACH. Advisory group to provide input and our Career Technical Education Pathway Stakeholder Group to support furthering articulation. The department is strategic about requiring approved professional development (training) to be aligned to our state core knowledge and competencies. Michigan has a large body of approved trainers and training sponsor organizations in MiRegistry and do communicate with them regularly through MiRegistry. Michigan is in the process of aligning standards to the National Association for the Education of Young Children (NAEYC) professional standards and feel this may support articulation efforts from a community-based training perspective, particularly in cases where the community-based training results in a CDA or MI-YDA.**
- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **This is an area where Michigan is beginning to see the benefits of having a well-positioned, well-utilized workforce registry. The Department published two reports over the last year that sought to speak to wages as they relate to position, setting, gender, age and geography in licensed child care. The Department noticed an issue with the way data is collected in the registry based on setting and available position titles to choose from. The list of position title choices was the same for both those that work in center-based care and for those that work in home-based care. This was of particular impact for those that work in family child care, as they weren't sure how to best answer as the owner and/or as a caregiver. While the data told some beneficial stories about the workforce, Michigan is diligently working with our developer to provide unique position title lists for those that indicate employment with a center and those that indicate they are employed with or own a family or group child care home. Michigan has been doing some targeted outreach to all provider types, with an emphasis on family child care providers, to encourage them to include their wage**

information in MiRegistry. Another learning from inaugural reports was the smaller sample size of those working in licensed home-based child care and their story is an important one. Benefit information is collected at the organizational or program level vs. the individual level. Additional outreach to encourage organization profile owners to update their profiles to include staff benefit information to begin to tell that story outside of our state funded PreK sector. Beginning in 2023, all state funded PreK staff had to include wage information and their programs had to include benefit information. State funded PreK staff are required to have their education, credentials and professional development in MiRegistry; but the Great Start Readiness Program (GSRP) annual reporting data is pulled from MiRegistry to support Michigan State University with its annual evaluation. Michigan is using workforce data from MiRegistry and from the Career Technical Education (CTE) tracking system to tell the story of those that are part of the education pipeline that will hopefully feed our early childhood and out of school time workforce. The department has data on the students that are enrolled in the Education General CTE program that includes, enrollment by gender, ethnicity, economically disadvantaged, multilingual learners and students with Individual Education Plans. This data can be compared to child level data to get a sense for what the workforce might look like compared to the children and families that are being served. Michigan is exploring the use of data to tell our state stories and support decision making. The department continues to put processes and improvements in place to collect stronger data, refine research questions, and design better reports.

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **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 employment in 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. Michigan has also embraced apprenticeship as a workforce strategy. Critical to registered apprenticeships are employer involvement, structured on the job learning, related instruction, rewards (wage increases) for skill gains and industry recognized credentials. These components align with our state's interest in building a competent, well-compensated workforce. Apprenticeship can be supported by outside the early childhood system funds. There are both state and federal funds available to apprentices and employers which is an important benefit of this strategy.**

## 6.3 Ongoing Training and Professional Development

### 6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **16 hours.**
- b. License-exempt child care centers: **Military and Tribal center rules are determined by Military and Tribal Authority.**
- c. Licensed family child care homes: **10 hours for licensee; 5 hours for staff or assistant.**
- d. License-exempt family child care homes: **Military and Tribal family child care homes have rules that are determined by Military and Tribal Authority.**
- e. Regulated or registered in-home child care: **N/A**
- f. Non-regulated or registered in-home child care: **License exempt related and unrelated providers are required to complete ongoing health and safety training which covers the required health and safety topics. Training is between 2-3 hours annually. These providers can also take 10 additional annual training hours which gives them a higher pay rate.**

#### 6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **All providers, including those supported through Military and Indian tribes/tribal organizations have access to professional development offered through MiRegistry, Institutes of Higher Education or other community partners who offer training.**

#### 6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **Training and professional development is based on the Core Knowledge and Core Competencies (CKCC) 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 focused credential the Michigan Youth Development Associate Credential (formerly the 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. With funding from PDG B-5 we will launch a body of online training developed by the Michigan Association for Infant Mental Health covering a variety of topics including Pregnancy and Postpartum - Attachment, Separations, Trauma, Grief & Loss, Relation Focused Practice and Observation and Listening, Screening and**

Assessment/Infant/Young Child Development, Cultural Competence. We also have an inventory of higher education coursework focused on infants and toddlers. In addition, we are working on an online foundational infant and toddler focused coursework that will offer 45 hours of infant and toddler specific content and will incorporate the Program for Infant and Toddler Care (PITC) Essential Practices. In May 24, we launched a multilingual three-part online training series to support providers with accessing content to support multilingual learners. Through our Preschool Development Grant B-5 (PDG b-5) Initiative work, in November 23, we were able to launch new online modules to support providers who care for children with delays and disabilities. It is titled All Together: Caring for Children with Delays and Disabilities. Additionally, Michigan offers technical assistance and training around supporting children with disabilities through our GSQ Resource Centers, and through a partner agency, Early on Training and Technical Assistance (EOTTA). We currently have a PDG B-5 project with EOTTA, All Together, that is focused on professional development and coaching to support providers with inclusive practices and working with families with special needs. This project provides 4 free training modules as well resources for providers. Modules include an overview of the Early On services and the process for referring children, inclusive care for infants and toddlers including strategies for supporting them, inclusive care for preschoolers also including strategies for support children, and how to build collaborative relationships with families and other organizations that support children with special needs. It offers 2 CEU's and/or SCECH's once a participant completes all four modules with 80% competency. It's resources are also available in several language including Spanish and Arabic.

#### 6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **Providers receive information in their initial health and safety and child development training about developmental milestones, screening and referral processes for Early On and Preschool Special Education. Michigan has Infant Mental Health Consultation Services available to child care providers which include observation, training, coaching and working with families to support children's healthy growth and development, with a focus on social emotional development. In addition, our state partner Clinton County Regional Education Services Agency's Office of Innovative Projects provides a specific training series—Caring for Children with Delays and Disabilities and provides a series on the Essentials of Early On. Great Start to Quality has an indicator around the importance of developmental screenings and Quality Coaches support providers with information on the importance and approved screening tools.**

### 6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes

cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

#### 6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
  - i. ☒ Research-based.
  - ii. ☒ Developmentally appropriate.
  - iii. ☒ Culturally and linguistically appropriate.
  - iv. ☒ Aligned with kindergarten entry.
  - v. ☒ Appropriate for all children from birth to kindergarten entry.
  - vi. ☒ Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
  - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
  - i. ☒ Cognition, including language arts and mathematics.
  - ii. ☒ Social development.
  - iii. ☒ Emotional development.
  - iv. ☒ Physical development.
  - v. ☒ Approaches toward learning.
  - vi. ☒ Other optional domains. Describe any optional domains: **Engineering and Technology; Science; Social Studies and Creative and Expressive Arts**
  - vii. If any components above are not checked, describe:
- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **Early learning guidelines (ELGs) were updated through a stakeholder group process and approved in November 2022 by the State Board of Education. They were updated to reflect the latest research and to move to a birth to kindergarten model in one set of standards vs. having two sets--one for infants and toddlers and one for preschoolers. The purpose of these Early Childhood Standards of Quality for Birth to Kindergarten is to support the growth and development of these children throughout the state; to support early childhood professionals in recognizing individual developmental trajectories and expressions of learning; and to guide programs toward the highest quality in their operations. The standards are organized into 17 sections that define a cohesive and research-based foundation for all early childhood professionals as these professionals use a wide variety of curricula, methodologies, and implementation strategies to meet the individual and collective needs of all children across the full range of backgrounds and experiences. In June of FY23, an online training to support the new ELGs: Introduction to Early Childhood Standards of Quality for Birth -**



Kindergarten was developed and launched. State leaders have also been sharing the new standards through statewide conference presentations and partner meetings to raise awareness.

- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.  
[https://www.michigan.gov/mileap/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/gsrp/standards/ECSQ-B-K\\_Final.pdf](https://www.michigan.gov/mileap/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/gsrp/standards/ECSQ-B-K_Final.pdf)

Michigan Out of School Time Standards - MDE\_MOST\_SBE\_FINAL+(2).pdf  
(squarespace.com)

#### 6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **Our state ELGs and Out of School Time Standards are the foundation from which Michigan's Quality Recognition and Improvement System, Great Start to Quality (GSQ), is built. The Early Childhood Standards of Quality Birth to Kindergarten and the Michigan Out of School Time Standards inform the GSQ indicator structure and quality levels. They are required to be used and adhered to within Michigan's state preK-Program, Great Start Readiness Program (GSRP), as well as within Michigan's 21st Century Community Learning Centers (Every Student Succeeds Act (ESSA), Title IV, Part B).**
- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
  - i. ☒ Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
  - ii. ☒ Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
  - iii. ☒ Will be used as the primary or sole method for assessing program effectiveness.
  - iv. ☒ Will be used to deny children eligibility to participate in CCDF.
  - v. If any components above are not checked, describe:

## 7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.

2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

## 7.1 Quality Activities Needs Assessment

### 7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **Through the Preschool Development Birth-Five (PDG B-5) grant, Michigan has conducted several studies that have helped inform our quality activities. The frequency of assessment has been tied to additional state funding through both Race to the Top and Preschool Development Grant funding. The most recent full needs assessment and strategic plan were completed in 2020 and included early childhood, early intervention and special education, home visiting, health and family support components. The contractor conducted interviews, focus groups, and a town hall to gather feedback from stakeholders in each of the components. Stakeholders included parents of young children, early child care and education providers, foundations and funding entities, home visiting providers, social and emotional health providers, and early childhood program managers and administrators from across the state. Their feedback was directly incorporated into the themes and strategic plan priority areas, one of which is workforce. With PDG funding, additional reports were developed to dive deeper into some of the needs and recommendations.**
- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **One of the additional reports that was commissioned after the original needs assessment was Child Care Workforce in Michigan: Understanding and Addressing Recruitment and Retention Issues. This report was published in 2022. The contractor that prepared the report gathered feedback from child care center administrators via focus groups and individual surveys. Compensation surfaced as the biggest concern around recruitment and retention for both administrators and early educators/classroom staff. Finding and keeping staff was of paramount concern to administrators. Positive work environment, high quality professional development and access to quality preparation programs were shared as important retention components for staff. In response to these findings, we have incorporated apprenticeship into our state**

strategy. Apprenticeship can support recruitment, retention and compensation. We also have strengthened our high school Career and Technical Education (CTE) pathway. This academic year (2023-2024) students have access to a CTE education program throughout the entire state. We are also working with the Michigan Association for the Education of Young Children (MiAEOYC) to support these high school students with seeing themselves as part of a rewarding profession. There is a track specific to high school students at their annual early childhood conference. As a state, we are looking at ways to support program administrators with building a positive work environment through a cohort model that is also being offered by MiAEOYC. Professional development access continues to be a quality improvement goal for our state. We continue to work with our state registry to recruit additional training sponsors and trainers to go through approval and offer approved content to our workforce. Access to affordable higher education is also equality improvement goal that is not only a focus for our office, but also for our Governor. Implementing Great Start to Quality (GSQ) continues to be a critical part of improving the quality of child care in our state. Much effort has gone into revising Great Start to Quality based on provider and partner input and program data. The revision focused on creating a more equitable system focused on a continuous quality improvement process and quality levels. Currently, ten regional Resource Centers employing Quality Improvement Coaches (QIC) and Quality Improvement Specialists (QIS) work to support providers' participation in GSQ by providing outreach and engagement, resource and referrals, ongoing coaching, consultation, technical assistance, and professional development opportunities.

