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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 200 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.

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Child Care and Development Fund (CCDF) Plan

for

State/Territory Michigan

FFY 2022 – 24

Version: Amendment 2

Plan Status: Approved as of 2023-12-08 14:57:16 GMT

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from 10/1/2021 to 9/30/2024, 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.

Contents

Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children.

The CCDF Plan is how states and territories apply for CCDF funding (658E (a)) and is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule (98.16). ACF acknowledges that in the FY 2022 – 2024 Plan, states and territories may still be operating under approved waivers related to the COVID-19 pandemic and where appropriate plan responses should reflect the approved waivers. The CCDF Plan allows states and territories to describe their implementation of the CCDF program and it is organized into the following sections:

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

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

Citations

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations, and policies for license-exempt providers may be in subsidy rules). These citations are intended to provide documentation to support the requested information but not replace requested responses or descriptions. Complete answers must include citations, responses, and descriptions.

CCDF Plan Submission

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site 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.
(See http://www.section508.gov/ for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

1 Define Leadership and Coordination with Relevant Systems and Funding Sources

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

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 appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a. Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: **Michigan Department of Education**

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

City: **Lansing**

State: **Michigan**

ZIP Code: **48909**

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

b. Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: **Dr. Michael F.**

Lead Agency Official Last Name: **Rice**

Title: **State Superintendent**

Phone Number: **517-241-0494**

Email Address: **ricem6@michigan.gov**

1.1.2 Who is the CCDF Administrator?

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

a. CCDF Administrator Contact Information:

CCDF Administrator First Name: **Lisa**

CCDF Administrator Last Name: **Brewer Walraven**

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

Phone Number: **517-241-6950**

Email Address: **brewer-walravenl@michigan.gov**

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

CCDF Co-Administrator First Name:

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Phone Number:

Email Address:

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 (658D(b) and 98.16 (d)(1)). 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 CCDF program rules and policies are set or established at:

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(d)(1)). Check one.

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

[x] 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:

[x] A. State or territory. Identify the entity.

Michigan Department of Education

[ ] B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

[ ] C. Other. Describe:

ii. Sliding-fee scale is set by the:

[x] A. State or territory. Identify the entity.

Michigan Department of Education

[ ] B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

[ ] C. Other. Describe:

iii. Payment rates and payment policies are set by the:

[x] A. State or territory. Identify the entity.

Michigan Department of Education

[ ] B. Local entity (e.g., counties, workforce boards, early learning coalitions). If

checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

[ ] C. Other. Describe:

iv. Licensing standards and processes are set by the:

[x] A. State or territory. Identify the entity.

Licensing and Regulatory Affairs

[ ] B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

[ ] C. Other. Describe.

v. Standards and monitoring processes for license-exempt providers are set by the:

[x] A. State or territory. Identify the entity.

Michigan Department of Education

[ ] B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

[ ] C. Other. Describe:

vi. Quality improvement activities, including QRIS are set by the:

[x] A. State or territory. Identify the entity.

Michigan Department of Education

[ ] B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of quality improvement activities the local entity(ies) can set.

[ ] C. Other. Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

n/a

1.2.2 Implementation responsibility

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify

which entity(ies) implements or performs CCDF services.

a. 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	Community-based organizations
Who conducts eligibility determinations?	[ ]	[x]	[ ]	[ ]	[ ]
Who assists parents in locating child care (consumer education)?	[ ]	[x]	[ ]	[x]	[x]
Who issues payments?	[x]	[ ]	[ ]	[ ]	[ ]
Who monitors licensed providers?	[x]	[ ]	[ ]	[ ]	[ ]
Who monitors license-exempt providers?	[x]	[ ]	[ ]	[ ]	[x]
Who operates the quality improvement activities?	[ ]	[ ]	[ ]	[x]	[x]

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

The Department has grant agreements with four Early Childhood Support Networks (ECSNs), comprised of four regions throughout the state of Michigan; Eastern, Northern, Southeast, and Western. The network regions are designed to provide development of, and facilitate access to, a coordinated, easy-to-navigate early childhood system for 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 (GSQ) Resource Centers, Great Start Collaboratives (GSCs) and Great Start Parent Coalitions (GSPCs).

The Department has an agreement with the Early Childhood Investment Corporation (ECIC) to implement the state's quality rating and improvement system, GSQ, and conducts the federally required health and safety visits for license exempt subsidized (formerly referred to as unlicensed, subsidized) providers.

The Department has a grant agreement with the Michigan Association for the Education of

Young Children (MiAEYC) to implement the Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Scholarship program as an integral part of Michigan's professional development system, including quality improvement efforts to ensure children have access to a high-quality learning setting.

The Department has an agreement with The Registry, Inc. for the operation of MiRegistry, Michigan's workforce registry, which also houses trainer and training approval.

The Department also has an agreement with the Genesee Intermediate School District (GISD) to facilitate the utilization of diverse federal, state, and private funding streams to provide full day, full year services to children ages 0-5 impacted by the Flint Declaration of Emergency. Funding allows for the expansion of high quality, comprehensive early childhood services, particularly in the areas of family engagement and physical, behavioral, and mental health.

1.2.3 Processes to oversee and monitor CCDF administration and implementation

Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

- Written agreements. 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 (98.11(a)(3)).
  - Tasks to be performed
  - Schedule for completing tasks
  - Budget which itemizes categorical expenditures in accordance with CCDF requirements
  - Monitoring and auditing procedures
  - Indicators or measures to assess performance of those agencies
- Any other processes to oversee and monitor other agencies.

The lead agency is required to comply with Public Act 272 of 1986 (Section 18.1485 of the Michigan Compiled Laws) which requires each Michigan Department (1) to evaluate its systems of internal controls, (2) to develop a report that includes a description of any material inadequacy or weakness discovered during the internal control evaluation, and (3) to develop corrective action plans and a time schedule for correcting deficiencies identified. The lead agency has 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, United Way Southeast Michigan, and GISD to assist with the implementation of CCDF requirements. 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 staff meet regularly with the Michigan Department of Health and Human Services (MDHHS), Licensing and Regulatory Affairs/Child Care Licensing Bureau (CCLB), ECIC, the Registry, Inc., MiAEYC, EUPISD, Calhoun Intermediate School District, Ingham Intermediate School District, UWSEM, and GISD 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 our 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, parental child care searches and the GSQ Resource Centers.

In addition, the lead agency has a performance agreement with the MDHHS, to provide funds for client eligibility determination, fraud investigations, social emotional consultation, and administrative hearings. The lead agency maintains oversight through requirements laid out in the agreement. MDHHS 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 MDHHS monthly to monitor efforts and address issues as they arise. The lead agency also has a Performance Agreement to provide funds for child care licensing and criminal history background checks through the CCLB at Licensing and Regulatory Affairs. The lead agency maintains oversight through requirements laid out in the agreement. CCLB provides reimbursement requests and data on progress measures quarterly. Additionally, the State Child Care Administrator and other staff meet with a designated point of contact with CCLB monthly to monitor efforts and address issues as they arise.

1.2.4 Information systems availability to public agencies

Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

Michigan currently utilizes Insight, a platform developed and managed by New World Now, for our professional development registry. This platform is utilized by other states including Minnesota, Wisconsin, Pennsylvania, Oklahoma, Montana, North Dakota, New York, South Carolina, and Palm Beach County

Florida, allowing all states to benefit from changes made to the platform. Any state can access MiRegistry to view the training calendar or submit trainings for addition to the training calendar. In addition, Michigan utilizes WorkLife Systems to generate public facing information related to provider quality, star ratings, child care licensing reports and a 24/7 search engine for family use. Data on licensed providers and their star ratings is available for export by the public. This platform is also utilized by five other states within a consortium (Kansas, Missouri, Virginia, Oklahoma, Ventura Co, CA, Arizona-Private Consulting Firm) allowing states to benefit from changes made to the platform.

Michigan utilizes Bridges for Child Development and Care (CDC) eligibility determinations and provider enrollments.The basis of the system was adopted from other states such as Ohio and Texas and tailored to meet the needs of Michigan.The system is owned and supported by the Michigan Department of Health and Human Services (MDHHS), and it incorporates a PARIS (Public Assistance Reporting Information System) Interstate quarterly match which helps the MDHHS (along with the Michigan Department of Education (MDE) and CDC), and other states eliminate the possibility of clients receiving duplicate benefits in multiple states at one time.In addition, to this quarterly match, Michigan makes subsidy reporting data, referred to as Greenbook data, readily available to the public at large.This information can be obtained by visiting the public website, and contains data related to subsidy statistics, payments, case counts, and more for the CDC subsidy program.

1.2.5 Confidential and personal identifiable information policies

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

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

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

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

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

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

1.3.1 Consultation efforts

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. – c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

a. Consultation with general purpose local governments.

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

MI utilizes a variety of locally led structures that bring together conversations around our four OGS outcomes. 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) or the Early Childhood Support Networks (ECSNs).

b. Consultation with state advisory council or similar coordinating body.

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

The Office of Great Start (OGS) (created by an Executive Order and housed within MDE) has been charged with ensuring that all children birth to age eight, especially those in highest need, have access to high-quality early learning and development programs and enter kindergarten prepared for success. A single set of early childhood outcomes against which all public investments will be assessed: children born healthy; children healthy, thriving, and developmentally on track from birth to third grade; children developmentally ready to succeed in school at the time of school entry; and children prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

The Great Start Operational Team (GSOT) serves as the State Advisory Council on Early Care and Education. GSOT membership includes the required agencies and partners in leadership roles in a mixed delivery system and seeks to ensure coordination of efforts that reach the four overarching goals of Michigan's system, of which child care is an integral part. In addition to serving as the State Advisory Council the group also guides operational coordination of interagency initiatives that align with the Governor's early childhood outcomes for the

population of 0- to 8-year-olds; identify opportunities for reform, innovation, and alignment of resources in an efficient manner across agencies; and coordinate and conceptualize the preparation of interagency grant opportunities. This group meets monthly. During the drafting of the plan the GSOT spent three months in 2021 reviewing the draft and providing comments.

In addition to the State Board of Education (SBE), MDE OGS established an Advisory Council to help identify and define policy issues and determine how to best communicate with key stakeholders about the broader early childhood system in Michigan. The eighteen- member council is comprised of parents, providers, and community leaders. Both the SBE and the OGS Advisory Council were engaged in learning about CCDBG requirements as well as asked to provide feedback for the plan during the development.

c. Consultation with Indian tribes or tribal organizations within the State.

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

The Department worked with the Region V office to determine areas of interest specific to the FY22-FY24 CCDF State Plan and organized three sessions for consultation and coordination with tribal members during the drafting of the plan. In addition, the Market Rate Survey (MRS) draft was discussed. All tribal partners received an invitation to participate in the broader opportunities to provide feedback on the plan and participate in the survey polls, regional listening sessions and statewide hearings. Ongoing meetings will be scheduled with tribal partners for continued coordination and collaboration.

d. Consultation with other entities, agencies or organizations.

Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan.

OGS staff, ECIC, ECSNs, Migrant Telamon, Michigan Department of Health and Human Services (MDHHS), Great Start Readiness Program (GSRP), Michigan Afterschool Partnership, Michigan Association for Infant Mental Health, T.E.A.C.H. Early Childhood® MICHIGAN, Great Start to Quality staff across the state, MiAEYC, Early On® Technical Assistance Network, MDE's Office of Career and Technical Education, MDE's Office of Professional Preparation Services, Head Start Training and Technical Assistance, Head Start Early Child Care Partnerships, Michigan Association of Infant Mental Health, MDE 21st Century Community Leaning Centers, Institutions of Higher Education, Head Start State Collaboration Office.

1.3.2 Statewide or territory-wide public hearing process

Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of

notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a. Date of the public hearing.

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

04/20/2021

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

03/29/2021

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

The Great Start Operations Team, Child Care Licensing Bureau, Head Start, 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, Hope Starts Here, Flint Early Childhood Partnership, Michigan's Children, Michigan League for Public Policy, Women's Commission, along with various other partners received an email with information about the plan and all opportunities for providing public comment. Opportunities included: five topical surveys, four regional listening sessions hosted by the ECSNs and the three public hearing dates. They were each asked to distribute notice of the opportunities through their listservs and networks. All survey links, listening session dates and public hearing dates were posted on the CDC website at (https://www.michigan.gov/mde/0,4615,7-140-63533_63534_71161-347829--,00.html) MDE - PARTNERS (michigan.gov) and met Americans with Disabilities Act (ADA) compliance.

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

Four statewide virtual hearings were held on April 20th, April 21st, April 29th, and May 5th.

e. How the content of the Plan was made available to the public in advance of the public hearing. (e.g., the Plan was made available in other languages, in multiple formats, etc.)