## 7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF 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. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

### 7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Quality Progress Report (ACF-218) is posted on the Child Development and Care (CDC) website at PARTNERS (michigan.gov). Expenditure reports are available upon request.**
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
  - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.
 

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **Michigan invests in a workforce registry that houses training and trainer approval aligned to core competencies for both Early Childhood Education (ECE) and Out of School Time**

(OST) and a career pathway with both foundational and professional levels that includes possible career opportunities in the field. There are currently 13,000 approved courses in MiRegistry and 1,900 approved trainers in MiRegistry. Michigan also invests in TEACH. Early Childhood® MICHIGAN is a statewide scholarship program designed to help child care center teaching staff, preschool teachers, family child care providers, group homeowners, center directors, early childhood professionals and administrators meet their professional development goals, while continuing their current employment in regulated early childhood and school age care settings. TEACH. 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.

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

- iii. Developing, implementing, or enhancing a quality improvement system.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **Great Start to Quality (GSQ), Michigan's Quality Recognition and Improvement System** for child care, preschool, and school age only programs is administered by the Early Childhood Investment Corporation (ECIC) on behalf of the Department. A network of ten GSQ Resource Centers are contracted by four Early Childhood Support Networks to provide quality improvement technical assistance, training and resources designed to assist providers in increasing their quality levels.

- iv. Improving the supply and quality of child care services for infants and toddlers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **45% of the GSQ Resource Center budgets are dedicated to infant and toddler training and professional development. Michigan’s work to support high-quality care for infants and toddlers has been identified as a national exemplar and a promising practice. This work continues today through the Infant Toddler Learning Community of Practice (ITLC) with a focus on birth – three foundational training (available online beginning 2024). Through this work and other professional development exercises, the ITLC helps providers develop and further hone key skill sets that can improve classroom environments and practices, communicate better with parents, and utilize available tools to help ensure infants and toddlers that need early interventions can be identified in a timely fashion. Ten Great Start to Quality Resource Centers (GSQRC) facilitate Infant-Toddler Learning Communities supporting providers and children statewide. The infant-toddler work is research-based and implements best practices, including increasing provider knowledge of evidence- informed practices and subsequently pairing those providers with a supportive coach, also referred to as a GSQRC Infant-Toddler Specialist (ITS),**

which is shown to significantly increase the likelihood that providers will implement the techniques and strategies they learn through the GSQRC in their program.

- v. Establishing or expanding a statewide system of CCR&R services.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **MILEAP funds four regional Early Childhood Support Networks (ECSNs), who enter into agreements with the 10 Great Start to Quality Resource Centers in each of the regions. The Resource Centers provide a comprehensive system of supports and services designed to improve quality across all early learning and development settings. These include: professional development opportunities; quality improvement consultations, coaching, supports; and resources for licensed early learning and development programs and license exempt subsidized providers. The provide consumer education to families concerning a full range of child care options and work directly with families to support their informed decision making about a child care setting that best suits their needs. In addition, they host a lending library with materials for both parents and providers. Materials accessed include developmentally appropriate materials that support learning, curriculum guides, assessments, and other such tools promoting high-quality care. For example, a common tool made available through the lending library's resources is an Ages & Stages Questionnaire (ASQ), which is a validated tool that provides meaningful insight into the developmental and social-emotional growth and needs of children ages birth to age six. Providers utilizing the tool report that it has allowed them to better tailor programming and support to the children in their care. It can also act as a tool to help families and providers work together to identify areas where a child may benefit from early intervention and services. This is indicative of the types of important resources that both families and providers can access through the lending library that helps ensure all children and their providers have access to high-quality, age- appropriate resources.**

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **Michigan uses quality funds to support child care licensing operations. Currently Michigan has 90 child care licensing consultants and 8 area managers who are overseen by two child care licensing directors. In addition, licensing has a central support unit to support the overall operations of child care licensing. Currently the ratio of providers to consultants is 90:1. Child care licensing is responsible for conducting monitoring visits, special investigations, training for providers specific to child care licensing rule compliance, and ensuring the child care licensing rules meet all health and safety requirements. In addition, child care licensing has a unit that handles all criminal history background checks for licensed and unrelated license exempt providers. License exempt related and unrelated providers are required to complete a health and safety orientation, comply with fingerprint requirements and to complete ongoing health and safety training. Unrelated license exempt**

providers have a required health and safety coaching visit that supports the provider with meeting required health and safety standards. These visits are conducted through the Early Childhood Investment Corporation and the GSQ Resource Centers.

- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.  
☒ No plans to spend in this category of activities at this time.  
☐ Yes. If yes, describe current and future investments.
- viii. Accreditation support.  
☒ No plans to spend in this category of activities at this time.  
☐ Yes. If yes, describe current and future investments.
- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.  
☐ No plans to spend in this category of activities at this time.  
☒ Yes. If yes, describe current and future investments. **Each Resource Center (RC) has a minimum of one Go NAPSACC (GNS) consultant to support providers with nutrition, physical activity and physical development and access to the national GNS platform of resources. Infant Mental Health Consultation and Michigan Association of Infant Mental Health (MiAIMH) Reflective Supervision is available.**
- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.  
☒ No plans to spend in this category of activities at this time.  
☐ Yes. If yes, describe current and future investments.

## 8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

### 8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

#### 8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies 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.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Department utilized a State Advisory Committee (SAC) to help identify priorities and areas of improvement for the State Plan. In addition to utilizing the SAC for identification of areas of improvement the Department meets regularly with many additional stakeholders to provide feedback on the program. These include (but are not limited to): Early Childhood Support Networks, Great Start to Quality Advisory Committee, Kellogg Community of Practice grantees, childcare providers, Think Babies Coalition, and many more. These opportunities result in the Department being aware of implementation barriers and needs across the state, which allows us to adjust/modify policies and procedures.**
- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **Consultation meeting 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 market rate survey (MRS) overview, drafting of the Child Care Development Fund (CCDF) Plan, working to increase communication and sharing, breaking down barriers, increasing coordination and providing connections to quality improvement activities. In addition, consultation often included the Child Care Licensing Bureau (CCLB) and other partners.**

☐ Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP) is the lead agency responsible for early intervention services for children birth to three with**



developmental delays. Early On is Michigan's system for implementing early intervention services as required under Part C of IDEA. In addition, each state is required to have an interagency coordinating council. 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. MICC consists of governor appointed members including parents of infants or toddlers with disabilities, individuals representing public or private providers of early intervention services, an individual representing the Michigan Legislature, a Head Start program representative, a personnel preparation representative, state agency administrators, and other representatives. The MICC is charged with advising and assisting the Lead Agency on the coordination of an early intervention system. Representatives from MiLEAP participate on the State Advisory Council.

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **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 scholarship 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. In addition, a partnership with the Michigan Head Start Association (MHSA) is in place to support grantees and ensure child care barriers for families are known and addressed and support efforts around the early childhood workforce and increase technical assistance availability. The Head Start State Collaboration Office is also part the Office of Early Childhood Education within MiLEAP. The office is part of the State Advisory Council.**
- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **MiLEAP works with the Michigan Department of Health and Human Services (MDHHS) (which has funding for public health initiatives, mental health initiatives, social emotional consultation, 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. MDHHS representatives are also part of the Child Development and Care (CDC) State Advisory Council that focus on inclusion of children with special needs and home visiting, such as the MICC. They are also part of the State Advisory Council.**
- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **Michigan Economic Development Corporation-Workforce Development Agency (WDA) and the CDC 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 scholarship. Participants often also receive CDC scholarship and are placed into employment and education and training programs. In addition, MiLEAP partners with Labor and Economic Opportunity (LEO) on apprenticeships for those in the early childhood field.**
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **MiLEAP works closely with the Michigan Department of Education on many initiatives including statewide**



implementation of MTSS (Multi-Tiered System of Supports), early literacy, family engagement, preschool special education inclusion, career pathway, and teacher preparation initiatives. Most recent results include expansion of MTSS professional development and coaching, development of three multilingual online trainings, and continued expansion of the Future Proud Michigan Educator LAUNCH initiative which is focused on leveraging Career Technical Education (CTE) to support high school students with completing credentials-the Child Development Associate (CDA) and/or the Michigan Youth Development Associate (MI-YDA) while in high school to support building the education (early childhood and k-12) pipeline. The number of available CTE Programs focused on Education has increased from 55 in the 2019-2020 school year to 130 in the 2023-2024 school year.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **Child Care Licensing is located in the Michigan Department of Lifelong Education, Advancement and Potential (MiLEAP) ensuring that all licensing rules and regulations are being met by licensed and registered child care providers across the state. There is coordination between the Office of Child Care and child care licensing related to criminal history checks, implementation of new rules for programs, and Great Start to Quality. Child care licensing is represented on the State Advisory Council.**
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The Department shares information with CACFP (including home-based providers and license exempt related providers) 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 Great Start to Quality as part of our quality indicators. The coordination results in CACFP sponsors being able to recruit providers to participate and be connected to Great Start to Quality.**
- j. 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 and results of the coordination: **The Department works with the McKinney-Vento State Coordinator and Special Populations Manager (located at MDE) to support our statewide training: Supporting Families Experiencing Homelessness: How Child Care Providers Can Help. Coordination is critical to maintain up to date data and training resources, and to provide current contact information for McKinney Vento Coordinators and Liaisons. At our most recent meeting, Coordinators and Liaisons were invited to meet with trainers to support role awareness, relationship building and resource sharing. Resource Center approved trainers deliver the training statewide and are encouraged to invite the McKinney Vento Liaisons to join for local support.**
- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Department coordinates with the TANF program by being part of an integrated eligibility application system for all public assistance programs to**

reduce burdens for families. The integrated eligibility application system allows families to apply for all five major public assistance programs in one place. This system was achieved through a culmination of many state and private agencies and has been in place since September 2020. 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 scholarship 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. They are represented on the State Advisory Council.

- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **MDHHS is responsible for public health initiatives, mental health initiatives, and Medicaid. Coordination of Medicaid funding access helps to bring infant/mental health, social emotional consultation, well child visits and immunizations to promote the overall health and well-being of children and ensure that children are ready to thrive and learn in a mixed-delivery system.**
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **MiLEAP works with MDHHS to enhance equity and the quality of services, through the work of the state's social emotional / Infant and Early Childhood Mental Health consultants, funded through CCDF, Mental Health Block Grant and MiKidsNow funding. Social emotional consultants (31 counties out of 83) are providing training and ongoing coaching around infant mental health and Pyramid Model strategies to increase equitable and quality child care practices and environments to support social and emotional well-being of all children and the staff that care for them. In addition, statewide supports have been developed to support via trainings and peer support groups to allow access to all providers statewide, not just those communities with consultants available. These social emotional consultants are focused on the highest risk populations, birth to 5 years, and linking providers and families to comprehensive community resources.**
- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **MiLEAP partners (via agreements) with four regional Early Childhood Support Networks (ECSN), Great Start to Quality Resource Centers, Early Childhood Investment Corporation (ECIC), Michigan Association for the Education of Young Children (MiAEYC,) who all assist providers with participating in Great Start to Quality (GSQ), provide workforce development, scholarships, operate lending libraries and assist parents without access to the 24/7 online database with finding child care. The Michigan Farm to Early Childhood Education (ECE) Network, a group of over 30 organizations working together for over four years, collaborates so children ages birth to 5 can grow, choose, and eat nutritious local food in early care and education settings. The network exists to improve access to healthy food and early childhood outcomes, increase nutritional awareness and healthy outcomes, and support early childhood education providers as they work to improve children's learning environments. They do this by sharing resources and making connections between**

community and state partners, producers, early childhood education providers, and families. In addition, MILEAP has a strong partnership with the Michigan Association for Infant Mental Health which has an increased focus on providing training to support childcare providers serving children and families prenatal to age five.

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Michigan After-School Partnership (MASP), which works to increase the supply and quality of programming for children in Michigan is a partner of the Department. MILEAP's Office of Early Childhood Education 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 on program offerings with family information resources. Provide training/professional development and quality support for programs participating in GSQ; Quality Rating Improvement Scale (QRIS).**
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **As the lead agency, MILEAP CDC coordinated with MDHHS, Michigan State Police, MILEAP CCL, ECIC and Great Start to Quality Resource Centers to develop the Michigan Statewide Child Care Emergency Preparedness Plan and Response Plan which identifies the coordination of response for children and families. This is posted at the CDC webpage for providers.**
- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
  - i. ☒ State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **MILEAP coordinates with Michigan's Early Head Start Child Care (EHS-CC) Partnerships and the Head Start Collaborations Office (HSSCO) to focus on ensuring low-income children and families have access to high-quality services, particularly full-day, full year services. Through this coordination, families have increased access to child care scholarships, ensuring continuity of care and maximization of funding resources for these full day, full year services. Additionally, MILEAP and EHS-CC partnership grantees have a Memorandum of Understanding (MOU) to allow for blending of funds for this full day, fully year services. MILEAP meets with the EHS-CC partnership and the HSSCO director quarterly; coordinators with Michigan Head Start Association (MHSA) and the HSSCO director to support grantees and identify barriers; coordinates conversations with local MDHHS office to address eligibility issues; and supports efforts around the early childhood workforce and provision of technical assistance.**
  - ii. ☒ State/Territory institutions for higher education, including community colleges. Describe: **To support quality child care services, the Lead Agency partners with both associate and bachelor's 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 have partnered to host**

an annual higher education summit to connect and continue work to support seamless pathways for students. Our current Future Proud Michigan Educator LAUNCH initiative, which is focused on high school students participating in the Career Technical Education (CTE) Education track, has required engaging higher education institutes to support dual enrollment, early middle college and articulation for the CDA and/or the MI-YDA credential. TEACH Early Childhood Michigan continues to focus on articulation for scholarship recipients and meeting the needs of those currently working in the field that are pursuing higher education. They have partnered with community colleges to offer cohort models that are specifically designed to reduce access barriers. To support quality child care services, the Lead Agency partners with both associate and bachelor's degree granting institutions to ensure coursework is aligned to 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 have hosted higher education summits to connect and continue toward the ultimate goal of a competent workforce. In addition, we have partnered with 10 higher education institutions to develop infant and toddler specific coursework. Each college was required to develop a minimum of one new college course that would be included as part of their early childhood degree program. Support was provided by Zero to Three and participating colleges were part of a cohort model. With the implementation of our new teacher certification structure, Michigan will now offer a birth through kindergarten and a preschool through third grade certification band. We heavily engaged both associate and bachelor's degree granting institutions in the writing of the standards for each of the new bands and are currently working with our associate degree granting colleges on some alignment documents to support the field and ease transfer and articulation agreements going forward.

- iii. ☐ Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
- iv. ☒ State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) 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. The Lead Agency is a partner in these efforts.**
- v. ☒ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **Medicaid is administered by the MDHHS. Representatives from the Department participate on a cross-agency team, that includes MiLEAP with the goal of increasing the number of children receiving screenings. With our PDGB-5 funding, MiLEAP conducted a study of pediatric providers across the state to determine what developmental screenings are being used and where the**

universal screenings are being conducted. Data showed that 91% of providers utilized the Modified Checklist for Autism in Toddlers (M-CHAT) while 68% utilized the Ages and Stages Questionnaire-3 (ASQ-3) and/or a combination of the two. Additional screenings included the Ages and Stages Questionnaire-Social and Emotional screen (ASQ-SE), the Pediatric Symptom Checklist (PSC), and the Survey of Well-being of Young Children screen (SWYC). All screenings were conducted in clinical settings. Providers stated that utilizing screenings aided in the referrals process to other early childhood systems such as Early On, speech therapy, audiology, mental and behavioral health/social workers, physical therapy, and preschool special education programs.

- vi. **[x] State/Territory agency responsible for child welfare. Describe: MiLEAP meets regularly with MDHHS staff from child welfare/foster care to ensure the policies and practices in place or proposed are serving vulnerable populations, including children in foster care, families receiving TANF, a parent or child receiving supplemental security income (SSI), migrant farmworkers, children experiencing homelessness, or families with active substantiated neglect/abuse case qualifying for protective services. Surveys were completed and presentations to foster care groups navigators and parents to identify the needs of foster care families and help them understand the process of applying for scholarship. A simplified Foster Care Child Care Scholarship Application was created to reduce barriers for foster parents who apply for scholarship with limited information about the child. 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. The CDC program is intended to promote continuity of care and extend the time an eligible child has access to child care assistance by providing a scholarship for child care services for qualifying families. Families caring for a child in foster care, who receive TANF, a parent or child receiving supplemental security income (SSI), a parent who is a migrant farmworker, a child experiencing homelessness, or a family with an active, substantiated neglect/abuse case qualify for protective services shall be considered without an income test and is determined on a case-by-case basis.**
- vii. **[x] Child care provider groups or associations. Describe: The Lead Agency interacts with provider groups and associations through a variety of activities (webinars and in person meetings) to gather program feedback and offer guidance. In addition, we hold a monthly Naptime Nugget meeting for providers to hear state updates and ask questions about child care scholarships and child care licensing.**
- viii. **[x] Parent groups or organizations. Describe: The Lead Agency coordinates with the 60 Great Start Family Coalitions (GSFCs) across Michigan. Information regarding quality of care is shared with GSFC's 9,000 members to ensure information can be used for local planning with families to increase access to high quality child care and other needed resources and supports.**
- ix. **[x] Title IV B 21<sup>st</sup> Century Community Learning Center Coordinators. Describe: Michigan 21st Century Community Learning Centers (CCLC) Programs that serve children under the age of 13 years are required to maintain a childcare license to ensure that the program sites are safe and healthy environments for school-age**

children. In addition, 21st CCLC programs are included in the continuous quality improvement, state registry, and professional development systems. Michigan 21st CCLC staff assist in providing school-age-appropriate training and support networks for school-age program quality improvement. All 21st CCLC programs are included in the childcare data base maintained by the lead agency for easy access for parents and families. 21st CCLC programs are free to all students enrolled; however, programs have worked with CCDF scholarship to braid funding sources to provide extended hours and care to meet the needs of working families. State level staff from the 21st CCLC program, childcare licensing and the childcare office meet as needed to share information and collaborate on initiatives. Through this collaboration, Michigan has worked to expand the number of qualified providers through the Future Proud Michigan Educator LAUNCH career pathways initiative. State staff from several departments and offices including Preschool and Out-of-School Time (Childcare, 21st CCLC, Great Start Readiness Program), Career and Technical Education, Educator Excellence, Labor and Economic Opportunity and community and education partners came together to tackle this common issue. This collaborative effort over the past 3 years has markedly increased the number of new young educators gaining qualifications and joining the preschool and out-of-school time workforce.

- x. [x] Other. Describe: MiLEAP is a member of the TEACH Early Childhood® Michigan advisory team. Staff from the department are also involved in committees and workgroups of MiAEYC to ensure an aligned and coordinated professional development system. 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. In addition, MDE is a member of the TEACH. Early Childhood® Michigan advisory team. Staff from the department are also involved in committees and workgroups of MiAEYC. The CDC Director also participates as an advisory member for the Child Care Innovation Fund housed at ECIC.

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds 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, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency 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 pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

#### 8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21<sup>st</sup> Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

☐ No. (If no, skip to question 8.2.2)

☒ Yes.

- i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

☐ Title XX (Social Services Block Grant, SSBG)

☐ Title IV B 21<sup>st</sup> Century Community Learning Center Funds (Every Student Succeeds Act)

☒ State- or Territory-only child care funds

☐ TANF direct funds for child care not transferred into CCDF

☐ Title IV-B funds (Social Security Act)

☐ Title IV-E funds (Social Security Act)

☒ Other. Describe: **At least 90% of the funds from GSRP, Michigan's State- funded pre-K program, serve four-year-old children from families at or below 250% 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/aftercare 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 scholarship. This use of GSRP funds for many children who would be eligible for child care scholarship 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 16% 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 several ways, including for wraparound care. Michigan currently supports seven EHS-CC Partnership programs with a braided funding option that removes barriers for the EHS-CC Partnership by allowing child care partners to bill for child care scholarship up to the maximum number of hours the child is determined eligible for care, expanding full-day, full-year quality care for infants and toddlers.**

- ii. If yes, what does the Lead Agency use combined funds to support, 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, the agency 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% FPL. Through the Michigan EHS-CC Partnership model, child care partners receive the funding necessary to operate comprehensive programming, while improving their facilities, advancing staff competency, and accessing quality professional learning and resources. Most importantly, parents can access full-day care in a setting with low staff-child ratios and the comprehensive services that EHS-CC Partnerships provide.**

#### 8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

*Note:* Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

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 must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

☐ Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

- a. Does the Lead Agency use public funds to meet match requirements?

☒ Yes. If yes, describe which funds are used: **State general funds.**

☐ No.

- b. Does the Lead Agency use donated funds to meet match requirements?

☐ Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. ☐ Donated directly to the state.

ii. ☐ Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

☒ No.

- c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.



- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

☒ Yes.

☐ No. If no, describe:

### 8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, 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).

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 Part B, 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 Lead Agency.
- 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 Lead Agency and local agencies that administer funds made available through CCDF.

#### 8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

☐ No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

☐ No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

☒ Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **The Department has an agreement with four regional ECSNs and ECIC to implement specific aspects of the state's quality set aside activities. The Early Childhood Support Network is comprised of 4 regions throughout the state of Michigan: eastern, northern, southeastern, and western. The network regions are designed to provide development of, and facilitate access to, a coordinated, easy-to-navigate early childhood system for licensed early learning and development program, license exempt subsidized providers and families, that addresses the needs of the whole child. The ECSNs facilitate cross-sector collaboration within the region for maximum utilization of federal, state, and local resources to promote quality childcare provision and equitable access to early childhood support and services. The ECSN provides systems development, professional learning, and technical assistance for the Great Start Network, which includes the Great Start to Quality Resource Centers, Great Start Collaboratives and Parent Coalitions. ECIC implements the state's quality rating improvement system, GreatStart to Quality, and conducts the federally required health and safety visits for license exempt subsidized (formerly referred to as unlicensed, subsidized) providers. GSQ launched in the fall of 2011 and encompasses a 24/7 searchable database for families, a network of regional network or resource centers, the quality rating system, MiRegistry, and TEACH Early Childhood® MICHIGAN. Great Start to Quality (GSQ) is a continuum of quality improvement supports and services for license exempt subsidized providers and licensed early learning and development programs. Research demonstrates that young children with high needs benefit most from participation in high-quality early learning and development programs. GSQ is designed to support all children in all early learning and development programs, early childhood educators, and license exempt subsidized providers with supports and services and provide intensive consultation to those early learning and development programs serving children with high needs. A key component of Great Start to Quality is the provision of GSQ Resource Centers. The Resource Centers provide a comprehensive system of supports and services designed to improve quality across all early learning and development settings. These include professional development opportunities, quality improvement consultations, coaching, supports, resources for licensed early learning and development programs and license exempt subsidized providers. GSQ resource centers provide consumer education to families concerning a full range of child care options and work directly with families to support their informed decision-making about a child care setting that best suits their needs. Recourse Centers also provide consultation to early learning and development programs serving infants and toddlers through a cadre of quality improvement consultants. The quality improvement consultants offer consultation to identify areas for improvement, develop quality improvement plans, and conduct quality assessments.**

#### 8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage 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) 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.

#### 8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **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 Michigan full amount of scholarship a partnership-enrolled child is eligible for (current scholarship 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 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 scholarship will allow EHS-CCP grantees to utilize the partnership dollars to improve the quality of care provided by their partners. The Department has transitioned the MI TriShare program from the Michigan Women's Commission (MWC), housed within the Michigan Department of Labor and Economic Opportunity (LEO). This program is an innovative public/private partnership that seeks to increase access to high quality, affordable child care for working families that also helps remove a barrier to employment and helps employers retain talent. Through Tri-Share, the cost of child care is shared equally by an eligible employee, their employer and the State of Michigan, with coordination provided regionally by a facilitator hub. The pilot is currently in 59 counties of the state with a state administrative partner assisting with employee recruitment and payments to the providers. Facilitator hubs in each region are actively working to recruit local employers to identify eligible employees.**

## 8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and 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.

#### 8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The Michigan Statewide Child Care Emergency Preparedness Plan & Response Plan was developed in May 2023 with approval and posting on the website October 30, 2023. An update to the document was made changing departments from Michigan Department of Education (MDE) and Licensing and Regulatory Affairs (LARA) to MiLEAP was completed March 2024.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in

the current State Disaster Preparedness and Response Plan.

- i. The plan was developed in collaboration with the following required entities:
  - ☒ State human services agency.
  - ☒ State emergency management agency.
  - ☒ State licensing agency.
  - ☒ State health department or public health department.
  - ☒ Local and State child care resource and referral agencies.
  - ☒ State Advisory Council on Early Childhood Education and Care or similar coordinating body.
- ii. ☒ The plan includes guidelines for the continuation of child care subsidies.
- iii. ☒ The plan includes guidelines for the continuation of child care services.
- iv. ☒ The plan includes procedures for the coordination of post-disaster recovery of child care services.
- v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
  - ☒ Procedures for evacuation.
  - ☒ Procedures for relocation.
  - ☒ Procedures for shelter-in-place.
  - ☒ Procedures for communication and reunification with families.
  - ☒ Procedures for continuity of operations.
  - ☒ Procedures for accommodations of infants and toddlers.
  - ☒ Procedures for accommodations of children with disabilities.
  - ☒ Procedures for accommodations of children with chronic medical conditions.
- vi. ☒ The plan contains procedures for staff and volunteer emergency preparedness training.
- vii. ☒ The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe:
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: **MiLEAP CDC Site: Providers (michigan.gov)**

**MiKidsMatter(ConsumerEducation Site Licensed Providers): Licensed Child Care Providers (michigan.gov)**

**MiKidsMatter (Consumer Education Site License Exempt Providers): License Exempt Providers (michigan.gov)**

## 9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

### 9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. 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. Lead Agencies are not required to limit the complaint process to parents.

#### 9.1.1 Parental complaint process

- a. 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:  
**Licensed Providers: The Child Care Licensing Bureau (CCLB) within Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP) handles complaints against child care homes, centers or facilities operating without a license. To make a complaint, the complainant can fill out the Online Complaint Form. They can also call 517-284-9730 option 4 to make a complaint or print and complete a paper Complaint Form. Mail or fax paper complaint forms should be sent to: Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP) Child Care Licensing ☐ Complaint Intake 105 W Allegan, 2nd Floor PO Box 30664 Lansing, MI 48933 Fax: 517-284-7529**  
**License Exempt Providers: The Child Development and Care (CDC) office within MiLEAP handles complaints against license exempt providers. Call 1-866-990-3227 to make a complaint against a license exempt provider. Billing complaints (for both provider types) can be made by calling the CDC office on 1-866-990-3227 or by contacting the Office of Inspector General at Michigan Department of Health and Human Services (MDHHS). Concerns relating to fraudulent child care activity can be submitted by calling 1-800-222-8558 or online through the Child Care Licensing Divisions website.**

- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The lead agency offers parent documents in Spanish and Arabic in addition they can be requested in another language for both license and license exempt providers. The lead agency call center has bi-lingual Spanish speaking staff available for assistance.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The following is noted using the accessibility link at the bottom of State of Michigan webpages. Effective Communication: The State of Michigan executive branch will, upon request, provide auxiliary aids or alternative formats to qualified persons with disabilities for the purpose of effective communication. This can include but is not limited to providing a sign language interpreter, procuring documents in Braille, or modifying color contrast. Determinations on auxiliary aids, services, alternative formats for an individual are made on a case-by case basis. The Michigan Relay Service is available as a resource for people with hearing or speech disabilities to communicate by phone. Users may reach these services by dialing 7-1-1.**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

☒ Yes. If yes, describe: **Complaint referrals from the public regarding licensed child care providers come to CCLB online, via fax, via mail, or by 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 investigations must be initiated within 24 hours and may require an onsite inspection within 72 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 an 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 Child Care Hub Information Records Portal (CCHIRP) and assigned for investigation. Complaints regarding violations of licensing rules are referred to the CCLB. 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 CCLB'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. License exempt provider complaints are considered if a program violation is alleged and referred within the lead agency for policy to review. If a violation is suspected the case is referred to Technology, Integrity and Outreach (TIO) to review. In matters for harm or threatened harm the parent is referred to their local police department for unrelated and Michigan Department of Health and Human Services for related license exempt providers. Monitoring occurs when the consultants determines if violations are established based on the information that is gathered during the investigation process. Once an investigation is complete the consultant completes the special investigation report and makes a recommendation that is reviewed and approved by an area manager.**

☐ No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **Special Investigation Reports remain on the CCLB website for three years and then removed. A list of child care facilities that have had a license revoked, suspended or administratively closed or the department refused to renew are listed on the website for two years. For license exempt providers with substantiated parental complaints for program violations the lead agency maintains records of them in the program database.**
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Child care licensing complaints that are substantiated are posted on the child care licensing website, Statewide Facility Search (site.com) and appear in the 24/7 searchable provider database at www.greatstarttoquality.org for a period of three years.**

## 9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

### 9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- i. Provide the URL for the Lead Agency's consumer education website homepage:  
**<https://www.michigan.gov/mikidsmatter>**
- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?  
**[x] Yes.**  
**[ ] No. If no, describe:**
- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?  
**[x] Yes.**  
**[ ] No. If no, describe:**



### 9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: <https://www.michigan.gov/mileap/early-childhood-education/cclb>
- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: **License Providers** <https://www.michigan.gov/mileap/early-childhood-education/cclb/providers/insp>  
**License Exempt Providers** <https://www.michigan.gov/mileap/early-childhood-education/early-learners-and-care/cdc/providers/resources/hs-coaching-visits-process-for-le-unrelated-providers>
- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **Site for Child Background Check Program:** <https://miltcpartnership.org/childcareportal?r=1>  
  
**Policies:** <https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/704.pdf>
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **Policy :** <https://dhhs.michigan.gov/olmweb/ex/BP/Public/BEM/705.pdf#pagemode%3Dbookmark>  
  
**Crime Codes:** <https://dhhs.michigan.gov/OLMWeb/ex/CrimeCodesExhibit/CrimeCodesExhibit.pdf>

### 9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
  - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?  
☒ Yes.  
☐ No. If no, describe:
  - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://greatstarttoquality.org/finding-child-care-preschool/>
  - iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:  
☐ License-exempt center-based CCDF providers.  
☐ License-exempt family child care CCDF providers.  
☐ License-exempt non-CCDF providers.



☐ Relative CCDF child care providers.

☒ Other (e.g., summer camps, public pre-Kindergarten). Describe: **License exempt tribal CCDF providers who request to be rated or included in the search are made available.**

- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

- i. ☒ All licensed providers. Describe: **Accreditations, credentials, cost, last corrective action plan date, last inspection date, special need services, and quality level.**
- ii. ☒ License-exempt CCDF center-based providers. Describe: **Military and Tribal**

**programs.**

- iii. ☒ License-exempt CCDF family child care providers. Describe: **Military and Tribal programs.**
- iv. ☐ License-exempt, non-CCDF providers. Describe:
- v. ☐ Relative CCDF providers. Describe:
- vi. ☒ Other. Describe: **License exempt unrelated provider: Up to three years of monitoring reports, date of Health and Safety Visit, Corrective Action Plans if applicable.**

#### 9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
  - i. ☒ Quality improvement system.
  - ii. ☒ National accreditation.
  - iii. ☐ Enhanced licensing system.
  - iv. ☒ Meeting Head Start/Early Head Start Program Performance Standards.
  - v. ☒ Meeting pre-Kindergarten quality requirements.
  - vi. ☐ School-age standards.
  - vii. ☒ Quality framework or quality improvement system.
  - viii. ☐ Other. Describe:
- b. For what types of child care providers is quality information available?
  - i. ☒ Licensed CCDF providers. Describe the quality information: **Child care, preschool and school age only programs and providers reflect on a set of indicators that cover the following areas: family and community partnerships; inclusive practices; curriculum, instruction and learning environment (intentional teaching practices); professional development; and staff qualifications.**
  - ii. ☒ Licensed non-CCDF providers. Describe the quality information: **Child care, preschool and school age only programs and providers reflect on a set of indicators that cover the following areas: family and community partnerships; inclusive practices; curriculum, instruction and learning environment (intentional teaching practices); professional development; and staff qualifications.**
  - iii. ☒ License-exempt center-based CCDF providers. Describe the quality information: **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 the highest levels, are combined to calculate a star rating.**

- iv. ☒ License-exempt FCC CCDF providers. Describe the quality information: **License exempt tribal CCDF child care providers reflect on a set of indicators that cover the following areas: family and community partnerships; inclusive practices; curriculum, instruction and learning environment (intentional teaching practices); professional development; and staff qualifications.**
- v. ☐ License-exempt non-CCDF providers. Describe the quality information:
- vi. ☐ Relative child care providers. Describe the quality information:
- vii. ☐ Other. Describe:

#### 9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
  - i. ☒ The total number of serious injuries of children in care by provider category and licensing status.
  - ii. ☒ The total number of deaths of children in care by provider category and licensing status.
  - iii. ☒ The total number of substantiated instances of child abuse in child care settings.
  - iv. ☒ The total number of children in care by provider category and licensing status.
  - v. If any of the above elements are not included, describe:
- b. Certify by providing:
  - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Licensed Providers: The Michigan Department of Lifelong Education, Advancement, and Potential tracks serious injuries, deaths, and abuse in licensed child care. Within 24 hours of a serious injury, or death, licensed child care providers must verbally report it to MiLEAP. Licensed child care providers must submit a written report of the incident to MiLEAP within 72 hours of the verbal report using the Incident Report form. A special investigation is often begun to assure the health and safety of the children in care at the location reported. License exempt providers must report a**

serious injury or death of a child in child care within five days by completing a License Exempt Provider Serious Injury Report form and submitting it to the MiLEAP. The Lead Agency posts to the annual aggregate data report for all provider types.

- ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **The Lead Agency follows the Child Protection Law definition set forth by Michigan Department of Health and Human Services: "Substantiated" means confirmed case "Confirmed case" means the department has determined, by a preponderance of evidence, that child abuse or child neglect occurred by a person responsible for the child's health, welfare, or care. "Child abuse" means harm or threatened harm to a child's health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, any other person responsible for the child's health or welfare, a teacher, a teacher's aide, a member of the clergy, or an individual 18 years of age or older who is involved with a youth program.**
- iii. The definition of “serious injury” used by the Lead Agency for this requirement: **Serious Injury means A serious injury is an injury that requires medical attention from a healthcare provider. A serious injury includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:  
**<https://www.michigan.gov/mikidsmatter/programs/concerns-in-child-care>**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?  
☒ Yes.  
☐ No.  
☐ Not applicable. The Lead Agency does not have local CCR&R organizations.
- b. Provide the direct URL/website link to this information:  
**<https://greatstarttoquality.org/support-networks/>**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

☒ Yes.

☐ No.

- b. Provide the direct URL/website link to this information:

<https://www.michigan.gov/mikidsmatter/>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

☒ Yes.

☐ No.

- b. Provide the direct URL/website link to the sliding fee scale.

[https://www.michigan.gov/mileap/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/Child-Development-and-Care/parent\\_docs/CDC-Income-Eligibility-Scale-and-Family-Contribution-FCADA92023.pdf?rev=74953701294a44cabe1f7ce5772d77a5&hash=6A102E7613ECED2545BCC16F012A3082](https://www.michigan.gov/mileap/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/Child-Development-and-Care/parent_docs/CDC-Income-Eligibility-Scale-and-Family-Contribution-FCADA92023.pdf?rev=74953701294a44cabe1f7ce5772d77a5&hash=6A102E7613ECED2545BCC16F012A3082)

### 9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers.

**Michigan shares eligibility information with parents through multiple venues. These channels include Great Start to Quality (GSQ) website. This site also includes a calculator to help families determine eligibility. Ten GSQ Resource Centers located throughout the state, offering direct communication to parents, providers, and the public. Partnerships with multiple stakeholders, including providers of early intervention, Great Start Family Coalitions (GSFCs), Great Start Collaboratives (GSC), Early Childhood Investment Corporation (ECIC), Early Childhood Support Networks (ECSN), TriShare hubs, and local Michigan Department of Health Human Services (MDHHS) offices for dissemination of important information to the widest audience. The CDC website, which houses information and resources for parents and providers. MiKidsMatter (consumer education website). 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 presenting information in an accessible and easy to understand manner for consumers of all types.**

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

☒ Yes.

☐ No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

☒ Yes.

[ ] No. If no, describe:

#### 9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The Michigan Department of Health and Human Services (MDHHS) supports the Infant and Early Childhood Mental Health Consultation (IECMHC) website which has several downloadable resources for both families and providers that gives information on social and emotional development, daily routines, separation anxiety, and adult caregiver stress reduction. Infant and Early Childhood Mental Health Consultants also provide professional development opportunities leveraging the MiRegistry system to make a variety of topics related to social and emotional development available to child care providers. An example of some of the topics that have been offered include Pyramid Model Social Emotional Training for Infant, Toddler and Preschool Providers, Reflective Leadership approaches for child care directors, using mindfulness in caregiving practices and open Office Hours facilitated by an Infant and Early Childhood Mental Health consultant, where providers can attend and discuss behaviors or situations that challenge them or other social- emotional concerns they are having. The Michigan Department of Health and Human Services also partners with Michigan's Part C program to provide accessible virtual social emotional professional development training that is open to all early childhood providers across the state, including child care professionals. These trainings include social and emotional screening and assessment training using the Devereux Early Childhood Assessment for Infants, Toddlers and Preschoolers, Parent Child Interaction Observation Training, and Trauma Informed Care. MDHHS is also working with the PDG 0-5 Initiative, the Michigan Health Endowment Fund and parents in MI to develop an Early Relational Health learning series that once completed will be made available across the state to parents and providers. Michigan also shares information through our MiKidsMatter website about Steps, which was created using Race to the Top - Early Learning Challenge grant funds. Michigan utilized a contractor who completed a statewide communications audit of which the findings indicated a dearth of communication about the importance of early childhood education targeted to families with infants and toddlers. Steps were created as an initiative to increase families' awareness of the importance of supporting brain development and early learning for kids ages 0-5, with an emphasis on ages 0-3. HOPEful Conversations content, based on the popular and highly regarded Caregiving Conversations training series for child care providers focused on building the Strengthening Families Protective Factors for families, Michigan's PDG B-5 grant included funding to develop, pilot and train trainers throughout the state in a second series called HOPEful Conversations. This training series is designed around Tufts Medical Center's HOPE (Healthy Outcomes from Positive Experiences) research about brain architecture and positive childhood experiences, highlighting the power of nurturing and supportive relationships and communities. The HOPE framework focuses on creating a paradigm shift in systems of care, communities, and policies to value and actively bolster positive experiences. This shift builds on the understanding of the power of relationships within families and communities and between those who provide and receive supportive services and strives to improve empathy, drive respect for human dignity, and foster trust with families. The training series has been created for license exempt providers and will be adapted with cross-sector partners to be delivered to other child care providers, home**

visitors, pre-school teachers, and health and human services staff and service providers. In addition, MiLEAP is partnering with the state's Pure Michigan campaign to provide information about the building blocks of HOPE on the MiKidsMatter site over the next several years.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

☒ Yes.

☐ No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and 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: **Promotion/Prevention: A promotion-based social and emotional toolkit for families was developed cross systems and is available via the Michigan Department of Health and Human Services (MDHHS) website at: [www.michigan.gov/socialemotionalhealth](http://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'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](http://www.1800EarlyOn.org). Through the Michigan Department of Lifelong Education, Advancement (MiLEAP), and Potential Early On®, Part C program, in partnership with MDHHS, ongoing virtual training is provided to early care and education providers, across systems, on the Devereux Early Childhood Assessment (DECA) for Infants and Toddlers as well as the DECA Clinical for children ages 24 months to age six. These tools help providers work with families to observe, assess, interpret, and support the attachment, initiative, and self-regulation of young children. Additionally, through the Part C/MDHHS partnership, virtual training and coaching are provided on the Pyramid Model framework for infants and toddlers. The Pyramid Model is a positive behavioral intervention and support (PBIS) framework that uses systems- thinking and implementation science to promote evidence-based practices that promote social and emotional**



health in early care and education settings. Through a partnership of MiLEAP and MDHHS, leveraging CCDF, Mental Health Block Grant and MiKids Now funds, some communities in Michigan (31 out of 83 counties) have access to infant and early childhood mental health consultation. Additionally, when a family is eligible, these services can be supported through a MDHHS Prevention-Direct Service. This prevention direct service is part of the Behavioral Health and Intellectual/Developmental Disabilities chapter of the Michigan Medicaid Provider Manual. Michigan implements an evidence-based, state-driven Infant and Early Childhood Mental Health Consultation (IECMHC) model originally developed in the 1990's and refined based on science and practice. Master's prepared, IECMH consultants use this evaluated approach that includes partnering with early care and education providers to listen, observe, assess, plan and coach around the specific mental health needs of children and providers. This process enhances the overall quality of care and environmental climate. Additionally, in Michigan IECMH services help to raise adult awareness of racial inequities and implicit bias. Consultants intentionally do this work with the goal of reducing suspensions and expulsions from caregiving environments, and ultimately increasing equitable, high-quality care for all young children. Mental health and developmental disability services in Michigan are delivered through county- based community mental health service programs (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 services which is a home-based parent-infant support and intervention service 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, firstborn 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 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. In addition to the Infant Mental Health Home Visiting model, we also have clinicians trained in Child Parent Psychotherapy (CPP) which is an evidence-based model for young children and their families who have experienced

trauma. Mom Power is an evidence-informed 10-week group model that supports learning about attachment relationships, increasing social connections and self-care practices, and decreasing symptoms of depression.

#### 9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have 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. Describe those policies and how those policies are shared with families, providers, and the general public: **The Lead Agency recommends and encourages all early education and care providers to develop a clear suspension-expulsion policy that prevents or significantly limits suspensions and expulsions for children under eight-years-old. The recommendation also presents a set of quality indicators for providers to consider when developing their policy. The recommendation with information and resources to support creating a policy is posted on MiKidsMatter (Consumer Education website) for families, providers, and the general public. Link: <https://www.michigan.gov/mikidsmatter/-/media/Project/Websites/mde/ogs/suspension/suspensionpolicy.pdf?rev=4be09254a56c4ef6a1cc4c322ef6b817&hash=45DEB5191E8A2BD2404748377CF951F1>** To help prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds, the Department has an interagency agreement with the Department of Health Human Services (DHHS) to support of a continuum of care created to assist child care providers in supporting the social and emotional wellbeing of themselves, the infants and young children in their care and their families. The DHHS Infant Early Childhood Mental Health Consultation team provides relationship-based activities including learning opportunities and coaching to support staff wellbeing and implementation of social emotional practices to increase positive child and family outcomes, including the prevention of suspension and expulsion.
- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **Early childhood programs are strongly encouraged to establish policies to eliminate or limit expulsion and suspension and recommends parents read their child care provider's policy about suspension and expulsion. The lead agency consumer education site has a link titled: Preventing Suspension and Expulsion in Early education and Care Programs. This webpage has Frequently Asked Questions along with links to resources that are available. <https://www.michigan.gov/mikidsmatter/-/media/Project/Websites/mde/ogs/suspension/suspensionpolicy.pdf?rev=4be09254a56c4ef6a1cc4c322ef6b817&hash=45DEB5191E8A2BD2404748377CF951F1>**

#### 9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated 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; and,

- 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.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

#### 9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

☒ Yes.