The draft plan was posted (by section) at the CDC website at www.michigan.gov/childcare. The Great Start Operations Team, CCLB, Head Start, 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, Hope Starts Here, Flint Early Childhood Partnership, Michigan?s Children, Michigan League for Public Policy, Women?s Commission, along with various other partners 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. They were each asked to distribute notice of the opportunities through their listservs and networks. All survey links, listening session dates and public hearing dates were posted on the CDC website and meet Americans with Disabilities Act (ADA) compliance. To expand participation and garner additional stakeholder feedback, the Department issued five surveys on five specific areas

of the State Plan. These included: GSQ Resource Centers, the consumer education website, eligibility, health and safety requirements, and Great Start to Quality. These surveys were open from March 29 ? May 7, 2021. MDE also requested that the ECSNs hold regional listening sessions covering the same five topic areas. By providing the surveys, listening sessions and the four hearing dates Michigan provided a variety of opportunities for input and feedback to meet a variety of needs.

f. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?

Comments received by the public were reviewed and evaluated 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. Any suggestions for implementation changes or policy changes will be reviewed and evaluated by MDE for future implementation.

1.3.3 Public availability of plan, amendments and waivers

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

a. Website link for plan, amendments and waivers

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

https://www.michigan.gov/mde/0,4615,7-140-63533_63534_71161-347829--,00.html

b. Other strategies for plan, amendments and waivers availability

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

[ ] Working with advisory committees. Describe:

https://www.michigan.gov/mde/0,4615,7-140-63533_63534_71161-347829--,00.html

[x] Working with child care resource and referral agencies. Describe:

Updates are shared monthly during director meetings or through electronic messages as applicable.

[ ] Providing translation in other languages. Describe:

[ ] Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe:

[x] Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Updates provided via partner emails and list servs as applicable.

[x] Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

[ ] Other. Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Accessibility and continuity of care

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

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

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families.
- smoothing transitions for children between programs or as they age into school.
- enhancing and aligning the quality of services for infants and toddlers through school- age children.
- linking comprehensive services to children in child care or school-age settings.
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.

a. Lead Agency coordination with required agencies

The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

MI utilizes a variety of locally led structures that bring together conversations around our four OGS outcomes. These locally led structures include general purpose government bodies as part of their membersship. Primarily these groups are convened via the Great Start Collaboratives (GSCs) or the Early Childhood Support Networks (ECSNs)

ii. State Advisory Council on Early Childhood Education and Care or similar coordinating

body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

Meeting monthly, the Great Start Operational Team (GSOT) serves as the State Advisory Council on Early Care and Education. GSOT membership includes the required agencies and partners in leadership roles in a mixed delivery system and seeks to ensure coordination of efforts that reach the four overarching goals of Michigan's system, of which child care is an integral part. In addition to serving as the State Advisory Council the group also guides operational coordination of interagency initiatives that align with the Governor's early childhood outcomes for the population of 0-to 8-year-olds; identify opportunities for reform, innovation, and alignment of resources in an efficient manner across agencies; and coordinate and conceptualize the preparation of interagency grant opportunities. This group meets monthly.

In addition, the CDC program office is engaged by providing updates with the Michigan State Board of Education and the Office of Great Start Advisory Council to ensure that there are coordinated system building efforts.

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

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

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 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 CCLB and other partners.

[ ] N/A—Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

The Michigan Interagency Coordinating Council (MICC) is authorized and

required by Part C of the Individuals with Disabilities Education Act (IDEA) as amended by Public Law 105-17. MDE is the Lead Agency for the state. MICC is charged with advising and assisting the Lead Agency on the coordination of an early intervention system. The State of Michigan created the Office of Great Start to redesign and enhance the early childhood system. The OGS includes Part C of IDEA, Part B, Section 619, and the CDC entities for the state.

v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

Coordination goals are focused on ensuring low-income children have access to high quality care and that, for those who are eligible they can access child care subsidy to increase continuity of care and the utilization of maximum funding to support children and families. The two offices work in partnership to meet with the Early Head Start-Child Care (EHS-CC) Partnership grantees in Michigan. 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. In addition, the CCDF Administrator, Head Start State Collaboration Director, the federal technical assistance providers, and the MHSA Director meet regularly to ensure coordination. The Head Start State Collaboration Office is also part of the OGS within MDE.

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

MDE works with the MDHHS (which has funding for public health initiatives, mental health initiatives, home visiting, and Medicaid) to ensure that children are born healthy, and children are healthy, thriving and developmentally on track by third grade. Efforts include home visiting initiatives, immunizations, social emotional consultation, and developmental screening coordination to ensure access to children/families. MDHHS representatives sit on advisory committees that focus on inclusion of children with special needs. In addition, Michigan has a cross sector Departmental leadership group, the GSOT, that allows for state government to coordinate early childhood policy, funding and programs leading to collaboration and integration at all levels.

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

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 assistance. Participants often also receive CDC services and are placed into employment and education and training programs.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

MDE is the lead agency for CCDF. In addition, MDE manages the state funded prekindergarten program, the 21st Century Community Learning Centers, early intervention, and early childhood special education programs under Part B (Section619) and C of IDEA. These programs are all part of OGS. MDE representatives sit on advisory committees that focus on inclusion of children with special needs. In addition, Michigan has a cross sector Departmental leadership group, the GSOT, that allows for state

government to coordinate early childhood policy, funding and programs leading to collaboration and integration at all levels. MDE participates in this group to ensure coordination across programs. MDE also participates with ECAN (Early Childhood Adminstrators Network), which is the leadership group for state Pre-k. MDE coordinates across these programs to ensure access throughout the mixed delivery system, by holding joint meetings to discuss policy and implemenation in order to make changes that meet the needs of children and families.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

CCLB is located in the Department of Licensing and Regulatory Affairs (LARA) and they act as the lead agency for ensuring that all licensing rules and regulations are being met by licensed and registered child care providers across the state. OGS coordinates with CCLB related to criminal history checks, implementation of new rules for programs, and GSQ. CCLB is also represented on the GSOT.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

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

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

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

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

The program goal is to provide accessibility to services that that are intended to allow children to be cared for in their own homes or in the home of relatives or to end the dependence of needy parents on government benefits by promoting job preparation and work. In January 2018, a simplified assistance application was launched, allowing a client to apply for all five major programs. This application is the culmination of many state and private agencies, with public testing and feedback, working together for over two years to achieve an application that is 80% smaller than its predecessor, customer focused rather

than program focused, and the start of more customer focused initiatives in technology and case work. In 2020, a pilot was implemented to simplify the redetermination for all five of major programs. Statewide implementation was 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 subsidy program and parental provider choices. Additionally, families participating in Michigan's TANF funded cash assistance program, the Family Independence Program (FIP), qualify for CDC. Copayments are waived for these families as well.

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

MDHHS is responsible for public health initiatives, mental health initiatives, and Medicaid. Representatives from these areas are also GSOT members. Coordination of Medicaid funding to help bring access to infant/mental health social emotional consultation to children and famlies is the mixed-delivery system.

xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

MDE is currently working with the MDHHS to enhance the quality of services, through the work of the state's social emotional consultants, funded through the Professional Development Grant (PDG) B-5 grant and CCDF. Social emotional consultants (18 counties) are providing training and ongoing coaching around infant mental health and Center on the Social Emotional Foundations for Early Learning (CSEFEL) strategies to increase the overall quality of social emotional services and health for providers, children, and families. In addition, statewide supports are being developed to support via trainings and peer support groups as we navigate through the pandemic. These social emotional consultants are focused on the highest risk populations, birth to 5 years, and linking providers and families to comprehensive community resources.

xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:

MDE partners (via agreements) with four regional ECSNs, GSQRCs, ECIC, MiAEYC who all assist providers with participating in GSQ, provide workforce development, scholarships, operating lending libraries and assisting parents without access to the 24/7 online database with finding child care.

The Michigan Farm to ECE Network, a group of over 30 organizations working together for over two 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. We do this by sharing resources and making connections between community and state partners, producers, early childhood education providers, and families.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:

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

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

As the lead agency, the MDE/CDC coordinated with the MDE Emergency Management Coordinator (EMC). The MDE EMC coordinates with the MDHHS and CCLB EMCs to help with coordination and management of emergency procedures for child care providers.

b. Coordination goals, processes and results with optional partners

The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

[x] i. State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:

Coordination goals focus on ensuring low-income children and families have access to high- quality care, particularly full-day, full-year services through an agreement. Increased access to child care subsidy as a mechanism for ensuring continuity of care and maximization of funding resources for full year, full day care. Meet quarterly with Michigan's EHS-CC Partnership grantees, the HSSCO Director and MHSA; coordinate with the MHSA and the HSSCO Director to support grantees and identify access barriers; coordinate conversations with local MDHHS offices to address eligibility issues; and support efforts around the early childhood workforce and provision of technical assistance. An MOU was created for all EHS-CC Partnership grantees to allow for blending of CCDF funding to ensure access to full-year, full-day care.

[x] 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 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:

n/a

[x] iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe:

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

[x] v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:

Medicaid is administered by the MDHHS. Representatives from this program participate on the GSOT with MDE. The goal of the efforts is to increase the number of children receiving screenings. With our PDG B-5 funding MDE will be starting a state scan to determine what developmental screenings are being used across the state and where the universal screenings are being conducted. In addition, with PDG B-5 funding we will be creating tools and training to better support child care providers.

[x] vi. State/territory agency responsible for child welfare. Describe:

The goal of the CDC program is to support low-income families by providing access to high-quality, affordable, and accessible early learning and development opportunities and to assist the family in achieving economic independence and self-sufficiency. The CDC program is intended to promote continuity of care and to extend the time an eligible child has

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

[ ] vii. Provider groups or associations. Describe:

n/a

[x] viii. Parent groups or organizations. 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.

[x] ix. Other. Describe:

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

In addition, MDE is a member of the T.E.A.C.H. 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.

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

Optional Use of Combined Funds: States and territories have the option to combine CCDF funds with any required program in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)).

Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of

comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory Prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

1.5.1 Combined funding for CCDF services

Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?

[ ] No (If no, skip to question 1.5.2)

[x] Yes. If yes, describe at a minimum:

a. How you define "combine"

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

b. Which funds you will combine?

At least 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 subsidy. This use of GSRP funds for many children who would be eligible for child care subsidy combined with the subsidy dollars that pay for care for other eligible children, in effect allows the CCDF funding to serve many more children who would be eligible for subsidy. An increasingly common program model in Michigan is the Head Start-GSRP blend, currently representing 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 wrap-around care. Michigan received five EHS-CC partnership grants and these grantees plan to layer child care subsidy and EHS-CCP funds to provide full-day, full-year

infant and toddler care.

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

To reduce transitions for children and families, creates higher quality settings in the form of additional training supports and combined resources, as well as creates full-day care in high quality settings for populations at or below 250% FPL.

d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level?

A majority, currently 86%, of children in GSRP are now in school daycare, usually scheduled at 6.5 hours per day, four days per week, while their parents are working. This represents both the GSRP school-day option as well as the Head Start-GSRP blend option. Where GSRP operates, this creates the reduced need for CCDF funding to only require wrap-around before/after care.

e. How are the funds tracked and method of oversight

Funding streams are tracked/monitored separately as funds may be used in combination at the center level.

1.5.2 CCDF Matching and MOE Requirements

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

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

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

[ ] a. N/A—The territory is not required to meet CCDF matching and MOE requirements.

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

i. If checked, identify the source of funds:

State general funds.

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

i. If checked, are those funds:

[ ] A. Donated directly to the state?

[ ] B. Donated to a separate entity(ies) designated to receive private donated funds?

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

[x] d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):

i. If the percentage is more than 10 percent of the matching fund requirement, describe how the state will coordinate its Prekindergarten and child care services:
Both the pre-K program and the child care program are part of the same agency. In addition to child care funds supporting wrap-around care for eligible pre-K children, the pre-K program requires all programs to be rated at least three stars in QRIS and ensures that 30% of pre-K programs are located in community-based organizations, including Head Start programs.

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
GSRP requires 30% of all enrollments be in pre-k programs located in community-based organizations, including private child care and Head Start programs.

[x] e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

The State of Michigan has not reduced its MOE amount from State general funds for, at minimum, the past 10 years.

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
GSRP, Michigan's pre-K program for four-year-olds determined to be at-risk for school failure, requires parent involvement in decision making at the local and grantee levels, in part to ensure that GSRP services meet the needs of parents. Several aspects of GSRP requirements support meeting those needs. Decisions are made at the local level as to the program options intermediate school districts (ISD) as grantees and local partners

will offer to families. Programs may either be part-day, school-day or a GSRP/Head Start blend. Recent years have seen a continuing move from part-day to the other two options, specifically in response to the needs of working parents.

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

20

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

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

[x] f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

36.4

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 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 the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post- pandemic.