☐ No. If no, describe:

- b. 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 Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

☐ Yes.

☒ No. If no, describe: **MDHHS works with partners in local and state agencies (including evidence-based home visit, 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 that includes language regarding developmental and behavioral screening.**

- c. Developmental screenings to parents receiving a subsidy as part of the intake process.

☐ Yes. If yes, include the information provided, ways it is provided, and any partners in this work:

☒ No. If no, describe: **Developmental screenings are not a part of the subsidy intake process. Periodic developmental and behavioral screening during early childhood is essential to identify possible delays in growth and development, when steps to address deficits can be most effective. These screenings are required for children enrolled in Medicaid and are also covered for children enrolled in CHIP. Birth to 5: Watch Me Thrive!, a joint effort between the Department of Health and Human Services and the Department of Education, provides additional resources to support states, providers and communities to increase developmental and behavioral screening of young children.**

**<https://www.acf.hhs.gov/occ/training-technical-assistance/birth-5-watch-me-thrive>**

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

☒ Yes.

☐ No. If no, describe:

## 10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

### 10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

#### 10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **Assignment of authority and responsibilities:** All positions within the Child Development and Care (CDC) Program are provided with a Position Description (PD) that details the major responsibilities of their position, as well as their title. The PD is discussed with the employees upon hire and, periodically, as part of their one-on-one meetings with their manager. In addition, all processes within the office have written instructions that include the specific title of those who are part of the processor that they may clearly understand the duties they are responsible for and what managers/ leadership are responsible for. **Delegation of duties:** Any other delegation of duties outside of the position descriptions or written internal processes is provided in writing. **Coordination of activities:** Regular monthly meetings are held with CDC Leadership to discuss the coordination of activities across units within the office. Additionally, managers have monthly meetings to discuss coordination of activities. **Communication between fiscal and program staff:** Regular monthly meetings are held with internal and external fiscal and program staff to resolve any issues that may arise for resolution. Written meeting notes are written and forwarded to all participants so that there is a written record of what was discussed and/ or resolved. **Segregation of duties:** Segregation of duties is an integral part of the Internal Control process. Specific duties are performed by specific individuals. Managers work to ensure that the positions under their area of responsibility are segregated and that internal processes for review and approval are followed. **Establishment of checks and balances to identify potential fraud risks.** The Department, under the leadership of the Department of Technology,

**Management and Budget completes and internal controls evaluation as requested.**

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

#### 10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The Department reviews the monthly statement of expenses. Those receiving funds are to keep records of expenses and be able to submit to the state of Michigan when requested for auditing purposes.**
- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **Each agreement in place requires an approved budget before the reimbursement process begins. The Department reviews the statement of expenses monthly. Those receiving funds are to keep records of expenses and be able to submit to the state of Michigan when requested for auditing purposes.**
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **Each quarter, the Office of Financial Management pulls the data from two systems and reviews before sending on to the Financial Specialist in the CDC office. The Financial Specialist reviews the data for proper time period and allowability. The Financial Specialist enters into a spreadsheet that was created by the office to calculate the different award amounts. The Financial specialist fills out the ACF-696 and sends back to the Office of Financial Management. They review again and submit via Grant solutions. For the ACF-800 the data is received from multiple parts of the office and compiled by the Financial Specialist, who also enters it into the CARS system.**
- d. Other. Describe: **Michigan conducts time and attendance reviews throughout the fiscal year. Child Development and Care (CDC) Providers are selected for review by: (1) random pull (2) Billing discrepancies, (3) Self-Reporters, and (4) referrals. Michigan conducts ongoing CDC Case Reviews of both open and closed CDC Cases to ensure the Michigan Department of Health and Human Services (MDHHS) local offices, who are responsible for determining CDC eligibility, are opening, and closing CDC cases in accordance with the CDC policies.**

#### 10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **Effective fiscal management practices involve ensuring expenditures are necessary, reasonable, allocable, allowable and adequately documented. It ensures that fiscal requirements are met and that the program is in compliance with federal guidelines. Multiple staff review prior to approval.**
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **Each agreement in place requires an approved budget before we begin reimbursement. The Department reviews the statement of expenses monthly. Those receiving funds are to keep records of expenses and be able to submit to the state of Michigan when requested for auditing purposes. Multiple staff review prior to approval.**
- c. How the results inform implementation. Describe: **Expenditures are reviewed and if necessary, request back up for certain expenditures. The statement of expenditure submitted monthly gives MiLEAP an idea of the rate of spending and whether or not the entity is on track for spending and spending correctly.**
- d. Other. Describe: **Michigan conducts time and attendance reviews for child care provider billing throughout the fiscal year. Child Development and Care (CDC) Providers are selected for review by: (1) random pull (2) Billing discrepancies, (3) Self-Reporters, and (4) referrals. Michigan conducts ongoing CDC Case Reviews of both open and closed CDC Cases to ensure the Michigan Department of Health and Human Services (MDHHS) local offices, who are responsible for determining CDC eligibility, are opening, and closing CDC cases in accordance with the CDC policies.**

#### 10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The Lead Agency participates in the State's risk assessment process bi-annually to identify program risks and their mitigation strategy. The Office of Auditor General conducts an annual audit, State of Michigan Comprehensive Annual Financial Report (SOMCAFR), that reviews our internal control activities. The Lead Agency conducts ongoing case reviews to identify risks associated with eligibility determinations. The lead agency conducts provider billing reviews monitor appropriate billing and identify areas of risk in the billing rules and billing system. The Lead Agency conducts case reviews and provider time and attendance billing reviews. MDHHS local offices also conduct case reviews.**
- b. The frequency of each risk assessment. Describe: **The Lead Agency participates in the State's risk assessment process bi-annually to identify program risks and their mitigation strategy. Case reviews and provider time and attendance billing reviews are conducted monthly ongoing.**
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **The Lead Agency participates in the State of Michigan's risk assessment process bi-annually to identify program risks and any mitigation strategies that are needed. As needed new policies and procedures are developed to address inefficiencies. In addition,**

**we update or revise the CDC Handbook to ensure common misunderstandings and errors are clear to reduce errors.**

- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **The risk assessment process is overseen by a Department of Technology, Management and Budget team member. The plan is approved for accuracy and then monitored for compliance.**
- e. Other. Describe:

#### 10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
  - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **Training is available to MDHHS local office staff 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 at MDHHS. Policy change notices are issued to MDHHS staff and partners when there is a change in policy and manuals are updated. In addition, Tips related to the CDC program are provided to MDHHS staff. CDC program office staff are routinely updated on the new rules and policies. CDC program office meets regularly with partners under agreement with the program to ensure proper utilization of funds.**
  - ii. Describe how staff training is evaluated for effectiveness: **Michigan conducts ongoing case reviews to ensure MDHHS local offices are utilizing current policy to open cases and determine authorizations. CDC managers routinely evaluate staff work within their area to ensure consistency. CDC program office meets regularly with those who have an agreement to review scope of work and spending.**
  - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The Lead Agency participates in the State's risk assessment process bi- annually to determine program risks and modifies processes as necessary. Staff receives training as needed to address identified issues. In addition, information from annual State of Michigan audits provides guidance for program improvements and training needs.**
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
  - i. Describe the training for providers around CCDF program requirements and program integrity: **A CDC Handbook is published quarterly for all providers. In addition, tools and resources are available at the CDC website. During the License Exempt Provider Preservice Training (LEPPT), license exempt providers receive a copy of the CDC Handbook and are instructed to review all program rules, including the billing and record keeping rules. Orientation for licensed providers**

includes two documents. The first explains payments for Child Care and Development Fund (CCDF) billing and the other explains how to register to receive payments. Provider instructional videos are available at the CDC website for training on how to keep accurate time and attendance records and how to use the online billing system correctly. A link to the policy manuals is available to providers on our website at current MDHHS Policy Manuals <https://www.mfia.state.mi.us/olmweb/ex/html/>

- ii. Describe how provider training is evaluated for effectiveness: **Providers are selected for a time and attendance review using the following methods: random selection, parent referrals, call center referrals, and partner referrals. Time and attendance records are requested and reviewed. Records are reviewed to ensure they comply with CDC program guidelines. The results of these reviews inform our understanding of the effectiveness of our provider training and allow for us to adjust as necessary.**
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The Lead Agency participates in the State's risk assessment process bi-annually to not only determine program risks and identify program integrity. The Office of Auditor General conducts an annual audit, State of Michigan Comprehensive Annual Financial Report (SOMCAFR), that reviews our internal control activities. Revisions are made to the CDC Handbook based on common provider errors and misunderstandings that are discovered during billing reviews. These revisions are made to educated providers and clarify program rules. Provider billing reviews are used for: Educating providers about the CDC program rules and regulations so that they may correct their billing practices. ·Establishing claims for overpayments and collect on the overpayments. ·Allows us to regularly review our processes to determine if program rules are understood.**

#### 10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **This information is shared with the Office of Child Care and MDHHS. The Lead Agency uses the information to evaluate the effectiveness of its internal control by reviewing the improper payment error rate as well as the overall error rate through the randomly selected 276 case reads done during the Federal review cycle. The case reads are to identify if the eligibility and or benefit amounts were determined correctly. The ACF-404 is completed with detailed errors found, action steps used on how to correct them, timeline, as well as our target goal for the next cycle on reducing the error rate. This process is done every three years.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The purpose of the ongoing case review process is to determine if the CDC eligibility decisions and/or benefit amounts were determined correctly. Cases are randomly pulled, and lead agency reads**



approximately 80 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 there are errors, the local or county office is notified of the error(s) and a correction due date is provided. MiLEAP determines an error rate (by local office/county). A Detailed Error Rate Report is sent to each local office or county. In addition to the case review process, the lead agency has a staff person who reads closed CDC cases to determine if any CDC cases 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 be reviewed due to the error. A monthly closed case report is sent to MDHHS Field Operations.

- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **A detailed Error Rate Report is sent to each local office or county. A monthly closed case report is sent to MDHHS Field Operations.**

#### 10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. ☐ No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.
- b. ☒ Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **Internal control weaknesses are identified either through the annual single audit or the bi-annual risk assessment process. For the annual single audit corrective actions must be identified and reported on.**

### 10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls 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 and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

#### 10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. ☒ 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)).
  - i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Child care subsidy eligibility in Michigan is determined by MDHHS, which also determines eligibility for temporary assistance for needy families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicaid. Additionally, MDHHS receives data from**

the State directory of new hires, Social Security Administration and Public Assistance Reporting Information System (PARIS). These data bases ensure accurate processing of known information, reduce errors during program processing and therefore, reduces the chances of fraud. This also allows MiLEAP the ability to correct CDC cases, as necessary. It also allows the Office of Inspector General (OIG) located within MDHHS to have all necessary information for needed investigations of misuse of funds. When a potential client over issuance is discovered, a referral is made to the MDHHS Recoupment Specialist who obtains all evidence needed to establish an over issuance. The information is entered into the Bridges Recovery System (BRS). A claim is the resulting debit created by an over issuance of benefits. If the Recoupment Specialist suspects that an intentional program violation has occurred, it is referred to the Office of Inspector General (OIG). Provider intentional program violation (IPV): An intentional act where the provider is billing for more hours than a child is 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 IPV's go through a thorough review process conducted by MiLEAP's Intentionality Review Team (IRT). The purpose of the IRT review is to determine if the action of the provider was intentional. The result is an increase in locating mistakes and training needs during case reads; determining if time and attendance records were completed incorrectly intentionally and ensuring consistency with IPV's. This assists in educating providers about the CDC program rules and regulations so that they may correct their billing practices. Results include the following: Allows MiLEAP the ability to ensure CDC cases are corrected. Assists in educating providers about the CDC program rules and regulations so that they may correct their billing practices and/or requiring the provider submit a Corrective Action Plan when it is determined that the provider had an intentional program violation. Establish claims for overpayments and collect on the overpayments. Allows us to regularly review our processes to determine if additional changes are necessary.