The Head Start State Collaboration Office and the CDC program developed, through a Memorandum of Understanding, a pilot program centered on Michigan's Early Head Start-Child Care Partnership

grants. The pilot allows EHS-CCP child care partners to bill for the full amount of subsidy a partnership-enrolled child is eligible for (current subsidy policy disallows reimbursement for the portion of the day funded by another public funding source, including Early Head Start). Justification for a departure from current policy for the EHS-CCP pilot includes facilitation of the EHS-CCP layered funding model advanced by the Offices of Head Start and Child Care; encouraging continuity of care for infants and toddlers in poverty; and, increasing the capacity of providers to provide quality care to low-income infants and toddlers. Layering of subsidy will allow EHS-CCP grantees to utilize the partnership dollars to improve the quality of care provided by their partners.

MDE also has an agreement with the GISD to facilitate the utilization of diverse federal, state, and private funding streams to provide full day, full year services to children ages 0-5 impacted by the Flint Declaration of Emergency.Funding allows for the expansion of high quality, comprehensive early childhood services, particularly in the areas of family engagement and physical, behavioral, and mental health.

The Michigan Women's Commission (MWC), housed within the Michigan Department of Labor and Economic Opportunity (LEO) is currently implementing the (https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fmwc%2F0%2C5828%2C7-334-70414-342725--%2C00.html&data=04%7C01%7CBrewer-WalravenL%40michigan.gov%7Ca481340fe5424617b66208d92b4aac2a%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637588421971250232%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=1ltUnJBcTHfyC9a1UloeECrvWXL3by0rLBKJ%2BFC%2BkkE%3D&reserved=0) MI Tri-Share Child Care Pilot Program. 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 underway in three regions of the state: Muskegon County, the Great Lakes Bay Region and a five-county rural region in northwest lower Michigan. Facilitator hubs in each region are actively working with local employers to identify eligible employees and to help connect those employees with child care providers that meet the unique needs of each family. MDE is a state level partner supporting the implementation of the pilot.

1.7 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 state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the

families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on thesupply of and demand for child care services in areas of the state and submit the information to the state.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1 Funding local or regional CCR&R organizations

Does the Lead Agency fund local or regional CCR&R organizations?

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

[x] Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

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

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, Great Start 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 T.E.A.C.H. Early Childhood® MICHIGAN. Great Start to Quality 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, and resources for licensed early learning and development programs and license exempt subsidized providers.
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.

GSQ Resource Centers 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.

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster

Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Statewide disaster plan updates

Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

[x] No

[ ] Yes. If yes, describe the elements of the plan that were updated:

n/a

1.8.2 Statewide disaster plan continued compliance

To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

[x] a. The plan was developed in collaboration with the following required entities:

[x] i. State human services agency

[x] ii. State emergency management agency

[x] iii. State licensing agency

[x] iv. State health department or public health department

[x] v. Local and state child care resource and referral agencies

[x] vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body

[x] b. The plan includes guidelines for the continuation of child care subsidies.

[x] c. The plan includes guidelines for the continuation of child care services.

[x] d. The plan includes procedures for the coordination of post-disaster recovery of child care services.

[x] e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

[x] i. Procedures for evacuation

[x] ii. Procedures for relocation

[x] iii. Procedures for shelter-in-place

[x] iv. Procedures for communication and reunification with families

[x] v. Procedures for continuity of operations

[x] vi. Procedures for accommodations of infants and toddlers

[x] vii. Procedures for accommodations of children with disabilities

[x] viii. Procedures for accommodations of children with chronic medical conditions

[x] f. The plan contains procedures for staff and volunteer emergency preparedness training.

[x] g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 Website link to statewide child care disaster plan

If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

(https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fdocuments%2Fmichiganprepares%2FMDHHS_EOP_Base_Plan_2020_Final_710680_7.pdf&data=04%7C01%7CCoolmanT%40michigan.gov%7Cdee0b9fde0a84618f7b108d97d2b5aa9%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637678447418836724%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=GK1ZeXpI1GNQGh89GkxWZm1ZASDdocf1QUsrMXsHLTQ%3D&reserved=0)
https://www.michigan.gov/documents/michiganprepares/MDHHS_EOP_Base_Plan_2020_Final_710680_7.pdf

2 Promote Family Engagement Through Outreach and Consumer Education

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

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

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

2.1 Outreach for Limited English Proficiency and Persons with Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible

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

2.1.1 Strategies to provide outreach and services to eligible families

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

[x] a. Application in other languages (application document, brochures, provider notices)

[x] b. Informational materials in non-English languages

[x] c. Website in non-English languages

[ ] d. Lead Agency accepts applications at local community-based locations

[x] e. Bilingual caseworkers or translators available

[x] f. Bilingual outreach workers

[x] g. Partnerships with community-based organizations

[x] h. Collaboration with Head Start, Early Head Start, and Migrant Head Start

[x] i. Home visiting programs

[x] j. Other. Describe:

Bilingual call center technicians for billing and payment issues. Bilingual Great Start to Quality (GSQ) staff and license exempt provider coaches, as well as interpretation services available.

2.1.2 Strategies to provide outreach and services to disabled family members

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

[x] a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities

[x] b. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)

[ ] c. Caseworkers with specialized training/experience in working with individuals with disabilities

[ ] d. Ensuring accessibility of environments and activities for all children

[x] e. Partnerships with state and local programs and associations focused on disability-related topics and issues

[x] f. 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

[x] g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies

[x] h. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children

[ ] i. Other. Describe:

2.2 Parental Complaint Process

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

2.2.1 Reporting process for submitting complaints

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

Complaint referrals from the public regarding licensed providers come to the Child Care Licensing Bureau (CCLB), either online at http://www.michigan.gov/lara/0,4601,7-154- 63294_27723_27777_72411---,00.html, or by fax, mail, or phone. Referrals are only considered a complaint if a program rule or act violation is alleged. If a program rule or act violation is alleged, the complaint is entered into the Bureau Information Technician System (BITS) and assigned for investigation.

Billing complaints are made by calling 866-990-3227 toll free or received by the Office of Inspector General (Michigan Department of Health and Human Services). All billing complaints are reviewed for intentionality.

Amended: Effective Date 07/17/2023

2.2.2 Process and timeline for screening, substantiating, and responding to complaints

For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

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 BITS 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.

2.2.3 Maintaining records of substantiated parental complaints

Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Substantiated parental complaints are posted on the child care licensing website indefinitely. All complaints for licensed providers are entered into the Bureau Information Tracking System (BITS). If the complaint is a potential rule violation, it is assigned to a child care licensing consultant to open an investigation. The steps taken in the investigation are entered into BITS, including any contact with witnesses, complainant, licensee, staff, and any outside agency such as CPS or law enforcement. The complaint entry in BITS will conclude with either violations for any rules broken, or a full compliance investigation where no violations were found. The consultants is responsible for entering the information, the area manager (consultant's supervisor) signs off on the special investigation report before it is placed online and filed in the file.

2.2.4 Making information about substantiated parental complaints available to the public

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

Child care licensing complaints that are substantiated are posted on the child care licensing website and appear in the 24/7 searchable provider database at (http://www.greatstarttoquality.org) www.greatstarttoquality.org for a period of three years.

2.2.5 *Citations related to parental complaints*

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

The policy for the complaint process is Policy 800: Special Investigations, but the policy manual for licensing is not online. LARA does have a document to guide parents through the complaint process. (https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fdocuments%2Flara%2FBCAL_PUB_811_1_16_552332_7.pdf&data=04%7C01%7CCoolmanT%40michigan.gov%7C07e3e682234f464d195f08d976de04c2%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637671518355369515%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=%2BcCLmPm%2FVXN15v8UCTeRrJl2hWR7xkZLihnPkXsxJUg%3D&reserved=0) https://www.michigan.gov/documents/lara/BCAL_PUB_811_1_16_552332_7.pdf.

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Consumer-Friendly and easily accessible website

Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

Michigan's consumer education website, MiKidsMatter ((https://www.michigan.gov/mikidsmatter) https://www.michigan.gov/mikidsmatter) went live in September 2018. The site is a landing page that combines common and most frequently used resources for families with young children in one place. The site provides easy access to child care search tools, provider enrollment and application resources, child development information, and a wealth of other resources to support families. The site also has parent and provider-oriented pages that allow the respective audiences to easily find the most useful resources to meet their needs. The Department continues to update and expand the site based on feedback from users.

2.3.2 Website access for families whose primary language is not English

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

MiKidsMatter links users to resources by connecting to partner sites. MiKidsMatter links to the Child Development and Care (CDC) program website and provides many documents in Spanish. For items available in Spanish, titles and descriptions are listed on the website in Spanish, with easy identification for individuals who do not speak English. Some documents are also available in Arabic, including the application for subsidy assistance.

This information will continue to follow the practices utilized on the lead agency's current website to ensure the widest possible access to services for families that speak languages other than English as we work to expand and enhance the MiKidsMatter website.

2.3.3 Website access for persons with disablilities

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

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

2.3.4 Child care policies and procedures

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

a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2:

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

Michigan does not require tribal providers or military programs to be licensed by the State because they have their own program requirements and licensing rules to ensure the health and safety of children. For those who serve Child Care Development Fund (CCDF) children they are asked to annually self-certify that they meet the health and safety requirements through their own systems.

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

For new applications for centers: (https://www.michigan.gov/lara/0,4601,7-154-

63294_5529_49572-82374--,00.html) https://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-82374--,00.html Family Homes: (https://www.michigan.gov/lara/0,4601,7-154-89334_63294_5529_49572-82370--,00.html) https://www.michigan.gov/lara/0,4601,7-154-89334_63294_5529_49572-82370--,00.html Group Child Care Homes: (http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-82370--,00.html) http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-82370--,00.html Child Care Centers: (http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-82374--,00.html) http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-82374--,00.html For renewals: Family Homes: (http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-240155--,00.html) http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-240155--,00.html Group Child Care Homes: (http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-240155--,00.html) http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-240155--,00.html Child Care Centers: (http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-240155--,00.html) http://www.michigan.gov/lara/0,4601,7-154-63294_5529_49572-240155--,00.html.

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

Centers: (http://www.michigan.gov/documents/lara/BCAL_PUB_8_3_16_523999_7.pdf) http://www.michigan.gov/documents/lara/BCAL_PUB_8_3_16_523999_7.pdf (pages 10-11).

Homes: (http://www.michigan.gov/documents/lara/lara_BCAL_PUB-724_0715_494800_7.pdf) http://www.michigan.gov/documents/lara/lara_BCAL_PUB-724_0715_494800_7.pdf (pages 3 and 5).

License exempt providers: (https://www.michigan.gov/documents/mde/Consent_and_Disclosure_LE-U_7.2018_Final_ADA_628283_7.pdf) https://www.michigan.gov/documents/mde/Consent_and_Disclosure_LE-U_7.2018_Final_ADA_628283_7.pdf

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

Bridges Eligibility Manual (BEM 705): (https://www.michigan.gov/documents/mde/CDC_Policy_Manuals_4.2018_ADA_619823_7.pdf) https://www.michigan.gov/documents/mde/CDC_Policy_Manuals_4.2018_ADA_619823_7.pdf. For licensed child care facilities, a list of exclusionary offenses can be found at: (http://www.michigan.gov/ccbc) www.michigan.gov/ccbc and (http://www.michigan.gov/mikidsmatter) www.michigan.gov/mikidsmatter.

2.3.5 Searchable list of providers

How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:
www.greatstarttoquality.org.

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

[ ] i. License-exempt center-based CCDF providers

[x] ii. License-exempt family child care (FCC) CCDF providers

[ ] iii. License-exempt non-CCDF providers

[ ] iv. Relative CCDF child care providers

[x] v. Other. Describe:

: License exempt tribal CCDF providers who request to be rated or included in the search are made available.

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

Provider Information Available in Searchable Results

All Licensed Providers

[x] Contact Information

[x] Enrollment capacity

[x] Hours, days and months of operation

[ ] Provider education and training

[x] Languages spoken by the caregiver

[x] Quality information

[x] Monitoring reports

[x] Willingness to accept CCDF certificates

[x] Ages of children served

License-Exempt CCDF Center-based Providers

[x] Contact Information

[x] Enrollment capacity

[x] Hours, days and months of operation

[ ] Provider education and training

[ ] Languages spoken by the caregiver

[ ] Quality information

[x] Monitoring reports

[x] Willingness to accept CCDF certificates

[ ] Ages of children served

License-Exempt CCDF Family Child Care Home Providers

[ ] Contact Information

[ ] Enrollment capacity

[ ] Hours, days and months of operation

[ ] Provider education and training

[ ] Languages spoken by the caregiver

[ ] Quality information

[ ] Monitoring reports

[ ] Willingness to accept CCDF certificates

[ ] Ages of children served

License-Exempt Non-CCDF Providers

[ ] Contact Information

[ ] Enrollment capacity

[ ] Hours, days and months of operation

[ ] Provider education and training

[ ] Languages spoken by the caregiver

[ ] Quality information

[ ] Monitoring reports

[ ] Willingness to accept CCDF certificates

[ ] Ages of children served

Relative CCDF Providers

[ ] Contact Information

[ ] Enrollment capacity

[ ] Hours, days and months of operation

[ ] Provider education and training

[ ] Languages spoken by the caregiver

[ ] Quality information

[ ] Monitoring reports

[ ] Willingness to accept CCDF certificates

[ ] Ages of children served

d. Other information included for:

[x] i. All Licensed providers.

Accreditations, credentials, cost, last corrective action plan date, last inspection date, special need services.

[x] ii. License-exempt CCDF center-based providers.

Tribal programs.

[ ] iii. License-exempt CCDF family child care providers.

[ ] iv. License-exempt, non-CCDF providers.

[ ] v. Relative CCDF providers.

2.3.6 Provider-specific quality information

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

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

[x] i. Quality rating and improvement system

[x] ii. National accreditation

[ ] iii. Enhanced licensing system

[x] iv. Meeting Head Start/Early Head Start Program Performance Standards

[x] v. Meeting Prekindergarten quality requirements

[x] vi. School-age standards, where applicable

[ ] vii. Other. Describe:

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

[x] i. Licensed CCDF providers. Describe the quality information:

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

[x] ii. Licensed non-CCDF providers. Describe the quality information:

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

[ ] iii. License-exempt center-based CCDF providers. Describe the quality information:

[ ] iv. License-exempt FCC CCDF providers. Describe the quality information:

[ ] v. License-exempt non-CCDF providers. Describe the quality information:

[ ] vii. Relative child care providers. Describe the quality information:

[x] viii. Other. Describe:

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

2.3.7 Monitoring and inspection reports on consumer education website

Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. 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 state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

[ ] i. Full monitoring reports that include areas of compliance and non-compliance.

[x] ii. Monitoring 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). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance. If checked, provide a direct URL/website link to the website where a blank checklist is posted.

Michigan's reports list areas of noncompliance. The checklist for family homes is found at (https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fdocuments%2Flara%2FBCAL-4601_12_15_508730_7.pdf&data=04%7C01%7CCoolmanT%40michigan.gov%7C1e19c78b83444a09c54908d8ed38509b%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637520173408196406%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=retQrGnzztBxfGoo1VIM%2BGVoS51shtY1M4wQxBdh0gQ%3D&reserved=0) https://www.michigan.gov/documents/lara/BCAL-4601_12_15_508730_7.pdf. The following links direct

to the different sections of the checklists for child care centers:
(https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fdocuments%2Flara%2FBCAL-1888_8_15_fillable_508706_7.pdf&data=04%7C01%7CCoolmanT%40michigan.gov%7C1e19c78b83444a09c54908d8ed38509b%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637520173408206360%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=8xzMewtaiIu5v5F87Rp7K9h8OJeII8dEKBli1mHWNoQ%3D&reserved=0)
https://www.michigan.gov/documents/lara/BCAL-1888_8_15_fillable_508706_7.pdf

(https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fdocuments%2Flara%2FBCAL-4668_10_15_fillable_503512_7.pdf&data=04%7C01%7CCoolmanT%40michigan.gov%7C1e19c78b83444a09c54908d8ed38509b%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637520173408206360%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=Yl4sVvLq5FmvGlXhIO4tgcZnVun9Z2pG8%2F7nma36QWM%3D&reserved=0)
https://www.michigan.gov/documents/lara/BCAL-4668_10_15_fillable_503512_7.pdf

(https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fdocuments%2Flara%2FBCAL-0722_8_15_fillable_508703_7.pdf&data=04%7C01%7CCoolmanT%40michigan.gov%7C1e19c78b83444a09c54908d8ed38509b%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637520173408216317%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=3dv4ryWR6yEKjoY3ipoVgjiWvlRe1AmCPF7WuVJJaB8%3D&reserved=0)
https://www.michigan.gov/documents/lara/BCAL-0722_8_15_fillable_508703_7.pdf

(https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fdocuments%2Flara%2FBCAL-1891_8_15_fillable_508711_7.pdf&data=04%7C01%7CCoolmanT%40michigan.gov%7C1e19c78b83444a09c54908d8ed38509b%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637520173408216317%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=mmSsE5JEcA43K4m3%2BSmltTg60FfMZUgQt2io5VDdDeY%3D&reserved=0)
https://www.michigan.gov/documents/lara/BCAL-1891_8_15_fillable_508711_7.pdf

(https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fdocuments%2Flara%2FBCAL-1890_8_15_fillable_508710_7.pdf&data=04%7C01%7CCoolmanT%40michigan.gov%7C1e19c78b83444a09c54908d8ed38509b%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637520173408216317%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=xjvrNe19Tx9gbp8ZTGnChyK3z7UL0mlB2O9llw8Mc6w%3D&reserved=0)
https://www.michigan.gov/documents/lara/BCAL-1890_8_15_fillable_508710_7.pdf

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

[x] Date of inspection

[x] 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:

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

[x] Corrective action plans taken by the state and/or child care provider. Describe:

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

[x] A minimum of 3 years of results, where available.

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

i. Provide the direct URL/website link to where the reports are posted.

https://childcaresearch.apps.lara.state.mi.us/

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

For special investigations, the consultant has 60 days from the date of the complaint to provide a completed report to the child care provider. This includes a best practice of 45 days from the assignment of the complaint to get the report to their manager for approval. Typically, it takes no more than two or three days for the reports to be posted after they have been approved by a manager/supervisor. Reports requiring redaction will appear on the website after the redaction is completed (within two weeks) or CAP will be posted to the website once a redaction has occurred, if applicable, and the corrective action plan is approved (within 20 days). For all other report types, the consultant has five days after the inspection to get all information relating to the inspection into BITS, generating the licensing report (this is for corrective action plans done onsite or not CAPs). This information goes into the file and is posted through an interface, at least weekly. With a CAP, the 20-day allowance applies, resulting in the posting within around 30 days of the visit.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

Language that is easy to read and understand the first time read or heard.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

Due to system limitations Michigan created a plain language summary to place at the beginning of each monitoring and inspection report. This summary page summarizes the results of the visit and identifies failure to comply with health and safety requirements. A full monitoring and inspection report is included behind the summary page.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

If reports contain inaccuracies, they are removed from the website, corrections are completed either through addendums or amendments. Once completed, the addended or amended report is placed back on the website. The licensee has 30 days after receipt of notice to contest recommendations made by child care licensing. This appeal must be submitted in writing. Once the appeal is received, they have the right to a hearing and a compliance conference is scheduled.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

- filing the appeal
- conducting the investigation
- removal of any violations from the website determined on appeal to be unfounded.

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

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

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

2.3.8 Aggregate data on serious injuries, deaths, and substantiated abuse

Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should 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 providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by

provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. 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 (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

Licensed child care providers submit reports of any serious injury or death to the CCLB. All serious injury and death reports are compiled into a report and submitted quarterly to the lead agency. License exempt providers are to report a serious injury or death of a child in care to the Michigan Department of Education (MDE). MDE tracks this information for posting to the annual aggregate data report along with the licensed provider information.

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

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

b. 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.

[x] i. the total number of serious injuries of children in care by provider category/licensing status
[x] ii. the total number of deaths of children in care by provider category/licensing status

[x] iii. the total number of substantiated instances of child abuse in child care settings

[x] iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

https://www.michigan.gov/mikidsmatter/0,9220,7-376-101349-503902--,00.html

2.3.9 *Referrals to local CCR&R agencies through consumer education website*

The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and

include a website link to this information:

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

2.3.10 Lead Agency contact information on consumer education website

The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

Parents can contact the lead agency for assistance with, or questions about, (https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fmikidsmatter%2F&data=04%7C01%7CCoolmanT%40michigan.gov%7C1572dadd3b0f42695eef08d91a2ee701%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637569611004490069%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=aZdjb6laX71A6hCQZMkGls3yWIm0Wgr2Is%2BJrR175kU%3D&reserved=0) Michigan's consumer education site by using the Contact Us button on the Contact Us footer that appears at the bottom of the homepage and on most pages of the site. The button leads to a page ((https://www.michigan.gov/mikidsmatter/0,9220,7-376-101352-535177--,00.html) https://www.michigan.gov/mikidsmatter/0,9220,7-376-101352-535177--,00.html) with the lead agency's address and phone number.

2.3.11 *Consumer education website link*

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

Michigan's Consumer Education website, MiKidsMatter (https://www.michigan.gov/mikidsmatter) went live in September 2018. The site is a landing page that combines common and most frequently used resources for families with young children in one place. The site provides easier access to child care search tools, provider enrollment and application resources, child development resources, and a wealth of other resources.

2.4 Additional Consumer and Provider Education Information of provider choices for parents

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

In questions 2.4.1 through 2.4.5, certify by describing:

Amended: Effective Date 08/10/2023

2.4.1 Information about child care and other services available for parents

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

Michigan shares eligibility information with parents through multiple venues. These channels include:

GSQ, the state's Quality Rating Improvement System (QRIS) website.

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 Parent Coalitions (GSPCs), and local Michigan Department of Health Human Services (MDHHS) offices for dissemination of important information to the widest audience.

CDC website, which houses information and resources for parents and providers.

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

An outside communications firm has been awarded $400,000 to conduct an outreach campaign November 2022 - September 2023.
The goals of the outreach campaign are:

- **To increase awareness of the child care subsidy, and the higher income entry level (200% FPL).**

- **To help enroll approximately 15,000 more families in the in the child care subsidy program to support return to the workforce.**

- **To increase the number of providers who will accept subsidy-eligible children.**

2.4.2 Required information provided to general public, and eligible parents

How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

[x] a. Temporary Assistance for Needy Families program:

Michigan's CDC office partners with MDHHS who offers a universal application where people can apply for multiple benefit programs, including temporary assistance for needy families (TANF) all at the same time.

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

Clients can apply online, through the mail, or at their local MDHHS office (an in-person interview is not always required). Benefit information details can be accessed through an internet service delivery portal, where clients can see pending documents, benefit summaries, redetermination dates, and more.

United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all assistance programs. In addition, MDHHS now trains and engages community partners to assist those applying for benefits.

For clients, the MiBridges portal has features that enable them to identify needs, connect to both state and local resources, view benefits information, and connect to a navigator. For partners, MI Bridges has features that enable them to view clients' resource information (if the client consents) so they can better assist clients in maintaining and managing their resources long-term.

[x] b. Head Start and Early Head Start programs:

Information regarding Head Start and Early Head Start is provided to parents at the local level by grantees. Information provided varies due to local needs and communities. Outreach mechanisms can include activities such as targeting siblings during kindergarten roundup meetings, recruiting at community meetings, advertising within the local community, as well as through locally developed community partnerships. Many Head Start programs also participate in joint recruitment activities with the state-funded preschool program (Great Start Readiness Program – GSRP) in their service area. Additional outreach partners for Head Start/Early Head Start include: Head Start State Collaboration Office, Michigan Head Start Association, and the Office of Head Start, which can also serve as a resource for providing information to parents.

[x] c. Low Income Home Energy Assistance Program (LIHEAP):

Michigan's CDC office partners with the MDHHS who offers a universal application where people can apply for multiple benefit programs, including the Michigan Low Income Home Energy Assistance Program (LIHEAP) energy assistance all at the same time.

In January 2018, a simplified assistance application was launched, allowing a client to apply for five major

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

Clients can apply online, through the mail, or at their local MDHHS office (an in-person interview is not always required). Benefit information details can be accessed through an internet service delivery portal, where clients can see pending documents, benefit summaries, redetermination dates, and more.

United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all assistance programs. In addition, MDHHS now trains and engages community partners to assist those applying for benefits.

For clients, the MiBridges portal has features that enable them to identify needs, connect to both state and local resources, view benefits information, and connect to a navigator. For partners, MI Bridges has features that enable them to view clients' resource information (if the client consents) so they can better assist clients in maintaining and managing their resources long-term.

[x] d. Supplemental Nutrition Assistance Program (SNAP):

Michigan's CDC office partners with MDHHS who offers a universal application where people can apply for multiple benefit programs, including the food assistance program (FAP) all at the same time.

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

Clients can apply online, through the mail, or at their local MDHHS office (an in-person interview is not always required). Benefit information details can be accessed through an internet service delivery portal, where clients can see pending documents, benefit summaries, redetermination dates, and more.

United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all assistance programs. In addition, MDHHS now trains and engages community partners to assist those applying for benefits.

For clients, the MiBridges portal has features that enable them to identify needs, connect to both state and local resources, view benefits information, and connect to a navigator. For partners, MI Bridges has features that enable them to view clients' resource information (if the client consents) so they can better

assist clients in maintaining and managing their resources long-term.

[x] e. Women, Infants, and Children Program (WIC) program:

Michigan's CDC office partners with the MDHHS and provides referrals and information where people can apply for various benefit programs, including Women, Infants, and Children (WIC). MDHHS Assistance Payments Specialists assist people directly through walk-in intake processes for all benefit programs. Information is available for programs at the MDHHS website (an in-person interview is not always required).