- ii. **[x] Unintentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: **Child care subsidy eligibility in Michigan is determined by MDHHS, which also determines eligibility for temporary assistance for needy families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicaid.** Additionally, MDHHS receives data from the State directory of new hires, Social Security Administration and Public Assistance Reporting Information System (PARIS). These data bases ensure accurate processing of known information, reduce errors during program processing and therefore, reduces the chances of fraud. This also allows MiLEAP the ability to correct CDC cases, as necessary. It also allows the Office of Inspector General (OIG) located within MDHHS to have all necessary information for needed investigations of misuse of funds. When a potential client over issuance is

discovered, a referral is made to the MDHHS Recoupment Specialist who obtains all evidence needed to establish an over issuance. The information is entered into the Bridges Recovery System (BRS). A claim is the resulting debit created by an over issuance of benefits. Time and attendance review process: Providers are selected for a time and Attendance review using the following methods: random selection, parent referrals, call center referrals, and partner referrals. Time & attendance records are requested for two pay periods and reviewed. 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 inadvertent errors made by a CDC provider who reported incorrect information or failed to report information to the MiLEAP. These errors always trigger a program violation notice (PVN). A PVN is a written notice from MiLEAP detailing the program violation. The Time and Attendance Review process may also determine there was an over issuance. When a potential provider over issuance is discovered, a referral is made to the MiLEAP Recoupment Specialist/Analyst who obtains all evidence needed to establish an over issuance. The information is entered into the Bridges Recovery System (BRS). A claim is the resulting debit created by an over issuance of payments.

- iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:: **Child care subsidy eligibility in Michigan is determined by MDHHS, which also determines eligibility for temporary assistance for needy families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicaid. Additionally, MDHHS receives data from the State directory of new hires, Social Security Administration and Public Assistance Reporting Information System (PARIS). These data bases ensure accurate processing of known information, reduce errors during program processing and therefore, reduces the chances of fraud. This also allows MiLEAP the ability to correct CDC cases, as necessary. It also allows the Office of Inspector General (OIG) located within MDHHS to have all necessary information for needed investigations of misuse of funds. When a potential client over issuance is discovered, a referral is made to the MDHHS Recoupment Specialist who obtains all evidence needed to establish an over issuance. The information is entered into the Bridges Recovery System (BRS). A claim is the resulting debit created by an over issuance of benefits. When a potential provider over issuance is discovered, a referral is made to the MiLEAP Recoupment Specialist/Analyst who obtains all evidence needed to establish an over issuance. The information is entered into the Bridges Recovery System (BRS). A claim is the resulting debit created by an over issuance of payments.**

- b. ☒ Run system reports that flag errors (include types).

- i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency conducts randomly selected time and attendance (T&A) reviews that may result in the determination of intentional program violations. The T&A review process flags errors based on various criteria including school age maximum billing, billing excessive absences hours, etc. When it is determined that the provider intentionally violated the program rules, the provider is required to submit a Correction Action Plan, a Correction Action Plan Follow Up Letter and will have a**

follow-up time and attendance review to ensure the provider is complying with the CDC program rules. Note: Failure to submit a Corrective Action Plan may result in a disqualification.

- ii. [x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency conducts randomly selected time and attendance (T&A) reviews that may result in the determination of unintentional program violations. The T&A review process flags errors based on various criteria including school age maximum billing, billing excessive absences hours, etc. When it is determined that the provider has unintentionally violated the program rules, the provider receives information and education on the proper way to bill and the program rules. In addition, the provider is mailed a Program Violation Notice and a Redetermination Letter informing them of the violations.**
  
  - iii. [ ] Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- c. [x] Review enrollment documents and attendance or billing records.
- i. [x] Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency conducts randomly selected time and attendance (T&A) reviews that may result in the determination of unintentional program violations. The T&A review process flags errors based on various criteria including school age maximum billing, billing excessive absences hours, etc. When it is determined that the provider has unintentionally violated the program rules, the provider receives information and education on the proper way to bill and the program rules. In addition, the provider is mailed a Program Violation Notice and a Redetermination Letter informing them of the violations. : The Lead Agency conducts randomly selected time and attendance (T&A) reviews that may result in the determination of unintentional program violations. The T&A review process flags errors based on various criteria including school age maximum billing, billing excessive absences hours, etc. When it is determined that the provider has unintentionally violated the program rules, the provider receives information and education on the proper way to bill and the program rules. In addition, the provider is mailed a Program Violation Notice and a Redetermination Letter informing them of the violations. The Lead Agency conducts randomly selected time and attendance (T&A) reviews that may result in the determination of unintentional program violations. The T&A review process flags errors based on various criteria including school age maximum billing, billing excessive absences hours, etc. When it is determined that the provider has unintentionally violated the program rules, the provider receives information and education on the proper way to bill and the program rules. In addition, the provider is mailed a Program Violation Notice and a Redetermination Letter informing them of the violations. The Lead Agency conducts randomly selected time and attendance (T&A) reviews that may result in the determination of unintentional program violations. The T&A review process flags errors based on various criteria including school age maximum billing, billing excessive absences hours, etc. When it is determined that the provider has unintentionally violated the program rules, the provider receives information and education on the proper way to bill and the program rules. In addition, the provider is mailed a Program Violation Notice and a Redetermination Letter informing them of the violations.**

way to bill and the program rules. In addition, the provider is mailed a Program Violation Notice and a Redetermination Letter informing them of the violations. The Lead Agency conducts randomly selected time and attendance (T&A) reviews that may result in the determination of unintentional program violations. The T&A review process flags errors based on various criteria including school age maximum billing, billing excessive absences hours, etc. When it is determined that the provider has unintentionally violated the program rules, the provider receives information and education on the proper way to bill and the program rules. In addition, the provider is mailed a Program Violation Notice and a Redetermination Letter informing them of the violations. The Lead Agency conducts randomly selected time and attendance (T&A) reviews that may result in the determination of unintentional program violations. The T&A review process flags errors based on various criteria including school age maximum billing, billing excessive absences hours, etc. When it is determined that the provider has unintentionally violated the program rules, the provider receives information and education on the proper way to bill and the program rules. In addition, the provider is mailed a Program Violation Notice and a Redetermination Letter informing them of the violations.

- ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Case Reviews:** The purpose of the ongoing case review process is to determine if the CDC eligibility decisions and/or benefit amounts were determined correctly. Cases are randomly pulled for review 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, if there are errors, the local or county office is notified of the error(s) and a correction due date is provided. MiLEAP determines an error rate (by local office/county). A detailed Error Rate Report is sent to each local office or county. In addition to the case review process, MiLEAP has a staff person who reads closed CDC cases to determine if any CDC cases 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 be reviewed due to the error. A monthly closed case report is sent to MDHHS Field Operations. **Time and attendance review process:** Providers are selected for a time and Attendance review using the following methods: random selection, parent referrals, call center referrals, and partner referrals. Time& attendance records are requested for two pay periods and reviewed. 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 inadvertent errors made by a CDC provider who reported incorrect information or failed to report information to the MiLEAP. These errors always trigger a program violation notice (PVN). A PVN is a written notice from MiLEAP detailing the program violation. **Provider intentional program violation (IPV):** An intentional act where the provider is billing for more hours than a child is 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 wherein care and maintaining records that do not

accurately reflect the time children were in care. Suspected IPV's go through a thorough review process conducted by MiLEAP's Intentionality Review Team (IRT). The purpose of the IRT review is to determine if the action of the provider was intentional. The result is an increase in locating mistakes and training needs during case reads; determining if time and attendance records were completed incorrectly intentionally and ensuring consistency with IPV's. This assists in educating providers about the CDC program rules and regulations so that they may correct their billing practices. Results include the following: Allows MiLEAP the ability to ensure CDC cases are corrected. Assists in educating providers about the CDC program rules and regulations so that they may correct their billing practices. Establish claims for overpayments and collect on the overpayments. Allows us to regularly review our processes to determine if additional changes are necessary.

- iii. [x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Case Reviews:** The purpose of the ongoing case review process is to determine if the CDC eligibility decisions and/or benefit amounts were determined correctly. Cases are randomly pulled for review 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. If there are errors, the local or county office is notified of the error(s) and a correction due date is provided. MiLEAP determines an error rate (by local office/county). A detailed Error Rate Report is sent to each local office or county. In addition to the case review process, MiLEAP has a staff person who reads closed CDC cases to determine if any CDC cases 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 be reviewed due to the error. A monthly closed case report is sent to MDHHS Field Operations. **Time and attendance review process:** Providers are selected for a time and Attendance review using the following methods: random selection, parent referrals, call center referrals, and partner referrals. Time & attendance records are requested for two pay periods and reviewed. 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 inadvertent errors made by a CDC provider who reported incorrect information or failed to report information to the MiLEAP. These errors always trigger a program violation notice (PVN). A PVN is a written notice from MiLEAP detailing the program violation. **Provider intentional program violation (IPV):** An intentional act where the provider is billing for more hours than a child is 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 wherein care and maintaining records that do not accurately reflect the time children were in care. Suspected IPV's go through a thorough review process conducted by MiLEAP's Intentionality Review Team (IRT). The purpose of the IRT review is to determine if the action of the provider was intentional. The result is an increase in locating mistakes and training needs during

case reads; determining if time and attendance records were completed incorrectly intentionally and ensuring consistency with IPV's. This assists in educating providers about the CDC program rules and regulations so that they may correct their billing practices. Results include the following: Allows MiLEAP the ability to ensure CDC cases are corrected. Assists in educating providers about the CDC program rules and regulations so that they may correct their billing practices. Establish claims for overpayments and collect on the overpayments. Allows us to regularly review our processes to determine if additional changes are necessary.

- d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.
  - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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 standard operating procedures, and correcting cases for proper determinations. Six secondary quality assurance reviews are completed monthly by MiLEAP staff. Accurate program processing and outcomes, manager/supervisors as well as specialists remain abreast of current policies and processing changes, and an opportunity to ensure program integrity are the results of these activities. This establishes claims for overpayments and collect on the overpayments.**
  - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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 standard operating procedures, and correcting cases for proper determinations. Six secondary quality assurance reviews are completed monthly by MiLEAP staff. Accurate program processing and outcomes, manager/supervisors as well as specialists remain abreast of current policies and processing changes, and an opportunity to ensure program integrity are the results of these activities. This establishes claims for overpayments and collect on the overpayments.**
  - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **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 standard operating procedures, and correcting cases for proper determinations. Six secondary quality assurance reviews are completed monthly by MiLEAP staff. Accurate program processing and outcomes,**

manager/supervisors as well as specialists remain abreast of current policies and processing changes, and an opportunity to ensure program integrity are the results of these activities. This establishes claims for overpayments and collect on the overpayments.

e. **[x]** Audit provider records.