United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all programs.

[x] f. Child and Adult Care Food Program (CACFP):

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

[x] g. Medicaid and Children's Health Insurance Program (CHIP):

Michigan's CDC office partners with MDHHS who offers a universal application where people can apply for multiple benefit programs, including Medicaid and the Children's Health Insurance Program (CHIP) all at the same time.

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

Clients can apply online, through the mail, or at their local MDHHS office (an in-person interview is not always required). Benefit information details can be accessed through an internet service delivery portal, where clients can see pending documents, benefit summaries, redetermination dates, and more.

United Way/211 Benefit Access provides support to parents through a 24-hour assistance hotline providing information and assistance for all assistance programs. In addition, MDHHS now trains and engages community partners to assist those applying for benefits.

For clients, the MiBridges portal has features that enable them to identify needs, connect to both state and local resources, view benefits information, and connect to a navigator. For partners, MI Bridges has features that enable them to view clients' resource information (if the client consents) so they can better

assist clients in maintaining and managing their resources long-term.

[x] h. Programs carried out under IDEA Part B, Section 619 and Part C:

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

2.4.3 Information available on physical health and 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, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
  - parents
  - providers
  - the general public
- any partners in providing this information Description:

Local Great Start Collaboratives (GSCs), Great Start Parent Coalitions (GSPCs) and Great Start to Quality Resource Centers provide parents, providers and the community with information pertaining to children and their families from prenatal through age eight. Partners (child care licensing, Early-On® Training and Technical Assistance, MDHHS, CACFP, Local Community Mental Health agencies) also disseminate information via regular communication over email and webinars regarding the most up to date research, information and opportunities for parents, children, providers, and the public.

In addition, MDE passes this information to our partners to disseminate through various listservs. Information is always available at websites such as Early On® and MDHHS at https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2959_52710---,00.html, https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_7145_81755_81782-431105--,00.html and (https://www.michigan.gov/mde/0,4615,7-140-63533-127141--,00.html) https://www.michigan.gov/mde/0,4615,7-140-63533-127141--,00.html. In addition to these practices for disseminating child development resources and information, MiKidsMatter compiles child

development resources, including some related to physical activity, in an easily navigable and accessible site. Parents, providers, and the public can access information about child development topics through the categories featured on MiKidsMatter. Parents, providers, and the public can access information about child development topics through the categories featured on MiKidsMatter.

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 was 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. The initiative equipped trusted advisors (those who are already a part of the community and are known and trusted by families with young children) to deliver the information. This was piloted by four Great Start collaboratives that represented a mix of rural, urban, and multi-lingual families to gauge its usefulness between September 2020 and May 2021 and evaluated by the PDG B-5 evaluation contractor.

Through PDG B-5, Michigan is implementing a Caregiving Conversations Café model that provides an avenue to support both parents and providers as they care for young children. Caregiving Conversations focus on emerging information regarding brain architecture, trauma and adverse childhood experiences, as well as the rich studies of resilience that highlight the power of nurturing and supportive relationships and community. The cafes explore social connections, concrete support in times of need, parental resilience, knowledge of parenting and child development, and social and emotional competence of children. Originally created for license exempt providers and the families of the children for whom they care, the Cafes were revised to be piloted as virtual cafes for just license exempt providers. In 2021, the Cafes were revised for home-based, licensed child care providers and piloted and will be revised for center-based providers as well. Along with supporting license exempt providers' practice, the cafes also created a venue for license exempt providers to meet, share, and network together, which the participants highly valued.

2.4.4 Information on social-emotional, behavioral issues and mental health

Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues 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, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,

- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information. Description:

Promotion/Prevention: A promotion-based social and emotional toolkit for families was developed cross systems and is available via the MDHHS website at: (https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.michigan.gov%2Fsocialemotionalhealth&data=04%7C01%7CMackrainM%40michigan.gov%7Cba54c34fe8f14ffaf68708d8d8c8e03d%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637497704548922628%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=J3SxWSXj9ZIQV1OXeQWaascKT%2BEF07%2BWVcqjFnBMoRg%3D&reserved=0) 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) 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: (https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.1800earlyon.org%2F&data=04%7C01%7CMackrainM%40michigan.gov%7Cba54c34fe8f14ffaf68708d8d8c8e03d%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637497704548932583%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=wvR7Q62FKx8uxQq5MZXU5zVU7d1c%2FX8HwUwbd2ov2os%3D&reserved=0) www.1800EarlyOn.org.

Through the Michigan Department of Education's 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 MDE and MDHHS, leveraging PDG B-5 (professional development grant) funding and CCDF money, some communities in Michigan (18 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/Development 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 IECMHC 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 mental health services provide home-based parent-infant support and intervention services to families where the parent's condition and life circumstances or the characteristics of the infant threaten the parent-infant attachment and the consequent social, emotional, behavioral, and cognitive development of the infant. Services reduce the incidence and prevalence of abuse, neglect, developmental delay, behavioral and emotional disorder. CMHSPs may provide infant mental health services as a specific service (Medicaid B 3 Service) or as part of a Department of Health and Human Services enrolled home-based program. The population served by an infant mental health specialist will vary community by community but typically involves children and families with multiple risks. Those risk factors may include adolescent parents, poor, single parents, 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 ser vice 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 centers. identifies family strengths and needs, determines appropriate interventions, and identifies resources developed in collaboration with family members and other agencies. Home-based services are accessed through local CMHSPs.

The Division of Mental Health Services to Children and Families certifies home-based services programs operated through CMHSPs and their provider network and provides training and technical assistance to home-based services staff and programs. Families can access more information and assessment for services by contacting their local CMHSP list. Services are primarily provided in the family home or community and may vary in intensity, application and duration depending on the needs of the family. Home-based services are designed through a planning process that requires the active participation of the family as members of the home- based services team. The resulting plan of service becomes the on-going guideline for service delivery.

2.4.5 *Policies preventing suspension and expulsion*

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

The suspension-expulsion policy recommends and encourages all early education and care providers to develop a clear policy that prevents or significantly limits suspensions and expulsions for children under eight-years-old. The policy also presents a set of quality indicators for providers to consider when developing their policy. The policy is posted on the MDE website at (http://www.michigan.gov/documents/mde/Item_K_suspension_policy_birth_through_eight_543802_7.pdf) http://www.michigan.gov/documents/mde/Item_K_suspension_policy_birth_through_eight_543802_7.pdf. Michigan, through the Head Start State Collaboration office, is working with BUILD to convene a workgroup focusing on implementation and next steps. From October December 2019, the workgroup, in coordination with the National Center for Children in Poverty (NCCP), created and distributed a survey to early care and education professionals throughout Michigan to learn more about their experiences with young children and challenging behavior. A final survey report, (https://www.nccp.org/publication/the-voices-of-michigans-early-care-and-education-teachers-childrens-challenging-behavior-expulsion-disparities-and-needed-program-supports/" title="https://www.nccp.org/publication/the-voices-of-michigans-early-care-and-education-teachers-childrens-challenging-behavior-expulsion-disparities-and-needed-program-supports/) The Voices of Michigan's Early Care and Education Teachers: Children's Challenging Behavior, Expulsion, Disparities, and Needed Program Reports, was completed in September 2020. Michigan is currently engaged in presentation of the findings and prioritizing next steps to reduce and eliminate suspension and expulsion in early care and education.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include:

- Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance.
- Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)).

This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

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

Through Michigan's PDG B-5 grant, we will be conducting a state scan in the Spring of 2021 to determine where universal behavioral and developmental screenings are taking place and who is conducting them. Michigan is an ambassadorial state for the CDC Learn the Signs, Act Early (LTSAE) campaign to create awareness for providers and families about the importance of developmental screening and monitoring. Michigan's goals for LTSAE are to ensure strong developmental screening awareness within evidence-based home visiting and to further spread awareness with partners implementing the Part C program. There will be additional connection through the PDG B-5 grant.

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

MDHHS works with partners in local and state agencies (including evidence-based home visiting, Part C of the IDEA, community action agencies, and others) to connect families to Medicaid as needed. Once enrolled in Medicaid, families with children under the age of 21 are automatically eligible for the range of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, although participation in EPSDT is voluntary. In Michigan, EPSDT services include developmental screening that aligns with the Bright Futures Periodicity Schedule adopted by the American Academy of Pediatrics. Parents are advised of the benefits available through EPSDT through both a letter and a brochure that includes language regarding developmental and behavioral screening:

(https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fdocuments%2Fmdch-healthcheck-JUN28_97041_7.pdf&data=04%7C01%7CCoolmanT%40michigan.gov%7C74ed782c5cb84febf81d08d8ea59c554%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637517018586882786%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=KsfIQAowL5NmZS0gEgcsVX6fv%2FMf6c%2BySMLmc9l2g4s%3D&reserved=0) https://www.michigan.gov/documents/mdch-healthcheck-JUN28_97041_7.pdf.

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

Comprehensive child find system (§ 303.115). Michigan has a comprehensive child find system, including a system for making referrals to local lead agencies. This includes timelines and provides for participation by primary referral sources. The child find system ensures rigorous standards are implemented to appropriately identify infants and toddlers with disabilities for services under Early On® that will reduce the need for future services. Further discussion regarding child find is provided in Section D of this plan.

Public awareness program (§ 303.116) Michigan has a public awareness program focusing on early identification of infants and toddlers with disabilities, including the preparation and dissemination by the MDE and Early On® service areas of information to be given to parents, to all primary referral sources, and procedures for assisting such sources in disseminating such information to parents of infants and toddlers with disabilities. Further detail regarding public awareness activities is provided in Section D of this plan.

Coordination with Head Start and Early Head Start, early education, and child care programs (§ 303.210) on June 29, 2011, the Governor of Michigan signed Executive Order 2011-8 which created the Office of Great Start (OGS) in the MDE. OGS brought child development and care subsidy and quality programs, as well as the Head Start State Collaboration Office, to MDE to join existing early childhood programming including Early On®, early childhood special education (Part B, section 619), and the Great Start Readiness Program (the State-funded prekindergarten program) under one office. OGS is charged to align the State's early learning and development investments to achieve a single set of shared outcomes. Individuals with leadership roles from OGS participate in the Great Start Operational Team, which serves as the State Advisory Council convened under the Head Start Act.

General (§ 303.300) In order to implement the statewide comprehensive, coordinated, multidisciplinary interagency system to provide early intervention services for infants and toddlers with disabilities and their families, Michigan has pre-referral, referral, and post-referral policies and procedures that guarantee compliance with timeline requirements that ensure responsive intervention for infants and toddlers. A screening policy has been adopted for those local lead agencies that choose to utilize screening after referral, and the statewide

system carries out assessments and evaluations that inform the development, review, and implementation of individualized family service plans (IFSPs) for eligible children and their families.

Public awareness program (§ 300.301) MDE, under advisement from the Michigan Interagency Coordinating Council (MICC), has developed a comprehensive information dissemination plan for Early On which focuses broadly on public awareness activities and specifically on early identification outreach and information dissemination. Families, individuals, and primary referral sources in contact with children under three years of age who may benefit from early intervention services have access to information and materials regarding the availability of early intervention services in Michigan. A coordinated public awareness effort at both the State and local level is designed to provide information about child development and Early On® in Michigan for Early On® service providers, parents, and the general public. The State-level public awareness items may be supplemented by those produced locally. All the information on early intervention services that is produced will be directed to various agencies, organizations, and families. The network of dissemination includes Early On® service areas, LICCs, all primary referral sources, public and private nonprofit providers, and family advocacy groups, as well as other interested organizations, agencies, or persons. Dissemination procedures assist primary referral sources in distributing the public awareness information provided to them.

MDE, with the assistance of the MICC as defined in § 303.8, ensures that the child find system under Part C of IDEA:

A. Is coordinated with all other major efforts to locate and identify children by other State agencies responsible for administering the various education, health, and social service programs relevant to Part C of IDEA, including Indian tribes that receive payments under Part C of IDEA, and other Indian tribes, as appropriate; and

B. Is coordinated with the efforts of the:

3. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) under Title XIX of the Social Security Act (42 U.S.C. 1396(a)(43) and 1396(a)(4)(B)); 8. Child care programs in the State.

Assessment of the child and family (§ 303.321) The child/family assessment is the process of gathering any additional information that is needed to develop the IFSP. Child assessment During the need's assessment process, Early On® and the family will carry out any additional child assessment activities that are needed for IFSP development. Much of the information needed to develop the initial IFSP may have already been gathered to establish eligibility. If not, child assessment activities will be carried out at this point to inform the development of the IFSP so that it is based on the needs of the child. The information used to define the child's unique strengths and needs and the early intervention services appropriate to meet those needs must include all the following:

A. Review of the child's evaluation results.

B. Personal observations of the child.

C. Identification of the child's needs in each of the following developmental areas: 1. Cognitive 2. Communication 3. Social/emotional 4. Adaptive (self-help) 5. Physical (vision, hearing, gross and fine motor)

D. An observational assessment of the parent(s)/primary caregiver(s) and child together. The purpose of the observational assessment is to understand the development of the child within the context of his or her caregiving environment and across multiple developmental domains of functioning: cognitive, physical, communication, social and emotional, and adaptive. The family assessment is conducted by personnel trained to use appropriate methods and procedures. The family-directed assessment must:

A. Be voluntary on the part of each family member participating in the assessment.

B. Be obtained through use of an assessment tool and interview.

C. Include a family-directed identification of priorities, resources and concerns related to enhancing the development of the child. This information is used to help determine the kinds of services that will be provided to help achieve family outcomes.

The following required functions that must be carried out at public expense, and for which no fees may be charged to parents are included in the Michigan policy:

1. Implementing the child find requirements in §§ 303.301 through 303.303.

2. Evaluation and assessment, in accordance with § 303.320, and the functions related to evaluation and assessment in § 303.13(b).

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

Currently Michigan has a variety of opportunities that are initiated at the local level to share information with providers.

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

Currently Michigan has a variety of opportunities that are initiated at the local level to share information with providers.

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

The Michigan Department of Education, State Board of Education, Early On® Michigan Part C of the Individuals with Disabilities Education Act (IDEA) State Plan could be used as the

citation for the policy and procedure related to providing information on developmental screenings under Early On® (IDEA Part C). The Early On® State Plan then further cites the IDEA Part C, 34 CFR Part 303 regulations Developmental screening can also be used as pre-referral activities as part of child find and public awareness and may also be used as a post-referral activity to determine whether there is a suspicion of a delay and therefore a need for a full developmental evaluation.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

The Client Authorization form (DHS-198C) is sent to the parent once the parent has selected a provider and the provider has been assigned to the child. This form has been updated to contain a consumer statement and provider specific information. General information is also provided on the Assistance Application. The consumer statement also appears on the consumer education website at (https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fmikidsmatter%2F0%2C9220%2C7-376-101349-475551--%2C00.html&data=04%7C01%7CCoolmanT%40michigan.gov%7Cd167537544d24c37daf008d91a2f6fad%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637569613297068746%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=StOTgjJ5p6Bf3TvzgKGvwQ8IrF701KQ42klhRVARcJU%3D&reserved=0) https://www.michigan.gov/mikidsmatter/0,9220,7-376-101349-475551--,00.html.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

[x] Health and safety requirements met by the provider

[x] Licensing or regulatory requirements met by the provider

[x] Date the provider was last inspected

[x] Any history of violations of these requirements

[x] Any voluntary quality standards met by the provider

[x] How CCDF subsidies are designed to promote equal access

[x] How to submit a complaint through the hotline

[x] 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

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

(https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fmikidsmatter%2F0%2C9220%2C7-376-101349-475551--%2C00.html&data=04%7C01%7CCoolmanT%40michigan.gov%7Cd167537544d24c37daf008d91a2f6fad%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637569613297068746%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=StOTgjJ5p6Bf3TvzgKGvwQ8IrF701KQ42klhRVARcJU%3D&reserved=0)
https://www.michigan.gov/mikidsmatter/0,9220,7-376-101349-475551--,00.html

3 Stable Child Care Financial Assistance for Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

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

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the state's median income for a family of the same size and whose family assets do not exceed $1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a) (658P(4); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

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

a. The CCDF program serves children from (weeks/months/years)

0

Through 12 years (under age 13).

12

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

[ ] No
[x] Yes
The upper age is (may not equal or exceed age 19).
18
If yes, provide the Lead Agency definition of physical and/or mental incapacity:
Over age 13, under age 18 and requires constant care due to physical, mental, or psychological condition, or supervision has been ordered by a court; Age 18 and a full-time high school student expected to graduate before age 19, who requires constant care due to a physical, mental or psychological condition, or court order.

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

[ ] No
[x] Yes
The upper age is (may not equal or exceed age 19).
18

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 who acts as a caretaker (responsible for care) of the child, a legal guardian, an unrelated adult who is at least 21 and whose petition for legal guardianship of the child is pending, an unrelated adult with whom Michigan Department of Health and Human Services (MDHHS) Children's Services has placed a child subsequent to a court order identifying MDHHS as responsible for the child's care and supervision.

3.1.2 Eligibility criteria: Reason for care

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

i. Define what is accepted as "Working" (including activities and any hour requirements):
Clients who are employed or self-employed. There is no minimum number of hours required. Michigan allows time for unpaid meals or breaks. Ten hours of travel time is added per two-week pay period unless additional travel time is requested and supported.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):
Participation in an employment preparation and/or training activity or post-secondary education program (including online) is allowed. Michigan allows up to one hour of study/tutor time for each hour of class or lab time (or per credit hour per week if online only), if requested. Michigan allows

time for meals or breaks. Ten hours of travel time is added per two-week pay period unless additional travel time is requested and supported.

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

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):
Participation in high school completion, General Education Degree (GED), Adult Basic Education (ABE), or English as Second Language (ESL) is allowed (includes online classes). Michigan allows up to one hour of study / tutor time for each hour of class or lab time, if requested. Michigan allows time for meals or breaks. Ten hours of travel time is added per two-week pay period unless additional travel time is requested and supported.

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

[x] Yes
[ ] No. If no, describe the additional work requirements.
n/a

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

[ ] No
[x] Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":
All age-eligible children whose parent/substitute parent has a need, and the child is placed with a licensed foster parent(s), the child or parent is receiving temporary assistance for needy families (TANF) or supplemental security income (SSI) benefits, the parent is a migrant farmworker, the child is experiencing homelessness, or the family has an active substantiated neglect/abuse case. Eligibility for such a child shall be considered without an income test, determined on a case-by-case basis. Additionally, children experiencing homelessness and those placed in licensed/paid foster care are determined under expedited processing and presumptive eligibility that waives most verification requirements temporarily.

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

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

[ ] No
[x] Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

[x] No
[ ] Yes

iv. 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?

[x] No
[ ] Yes

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

[x] No
[ ] Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

Amended: Effective Date 08/10/2023

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

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

No changes to add.

Amended: Effective Date 08/10/2023

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

	(i)	(ii)	(iii)	(iv)

Family Size	100% of SMI ($/Month)	85% of SMI ($/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) ($/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	4,051	3,444	2,266	56%
2	5,298	4,503	3,052	58%
3	6,544	5,563	3,838	59%
4	7,791	6,622	4,626	59%
5	9,038	7,682	5,412	60%

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

n/a

d. State Median Income (SMI) source and year

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates- for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss .

https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2021-03-state-median-income-estimates-optional-use-fy-2021

d. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

Rates are statewide.

Amended: Effective Date 08/10/2023

e. What is the effective date for these eligibility limits reported in 3.1.3 b?

7/3/2022

f. Provide the citation or link, if available, for the income eligibility limits.

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

3.1.4 Family asset limit

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

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

Self-certification by a checkbox on the assistance application and annual redetermination

documents.

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

[x] No
[ ] Yes. If yes, describe the policy or procedure and provide citation:

3.1.5 Additional eligibility conditions

Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

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

b. eligibility redetermination.

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

3.1.6 Continuity for Working Families

Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

[x] a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules

[ ] b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)

[x] c. Establishing minimum eligibility periods longer than 12 months

[ ] d. Using cross-enrollment or referrals to other public benefits

[x] e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services

[ ] f. Working with entities that may provide other child support services.

[ ] g. Providing more intensive case management for families with children with multiple risk factors

[ ] h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities

[ ] i. Other. Describe:

3.1.7 How the Lead Agency accounts for Fluctuation in earnings.

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

[x] a. Average the family's earnings over a period of time (e.g. 12 months).
[x] b. Request earning statements that are most representative of the family's monthly income.
[ ] c. Deduct temporary or irregular increases in wages from the family's standard income level.

[x] d. Other. Describe:

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

3.1.8 Eligibility criteria at the time of eligibility determination and redetermination

Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

[x] a. Applicant identity
[x] Required at Initial Determination
[x] Required at Redetermination
Information and Description
Verified through documentation but may be verified through social security number (SSN)/name match through the Social Security Administration.

[x] b. Applicant's relationship to the child
[x] Required at Initial Determination
[x] Required at Redetermination
Information and Description
Self-certification.

[x] c. Child's information for determining eligibility (e.g., identity, age, citizen/immigration status)
[x] Required at Initial Determination
[x] Required at Redetermination
Information and Description

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

[ ] d. Work
[ ] Required at Initial Determination
[ ] Required at Redetermination
Information and Description
Valid need reason; verified by documentation.

[x] e. Job training or educational program
[x] Required at Initial Determination
[x] Required at Redetermination
Information and Description
Valid need reason; verified by schedule from oversight entity.

[x] f. Family income
[x] Required at Initial Determination
[x] Required at Redetermination
Information and Description
Only for those who do not qualify for protective services. Verified by documentation.

[x] g. Household composition
[x] Required at Initial Determination
[x] Required at Redetermination
Information and Description
Self-certification.

[x] h. Applicant residence. Describe:
[x] Required at Initial Determination
[x] Required at Redetermination
Information and Description
Must be verified at application by documentation.

[ ] i. Other. Describe:
[ ] Required at Initial Determination
[ ] Required at Redetermination
Information and Description

3.1.9 Strategies for timely eligibility determinations

Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

[x] a. Time limit for making eligibility determinations. Describe length of time:
MDHHS local office staff have a maximum of 30 days to process complete applications, unless eligible for expedited processing, which is 7 days.

[ ] b. Track and monitor the eligibility determination process

[ ] c. Other. Describe:

[ ] d. None

3.1.10 Exception to TANF work requirements

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

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

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

MDHHS

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 does 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 the Child Care Licensing Bureau (CCLB) must meet Michigan Department of Education (MDE) enrollment requirements.

iv. "Affordable child care arrangements":

The child care is provided at the rate of payment or reimbursement offered by MDE.

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

[ ] i. In writing

[x] ii. Verbally

[ ] iii. Other. Describe:

d. Provide the citation for the TANF policy or procedure:

https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/233A.pdf#pagemode=bookmarks.

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)). Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

3.2.1 CCDF payments according to family size

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

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a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	*(b)*	*(c)*	*(d)*	*(e)*	*(f)*
Family size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than $0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the Monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	**2,266**	**0**	**N/A**	**3,444**	**0**	**N/A**
2	**3,052**	**0**	**N/A**	**4,530**	**0**	**N/A**
3	**3,838**	**0**	**N/A**	**5,563**	**0**	**N/A**
4	**4,626**	**0**	**N/A**	**6,622**	**0**	**N/A**
5	**5,412**	**0**	**N/A**	**7,682**	**0**	**N/A**

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. **[x]** N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

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

7/3/2022

d. Provide the link(s) to the sliding-fee scale:

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

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3.2.2 Family contribution calculation

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

[x] a. The fee is a dollar amount and (check all that apply):

[ ] i. The fee is per child, with the same fee for each child.

[ ] ii. The fee is per child and is discounted for two or more children.

[x] iii. The fee is per child up to a maximum per family.

[ ] iv. No additional fee is charged after a certain number of children.

[ ] v. The fee is per family.

[ ] vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

[x] vii. Other. Describe:

Family Contribution amounts are temporarily waived 11/7/2021 through 9/23/2023 for all children regardless of their provider assignment.

[ ] b. The fee is a percent of income and (check all that apply):

[ ] i. The fee is per child, with the same percentage applied for each child.

[ ] ii. The fee is per child, and a discounted percentage is applied for two or more children.

[ ] iii. The fee is per child up to a maximum per family.

[ ] iv. No additional percentage is charged after a certain number of children.

[ ] v. The fee is per family.

[ ] vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

[ ] vii. Other. Describe:

3.2.3 Other factors to determine family's co-payment

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

[ ] No

[x] Yes. If yes, check and describe those additional factors below.

[ ] a. Number of hours the child is in care. Describe:

[x] b. Lower co-payments for a higher quality of care, as defined by the state/territory. Describe:

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

[ ] c. Other. Describe:

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3.2.4 Waiving family contributions/co-payments

The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

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

[x] Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

[x] a. Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the policy citation.

Families with income under 100% of the federal poverty limit (FPL) do not have a family contribution/co-payment.

Note: Family Contribution amounts are temporarily waived 11/7/2021 through 9/23/2023 for all children.

[x] b. Families who are receiving or needing to receive protective services on a case-by- case basis, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation.

Bridges Eligibility Manual (BEM) 703, Child Development and Care (CDC) protective

services, includes Children's Protective Services, foster care, Temporary Assistance for Needy Families (TANF)/supplemental security income (SSI), migrant farmworkers, and homeless. These groups are income waived and co-payment waived.

[ ] c. Families meeting other criteria established by the Lead Agency. Describe the policy.