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Time and attendance review process: Providers are selected for a time and attendance review using the following methods: random selection, parent referrals, call center referrals, and partner referrals. Time & attendance records are requested for two pay periods and reviewed. 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 MiLEAP. These errors always trigger a Provider Violation Notice PVN. Provider IPV: An intentional act where the provider is billing for more hours than a child is 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 IPV's go through a thorough review process conducted by MiLEAP's Intentional Review Team (IRT). The purpose of the IRT review is to determine if the action of the provider was intentional. The result is an increase in locating mistakes and training needs during case reads; determining if time and attendance records were completed incorrectly intentionally and ensuring consistency with IPV's. This Assists in educating providers about the CDC program rules and regulations so that they may correct their billing practices. If a provider is determined to have intentionally violated the CDC rules, they will be required to submit a Corrective Action Plan (CAP).**
- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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 MiLEAP. These errors always trigger a Provider Violation Notice PVN. A PVN is a written notice from MiLEAP detailing the program violation. Provider IPV: An intentional act where the provider is billing for more hours than a child is 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.**



- iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Agency error over issuances is pursued and recouped. An example would be a system error that caused the CDC payment to issue twice, or a payment that was too high due to the system paying at provider at an incorrect provider rate.**
- f. ☒ Train staff on policy and/or audits.
  - i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Training is available to the local MDHHS offices through online modules and includes training to help with both policy understanding and application, as well as technology use. Accurate program processing and outcomes is the result as staff stay abreast of current policies and processing changes. This allows us to regularly review our processes to determine if additional changes are necessary.**
  - ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Training is available to the local MDHHS offices through online modules and includes training to help with both policy understanding and application, as well as technology use. Accurate program processing and outcomes is the result as staff stay abreast of current policies and processing changes. This allows us to regularly review our processes to determine if additional changes are necessary.**
  - iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Training is available to the local MDHHS offices through online modules and includes training to help with both policy understanding and application, as well as technology use. Accurate program processing and outcomes is the result as staff stay abreast of current policies and processing changes. This allows us to regularly review our processes to determine if additional changes are necessary.**
- g. ☐ Other. Describe the activity(ies):
  - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
  - iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

#### 10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **Both the Lead Agency and the Office of Inspector General (OIG) are responsible for pursuing fraud.**
- b. Check and describe all activities, including the results of such activity, that the Lead

Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **No minimum. All amounts are recovered after being identified. This activity ensures funds are returned and managed as intended.**
- ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **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 MiLEAP CDC, a referral is made to MDHHS OIG for further investigation. When Lead Agency, court systems, etc. are unsuccessful in collection of overpayments/restitution, the debts are referred to Treasury for collection.**
- iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Voluntary agreement amounts unless otherwise ordered by a court. This allows for repayment of over issued funds which are reasonable and affordable for the payer. These repayment agreements may be adjusted, as necessary.**
- iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Some CDC Providers choose the option to have 20% of their subsequent payments deducted to pay down their overpayment amount until it is paid in full. Active CDC Providers who do not maintain their Repay Agreement, by making regular payments to the MiLEAP, are placed on automatic deductions of 20% of subsequent payments until their overpayment amount is paid in full or they request to resume cash payments.**
- v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency unit consists of three time and attendance reviewers, a Recoupment Analyst and a Recoupment Specialist. In addition to the above, the Michigan Department of Health and Human Services (MDHHS) operates a unit that establishes recoupments for parents based on referrals and federal case reviews. Both the lead agency and MDHHS refer outstanding debts to Treasury for collection after they are unable to collect from the client and/ or provider. The Lead Agency unit and the MDHHS refer unpaid provider and client recoupment to the Department of Treasury who have the capability to collect via tax intercepts. These areas work in partnership with each other to ensure collaboration.**
- vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency unit consists of three time and attendance reviewers; a Recoupment Analyst and a Recoupment**

Specialist that focus on provider overpayments. In addition to the above, the Michigan Department of Health and Human Services (MDHHS) operates a unit that establishes recoupments for clients based on referrals and federal case reviews. These areas work in partnership with each other to ensure collaboration. Both the Lead Agency and MDHHS refer outstanding debts to Treasury for collection after they are unable to collect from the client and/ or provider. The Lead Agency and MDHHS refer unpaid provider and client recoupment to the Department of Treasury, who have a more extensive means of locating the individual and have the capability to garnish their wages. These areas work in partnership with each other to ensure collaboration and nonduplication of efforts.

- vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency unit consists of time and attendance reviewer(s); Recoupment Analyst(s) and a Recoupment Specialist. In addition, MDHHS operates a unit that establishes overpayments for parents and providers based on referrals. This ensures adequate staff for investigating and collecting improper payments The Lead Agency unit consists of billing analysts, recoupment specialists and case reviewers. The billing analyst establishes the improper payments through billing reviews and a recoupment specialist establishes the recoupments. The case reviewers review the cases for eligibility processing errors and work with MDHHS to establish the recoupment as a result of improper payments generated from the misappropriation of benefits. In addition, MDHHS operates a unit that establishes for parents and providers based on referrals. This ensures adequate staff for investigating and collecting improper payments.**
- viii. ☒ Other. Describe the activities and the results of these activities: **In addition to the methods listed above, the agency has a fraud hotline that can be utilized when providers suspend fraudulent child care activity. That number is 1-800-222-8558 or concerns can be submitted online via the Child Care Licensing Division website.**

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

☐ No.

☒ Yes.

If yes, check and describe below 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.

- i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Minimum for repayment is \$1.00. These amounts are recovered after being identified. This activity ensures**

**funds are returned and managed as intended.**

- ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **After three collection notices are sent to the provider and timely payment is not made, then the debt is referred to Michigan Department of Treasury (MDT).**
  - iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Providers have three choices of payment: a) Lump Sum Payment b) Standard recoupment (20% of current payments deducted and applied to the debt) or c) Repayment Agreement (monthly payment amount agreed upon between the lead agency and the provider)**
  - iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **If providers have a hardship and cannot make the agreed upon payment amount, we can reduce the monthly payment amount through another repayment agreement.**
  - v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **After three collection notices are sent to the provider and timely payment is not made, the debt is referred to Michigan Department of Treasury for collection.**
  - vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Voluntary agreement amounts unless otherwise ordered by a court. This allows for repayment of over issued funds which are reasonable and affordable for the payer. These repayment agreements may be adjusted, as necessary.**
  - vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The unit consists of a recoupment specialist and a recoupment analyst(s). They are responsible for determining and collecting overpayments through a variety of means. They are also responsible for entering collections from MDHHS-OIG investigations and referring unpaid collections to Michigan Department of Treasury.**
  - viii. **[ ]** Other. Describe the activities and the results of these activities:
- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
- [ ]** No.
- [x]** Yes.
- If yes, 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.
- i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of

these activities based on the most recent analysis: **Agency error over issuances is not pursued if the estimated amount is less than \$250. The exception is CDC system errors. For CDC system errors there is no minimum amount. All amounts are recovered after being identified. This activity ensures funds are returned and managed as intended.**

- ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **Collaborate with MDHHS to establish recoupments for agency errors based on incorrect case processing errors.**
  - iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **When a repayment plan is necessary, the client receives a letter informing them how much they owe, when the first payment is due, how much they need to pay each month, and where to send the payment. The letters are distributed once the claim is entered into the Bridges system. If the client has an active case, 10% of their monthly benefits are automatically deducted, 20% if the case is an IPV case. The amount will vary if the client's case is closed.**
  - iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
  - v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **If the client misses a payment, after 180 days, their case is sent to MDT and a lien is placed on any money they receive through the state, i.e. tax returns, lottery winnings.**
  - vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
  - vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **MiLEAP investigates through case reviews and MDHHS collects improper payments through the recoupment process.**
  - viii. **[ ]** Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i. **[x]** Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Clients or adult group members, who are found to be in violation of the identified program rules, may serve a six-month, twelve-month or lifetime disqualification. Rule violations include failure to: Provide accurate eligibility information, verify eligibility information, Cooperate with a Department investigation, and Report changes timely and accurately. Rule violations shall be considered intentional and result in a disqualification if established by: A court, An administrative law judge (ALJ), The client or adult group member's signed disqualification form. DISQUALIFICATION**

**PROCESS:** When it is determined that a client or adult group member intentionally violated a program rule, a referral should be submitted to the Office of Inspector General (OIG). If the OIG investigation determines an intentional program violation was committed, a disqualification referral and the Investigation Closure Packet will be sent to CDC policy for review. CDC Policy will impose the appropriate disqualification. Disqualification periods will be: Six months for the first occurrence, Twelve months for the second occurrence, Lifetime for the third occurrence, and Lifetime for welfare fraud conviction. If the CDC case is active at the time the disqualification is imposed, Bridges will send the DHS-1605, Notice of Case Action, giving timely notice to close the case. The client or adult group member will be ineligible for the entire disqualification period unless good cause is determined. The disqualification will be applied to all adult members on the case, unless the IPV is only for a specific adult member. If the CDC case is closed at the time the disqualification is imposed, the disqualification period would not be applied until the client or adult group member reapplies for CDC benefits. The client CDC Non-coop/Sanction information screen can be viewed in Bridges Data Collection. **NOTIFICATION PROCESS:** The local office recoupment specialist (RS) will be required to send the DHS-4357, Intentional Program Violation Client Notice, with all standard recoupment information. OIG will provide notice of the disqualification. **GOOD CAUSE:** CDC Policy may grant good cause when: The disqualification was entered incorrectly, An ALJ determines that one parent/substitute parent in a two-parent household is not responsible and the parent/substitute parent with the disqualification leaves the home. If a CDC case closes as a result of a disqualification and a good cause determination is made, a task and reminder will be sent to the specialist. The specialist will need to reinstate the case. If the case is pending closure when the good cause determination is made, the specialist will need to run eligibility determination and benefit calculation (EDBC) and certify the case for the disqualification period. If a CDC case closes as a result of a disqualification and the client or adult group member re-applies and is determined to have good cause, eligibility may need to be run for the previous months.

- ii. ☒ Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Providers are disqualified for 6 months, 12 months of a lifetime if convicted by a court for fraud. Providers may also be disqualified if they are found (during billing reviews) to have a history of intentionally violating the CDC program rules, not responding to a request for a Corrective Action Plan (CAP) or are not in compliance with a previous CAP they submitted. Providers who are referred for a disqualification are given an opportunity for an appeal during the reconsideration process before the disqualification is entered. However, there is no appeal allowed for provider who have been criminally prosecuted.**
- iii. ☒ Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **This is handled by MDHHS-OIG office and the Michigan Attorney General's Office.**
- iv. ☐ Other. Describe the activities and the results of these activities based on the

most recent analysis:

## Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
  - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
  - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).



## Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		