3.2.5 Graduated phase-out of assistance at redetermination

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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.
(ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
  (A) Takes into account the typical household budget of a low-income family.
  (B) Provides justification that the second eligibility threshold is:
    (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability.
    (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

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

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the 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-pay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

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

[ ] N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and

therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

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

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

[x] 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.

A. Provide the income level for the second tier of eligibility for a family of three:
The entry income level for a family size of 3 is $3,838.

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:
Families with income under 100% of the federal poverty level (FPL) do not have a family contribution/co-payment. Initial income eligibility is limited to a maximum of 150% FPL. Income greater than 100% FPL not exceeding 150% FPL is assigned a $15 (bi-weekly) per child co-payment ($45 pr family co-payment limit). Due to the CARES, ARPA Entitlement, CRRSA, CCDF regular award and ARPA Stimulus, additional funding has made it possible to bring the entry threshold to 185% for FY22 (beginning 11/7/2021) and to 200% of FPL (beginning 7/3/2022). Effective 11/7/2021 through 9/23/2023 family contributions amounts are temporarily waived for all children, regardless of their provider assignment.

Due to the CARES, ARPA Entitlement, CRRSA, CCDF regular award and ARPA Stimulus, additional funding has made it possible to bring the entry threshold to 185% for FY22 (beginning 11/7/2021) and FY23 and then 160% thereafter. Effective 11/7/2021 through 9/24/2022 family contributions amounts are temporarily waived for all children, regardless of their provider assignment.

2. 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:
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.
3. Reasonably allows a family to continue accessing child care services

without unnecessary disruption:

Once approved, clients remain continuously eligible for the CDC program for 12 months despite most changes in their circumstance. The following are the only reasons for disruption of the CDC program: Client request closure; unable to locate; welfare fraud/intentional program violation (IPV) sanction; moved out of state; excess income; the only authorized child ages out or leave the home; the only parent/substitute parent on the case leaves household; minor parent, active on legal guardian's case, turns 18; over a million dollars in assets. Bridges Administrative Manual (BAM) 220.

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

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

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b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

[ ] No
[x] Yes

i. If yes, describe how the Lead Agency gradually adjusts co-payments for families under a graduated phase-out:
Families with income under 150% of FPL do not have a family contribution/co-payment. Income greater than 100% of FPL not exceeding 150% 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.

Due to the CARES, ARPA Entitlement, CRRSA, CCDF regular award and ARPA Stimulus, additional funding has made it possible to bring the entry threshold to 185% for FY22 (beginning 11/7/2021) and to 200% of FPL (beginning 7/3/2022). Effective 11/7/2021 through 9/23/2023 family contribution amounts are temporarily waived for all children regardless of their provider assignment.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.4.3 of the Plan.)

[ ] No
[x] Yes. Describe:
Income eligible families who reach the exit limit of 85% state median income by family size must report this change in income.

3.3 Increasing Access for Vulnerable Children and Families

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

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

3.3.1 Increasing access for vulnerable children and families

Describe how the Lead Agency defines:

a. "Children with special needs":

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

b. "Families with very low incomes":

Families with income at or below 100% of FPL.

3.3.2 Priority populations

Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots
Children with special needs	**[ ]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Families with very low incomes	**[ ]**	**[x]**	**[x]**	**[ ]**	**[ ]**
Children experiencing homelessness, as defined by the CCDF	**[x]**	**[x]**	**[x]**	**[ ]**	**[ ]**

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots
Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	**[ ]**	**[x]**	**[x]**	**[ ]**	**[ ]**

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

n/a

3.3.3 Other priority groups

List and define any other priority groups established by the Lead Agency.
Homeless children, migrant farm workers, SSI recipients, foster care, children's protective services.

3.3.4 Additional priority groups

Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3.
Waive co-payments, pay higher rate for quality care, no waiting list.

3.3.5 Enrollment and outreach for families experiencing homelessness

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

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

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

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

[x] i. Lead Agency accepts applications at local community-based locations

[x] ii. Partnerships with community-based organizations

[x] 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:

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

3.3.6 Grace period

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 immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

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

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

i. Children experiencing homelessness (as defined by the CCDF Final Rule).
At application, applicants are asked whether the child is up to date on immunizations. If not, the child must be up to date by the next redetermination (12-months) or have a religious or medical objection that prevents them from being up to date. Child care subsidy requirements were aligned with TANF requirements to provide the most consistency for parents applying for assistance.
Provide the citation for this policy and procedure.
Brides Eligibility Manual (BEM 202), Immunizations.

ii. Children who are in foster care.
At application, applicants will be asked whether the child is up to date on immunizations (shots). If not, the child must be up to date by the next redetermination(12-months) or have a religious or medical objection that prevents them from being up to date. Child care subsidy requirements were aligned with TANF requirements to provide the most consistency for parents applying for assistance.
Provide the citation for this policy and procedure.
BEM 202, Immunizations.

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

A cross-agency policy workgroup was designated to identify what immunization policies are already in place and where alignment across programs might happen in a way that would

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

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

[ ] No
[x] Yes. Describe:
12-month grace period, as described above, applies to all CCDF applicants.

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

- 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 state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).
- regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

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
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 other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead

Agency

6. a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)
7. any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12- month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

At application or redetermination, eligibility for CDC services exists when the department has established all the following: There is a signed application and a request for CDC services, each child for whom CDC is requested is a member of a valid eligibility group, each parent or substitute parent in the home has valid need reason, all eligibility criteria are met. Once eligibility has been determined, the child will remain eligible for the entire 12-month period. Citation: BEM 703.

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b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

Minimum Required Element	Citation
[x] i. 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. Describe or define your Lead Agency's policy: **During the 12-month eligibility period any changes on the CDC case will not cause closure or a reduction in benefits, other than those found on the CDC eligibility determination group (EDG) closure list found in BAM 220 or a case correction due to an incorrect eligibility determination.**	**BAM 210, BAM 220, BEM 703**
[x] ii. Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency's policy: **During the 12-month eligibility period any changes on the CDC case will not cause closure or a reduction in benefits, other than those found on the CDC EDG closure list found in BAM 220 or a case correction due to an incorrect eligibility determination.**	**BAM 210, BAM 220, BEM 703**
[x] iii. Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency's policy: **During the 12-month eligibility period any changes on the CDC case will not cause closure or a reduction in benefits, other than those found on the CDC EDG closure list found in BAM 220 or a case correction due to an incorrect eligibility determination.**	**BAM 210, BAM 220, BEM 703**
[x] iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency's policy: **During the 12-month eligibility period any changes on the CDC case will not cause closure or a reduction in benefits, other than those found on the CDC EDG closure list found in BAM 220 or a case correction due to an incorrect eligibility determination.**	**BAM 210, BAM 220, BEM 703**

Minimum Required Element	Citation
[x] v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency. Describe or define your Lead Agency's policy: **During the 12-month eligibility period any changes on the CDC case will not cause closure or a reduction in benefits, other than those found on the CDC EDG closure list found in BAM 220 or a case correction due to an incorrect eligibility determination.**	**BAM 210, BAM 220, BEM 703**
[x] vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency's policy: **Eligible children who turn age 13 during the 12-month eligibility period would remain eligible until redetermination.**	**BAM 210, BAM 220, BEM 703**
[x] vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency's policy: **During the 12-month eligibility period any changes on the CDC case will not cause closure or a reduction in benefits, other than those found on the CDC EDG closure list found in BAM 220 or a case correction due to an incorrect eligibility determination.**	**BAM 210, BAM 220, BEM 703**

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

During the 12-month eligibility period, any changes on the CDC case will not cause closure or a reduction in benefits other than those found on the CDC EDG closure list found in BAM 220 or a case correction due to an incorrect eligibility determination.

3.4.2 Assistance during the minimum 12-month eligibility period

Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

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

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

[x] No

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

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

[x] No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program.

[ ] Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

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

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

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

iv. Provide the citation for this policy or procedure.

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

[ ] 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.

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

B. Provide the citation for this policy or procedure:

[x] iii. A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure:

BAM 220, CDC EDG closure reasons.

[x] iv. Substantiated fraud or intentional program violations that invalidate prior determinations of

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

BAM 220, CDC EDG closure. reasons; BAM 720, definitions.

3.4.3 Change reporting during the minimum 12-month eligibility period

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

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

[x] No
[ ] Yes

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

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

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

CDC clients are required to report changes in group composition/death, out of state residency, assets that exceed $1 million, or income that exceeds the income eligibility scale for the family size (income eligible families only).

[x] ii. Changes that impact the Lead Agency's ability to contact the family. Describe:
Clients must report change in address. Documentation is not required.

[x] iii. Changes that impact the Lead Agency's ability to pay child care providers. Describe:
CDC clients are required to report changes in child care providers or settings.

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

allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

[x] i. Phone
[x] ii. Email
[x] iii. Online forms
[ ] iv. Extended submission hours
[x] v. Postal mail
[x] vi. Fax
[x] vii. In-person submission
[ ] viii. Other. Describe:

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d. Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.
Once a family is determined to be eligible, they will be eligible for 12 months, regardless of change in status pertaining to work, education, or training. A determination for CDC cannot be completed earlier than the 12-month eligibility period. Income eligible families who reach 85% of the SMI by family size will no longer be eligible (if the increase is not temporary excess income). Families may report any change in circumstance, in addition to the changes they are required to report. Reported changes are documented and only changes which result in a positive action may affect the case, except the following: Client requests closure, unable to locate, substantiated welfare fraud or intentional program violation (IPV) sanction, incarceration of only adult in group, loss of Michigan residency, income over 85% SMI, only authorized child leaves the home, minor parent turns 18, or assets exceed $1 million.

ii. Provide the citation for this policy or procedure.

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

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

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

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for

the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

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

[x] i. Advance notice to parents of pending redetermination
[x] ii. Advance notice to providers of pending redetermination
[x] iii. Pre-populated subsidy renewal form
[x] iv. Online documentation submission
[x] v. Cross-program redeterminations
[ ] vi. Extended office hours (evenings and/or weekends)
[x] vii. Consultation available via phone
[ ] viii. Other:

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or

contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Child care certificate

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

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 ratings, 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 star ratings, 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.

4.1.2 Child care certificate and parent choice

Identify 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; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

[x] a. Certificate provides information about the choice of providers

[x] b. Certificate provides information about the quality of providers

[x] c. Certificate is not linked to a specific provider, so parents can choose any provider

[x] d. Consumer education materials are provided on choosing child care

[ ] e. Referrals provided to child care resource and referral agencies

[ ] f. Co-located resource and referral staff in eligibility offices

[x] g. Verbal communication at the time of the application

[ ] h. Community outreach, workshops, or other in-person activities

[x] i. Other. Describe:

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 ratings, 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 star ratings, 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.

4.1.3 Equal access for families receiving CCDF-funded child care

A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

When parents apply for child care, they are provided with information on how to select a child care provider through Great Start to Quality (GSQ) that meets their needs. Families receiving child care subsidy have the same access to eligible provider types as non-subsidy families.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

Overall, 89% of providers indicated that they are either currently caring for children receiving child care subsidies or are willing to care for subsidized children in the future (Market Rate Survey 2020-2021). Although centers were more likely than home-base providers to indicate that they are currently caring for children receiving subsidies, the proportion of providers who indicated that they will not accept any subsidized children in the future was low across all provider types.

c. 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 and reports to the Lead Agency:

Rates, co-pay collection, and timing issues (receiving notices, length of the application process) were cited by providers as the most challenging aspects of accepting the child care subsidy. (Market Rate Survey 2020-2021)

4.1.4 Procedures to ensuring unlimited access

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

Michigan's child care licensing rules and regulations require providers to ensure parents have unlimited access to their child regardless of whether they receive CDC subsidy. In addition, our current license exempt-related and unrelated provider population is notified of this requirement at the time of application.

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

[ ] No

[x] Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

[ ] a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:

[x] b. Restricted based on the provider meeting a minimum age requirement. Describe:

18-year-old minimum.

[ ] c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:

[ ] d. 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 (98.2)). Describe:

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

[x] f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

Both related and unrelated license-exempt providers must complete a seven-hour GSQ Orientation prior to receiving a CDC subsidy payment. Payment may be issued retroactively for care that was provided up to 30 days prior to the orientation, after the provider was enrolled and all criminal history background checks are completed.

[x] g. Other. Describe:

License exempt-unrelated providers and all adult household members are subject to in-state criminal history checks, which includes: Central Registry, Michigan criminal history records (ICHAT), incarceration information (OTIS), and the Public Sex Offender Registry (PSOR). Daily matches are ongoing for Central Registry and ongoing monthly checks on other information are conducted. These checks are completed prior to enrollment.

License exempt-unrelated providers are subject to the same in-state criminal history checks as listed for license exempt-related providers. In addition, there is a required is a fingerprint submission which allows for the following additional checks: Michigan State Police (MSP) criminal history records, National Crime Information Center (NCIC), National Sex Offender Registry (NSOR), and inter-state clearances for criminal history, sex offender and child abuse. These checks are all completed prior to enrollment. Background clearance checks based on fingerprints are required every 5 years. License exempt-unrelated providers also must complete an annual monitoring visit.

4.1.6 Child care services available through grants or contracts.

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

[x] No. If no, skip to 4.1.7

[ ] Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots.

[ ] Yes, statewide. If yes, describe:

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

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

b. Will the Lead Agency use grants or contracts for direct child care services to increase the supply or quality of specific types of care?

[x] No

[ ] Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

Grants or Contracts are used in Child Care Programs that Serve	*To increase the supply of care*	*To increase the quality of care*
i. Children with disabilities	**[ ]**	**[ ]**
ii. Infants and toddlers	**[ ]**	**[ ]**
iii. School-age children	**[ ]**	**[ ]**
iv. Children needing non-traditional hour care	**[ ]**	**[ ]**
v. Children experiencing homelessness	**[ ]**	**[ ]**
vi. Children with diverse linguistic or cultural backgrounds	**[ ]**	**[ ]**
vii. Children in underserved areas	**[ ]**	**[ ]**
viii. Children in urban areas	**[ ]**	**[ ]**
ix. Children in rural areas	**[ ]**	**[ ]**
x. Other populations, please specify	**[ ]**	**[ ]**

4.1.7 Shortages in supply of high-quality child care

Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x).

a. In child care centers.

Michigan tracks the number of providers monthly in the Bureau Information Tracking System (BITS) database located within Licensing and Regulatory Affairs (LARA). Each month, data reports are run that include the number of child care centers, including those that were closed during the month. A capacity report is also run monthly. In addition, licensing consultants work closely with the GSQ Resource Center to provide support to providers to become licensed.

b. In child care homes.

Michigan tracks the number of providers monthly in the BITS database. Each month, data reports are run that include the number of child care family homes and group homes (both included in family child care), including those that were closed during the month. A capacity report is also run monthly. Licensing consultants work closely with the GSQ Resource Center to provide support to providers interested in becoming a licensed child care home.

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c. Other.

The Caring for MI Future project includes $50 million in grant funding to assist with minor renovations and improvements to facilities to assist them in being able to meet licensing and quality standards, led by IFF. Licensed child care providers located in Michigan who meet one of the following criterial are eligible to apply for this funding:

- Newly licensed providers whose licenses have been issued on or after May 1, 2022
- Existing providers who have expanded their licensed capacity as of May 1, 2022
- Existing providers who are currently in the process of expanding their licensed capacity
- Licensed family child care homes or group child care homes with an approved capacity variance from Michigan Department of Licensing and Regulatory Affairs (LARA).

To guide and support the work of the Caring for MI Future project in ensuring that all children have access to quality early learning experiences, Michigan State University (MSU) created an Urgent and High Needs Map that illustrates the known child care needs across the state, using available data about staff shortage, the number of children competing for an available slot and child poverty rates in each county in Michigan. An additional Child Care Desert Map and Chart were also created by MSU based on the census and LARA databases to show areas with potential child care desert issues at the county and zip code level. MSU will continue to support data collection and analysis of the progress made by the Caring for MI Future efforts and will create maps and other tools to guide local and state level conversations and initiatives.

First Children's Finance is leading the Rural Child Care Innovation Program (RCCIP) in six Michigan communities. This community engagement process is designed to increase the supply of high-quality child care in rural communities by guiding communities through a process that helps them to identify the scope and size of their child care challenges and supporting communities to develop solutions to address them.

Regional planning opportunities are also being implemented throughout the state, bringing economic development and early childhood leaders together to accelerate community-level efforts to address

Michigan's child care crisis. The regional child care planning work, led by ECIC in partnership with Michigan Economic Development Corporation (MEDC) and the Policy Equity Group will be working with sixteen grantees to develop regional child care plans that meet the needs and preferences of working families.

In recognition of the critical need to both stabilize and expand access to high quality family child care, Michigan will establish staffed family child care networks throughout the state. A family child care network is an interconnected group of providers and families that comes together to enhance supports for home-based child care, including quality, access to services, and sustainability. Family child care networks offer mentorship, professional development, advocacy and leadership opportunities, and a network of relationships with other family child care providers.

4.1.8 Strategies to increase the supply of and improve the quality of child care services

Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receivecare during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

[ ] i. Grants and contracts (as discussed in 4.1.6). Describe:

[ ] ii. Targeted Family Child Care Support such as Family Child Care Networks. Describe:

[x] iii. Start-up funding. Describe:

Our Strong Start (housed in LARA) 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.

Our Strong Start entered a partnership with Wonderschool to support pre-licensure grant applicants in creating basic business sustainability plans, which are a requirement of the grant application, and to develop four on-line toolkits to support entrepreneurs in better understanding Caring for Mi Future, business development, the child care industry, and the licensing process.

[x] iv. Technical assistance support. Describe:

Michigan, through its GSQ Resource Centers offers an infant/toddler support network through Infant Toddler Specialists who lead peer to peer opportunities, provider technical

assistance and offer specialized infant/toddler training.

[x] v. Recruitment of providers. Describe:

Access fairs were held to recruit providers. The purpose of the Access Fairs is to increase the number of licensed child care facilities, especially in under-resourced areas of the state.

The Detroit Access Fairs were held in two different locations on two separate dates due to the size of the city, one on the east side and one on the west side. A total of 391 people attended and 6 of those in attendance enrolled. Hosting an Access Fair on both sides of the city offered the opportunity for more people to attend a fair in closer proximity to them. The fair was also held in the northern city of Traverse City where 41 were in attendance with 1 enrollment and in Grand Rapids to capture the western part of the state. There were 44 in attendance with 19 enrollments. As an addition, we are hosting eight Access Fairs this spring with locations throughout the state, including two in the Upper Peninsula.

[x] vi. Tiered payment rates (as discussed in 4.3.3). Describe:

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

[x] vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

Our Strong Start (housed in LARA) 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.

Our Strong Start entered a partnership with Wonderschool to support pre-licensure grant applicants in creating basic business sustainability plans, which are a requirement of the grant application, and to develop four on-line toolkits to support entrepreneurs in better understanding Caring for Mi Future, business development, the child care industry, and the licensing process.

Wonderschool is providing direct support for new, expanding, and existing child care providers, offering a menu of free, professional coaching, on-demand business trainings, webinars, and six-week Cohorts that cover important topics such as:

The importance of business planning.
How to hire, develop, and retain staff.
Accessing scholarships and creating professional development plans.

Taxes, recordkeeping and using data to inform goal setting.
Navigating CACFP, Head Start/Early Head Start, GSRP, and subsidies. Processes and plans for full tuition collection. Long term planning for profit.
Marketing your program for enrollments. Building and managing waitlists.
Planning for family engagement and communication.

[ ] viii. Accreditation supports. Describe:

[ ] ix. Child care health consultation. Describe:

[x] x. Mental health consultation. Describe:

Through a partnership of Michigan Department of Education (MDE) and the Michigan Department of Health and Human Services (MDHHS), leveraging Preschool Development Grant (PDG) B-5 funding and Child Care Development Funds (CCDF), some communities in Michigan (27 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/Development 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. Training and peer supports are also available for providers.

[x] xi. Other. Describe:

The Head Start State Collaboration Office and the CDC program developed, through a Memorandum of Understanding, a pilot program centered on Michigan's Early Head Start-Child Care Partnership grants. The pilot allows Early Head Start Child Care Partnerships (EHS-CCP) childcare partners to bill for the full amount of subsidy a partnership-enrolled child is eligible for encouraging continuity of care for infants and toddlers in poverty; and, increasing the capacity of providers to provide quality care to low-income infants and toddlers. In Genesee county, partnerships were created through Genesee Intermediate School District (GISD) to support a high-quality early learning opportunity for children in Flint.

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

[x] i. Grants and contracts (as discussed in 4.1.6). Describe:

In January 2022 Child Care Stabilization grants funded by the American Rescue Plan Act (ARPA) Stabilization funds and the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) funds were offered to Michigan's licensed child care providers. The grant funding is intended to help stabilize operations and support the health and safety of children and staff. Bonus payments were added for providers who serve infant and toddlers, care for children with special needs, care for CDC subsidy children, and provide care during non-traditional hours. Providers could receive additional funding for staff bonuses and recruitment of staff. Child Care Stabilization grant information can be found at (https://www.michigan.gov/mde/services/early-learners-and-care/cdc/child-care-stabilization-grants-fall-2021) Child Care Stabilization Grants Fall 2021 (michigan.gov).

[ ] ii. Family Child Care Networks. Describe:

[ ] iii. Start-up funding. Describe:

[x] iv. Technical assistance support. Describe:

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

[ ] v. Recruitment of providers. Describe:

[x] vi. Tiered payment rates (as discussed in 4.3.3). Describe:

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

[ ] vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

[ ] viii. Accreditation supports. Describe:

[ ] ix. Child care health consultation. Describe:

[x] x. Mental health consultation. Describe:

Through a partnership of Michigan Department of Education (MDE) and the Michigan Department of Health and Human Services (MDHHS), leveraging Professional Development Grant (PDG) B-5 funding and Child Care and Development Funds (CCDF), some communities in Michigan (18 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/Development 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. Training and peer supports are also available

for providers.

[x] xi. Other. Describe:

The Head Start State Collaboration Office and the CDC program developed, through a Memorandum of Understanding, a pilot program centered on Michigan's Early Head Start-Child Care Partnership grants. The pilot allows Early Head Start Child Care Partnerships (EHS-CCP) childcare partners to bill for the full amount of subsidy a partnership-enrolled child is eligible for encouraging continuity of care for infants and toddlers in poverty; and, increasing the capacity of providers to provide quality care to low-income infants and toddlers. In Genesee County, partnerships were created through Genesee Intermediate School District (GISD) to support a high-quality early learning opportunity for children in Flint.

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

[x] i. Grants and contracts (as discussed in 4.1.6). Describe:

In January 2022 Child Care Stabilization grants funded by the American Rescue Plan Act (ARPA) Stabilization funds and the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) funds were offered to Michigan's licensed child care providers. The grant funding is intended to help stabilize operations and support the health and safety of children and staff. Bonus payments were added for providers who serve infant and toddlers, care for children with special needs, care for CDC subsidy children, and provide care during non-traditional hours. Providers could receive additional funding for staff bonuses and recruitment of staff. Child Care Stabilization grant information can be found at (https://www.michigan.gov/mde/services/early-learners-and-care/cdc/child-care-stabilization-grants-fall-2021) Child Care Stabilization Grants Fall 2021 (michigan.gov).

[ ] ii. Family Child Care Networks. Describe:

[ ] iii. Start-up funding. Describe:

[x] iv. Technical assistance support. 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 that is focused on professional development and coaching to support providers with inclusive practices and working with families with special needs.

[ ] v. Recruitment of providers. Describe:

[ ] vi. Tiered payment rates (as discussed in 4.3.3). Describe:

[ ] vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

[ ] viii. Accreditation supports. Describe:

[ ] ix. Child care health consultation. Describe:

[ ] x. Mental health consultation. Describe:

[ ] xi. Other. Describe:

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

[x] i. Grants and contracts (as discussed in 4.1.6). Describe:

In January 2022 Child Care Stabilization grants funded by the American Rescue Plan Act (ARPA) Stabilization funds and the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) funds were offered to Michigan's licensed child care providers. The grant funding is intended to help stabilize operations and support the health and safety of children and staff. Bonus payments were added for providers who serve infant and toddlers, care for children with special needs, care for CDC subsidy children, and provide care during non-traditional hours. Providers could receive additional funding for staff bonuses and recruitment of staff. Child Care Stabilization grant information can be found at (https://www.michigan.gov/mde/services/early-learners-and-care/cdc/child-care-stabilization-grants-fall-2021) Child Care Stabilization Grants Fall 2021 (michigan.gov).

[ ] ii. Family Child Care Networks. Describe:

n/a

[ ] iii. Start-up funding. Describe:

n/a

[ ] iv. Technical assistance support. Describe:

n/a

[ ] v. Recruitment of providers. Describe:

n/a

[ ] vi. Tiered payment rates (as discussed in 4.3.3). Describe:

n/a

[ ] vii. Support for improving business practices for providers, such as management training, and shared services. Describe:

n/a

[ ] viii. Accreditation supports. Describe:

n/a

[ ] ix. Child Care health consultation. Describe:

n/a

[ ] x. Mental health consultation. Describe:

n/a

[ ] xi. Other. Describe:

n/a

e. Other. Check and describe all that apply.

[x] i. Grants and contracts (as discussed in 4.1.6). Describe:

In January 2022 Child Care Stabilization grants funded by the American Rescue Plan Act (ARPA) Stabilization funds and the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) funds were offered to Michigan's licensed child care providers. The grant funding is intended to help stabilize operations and support the health and safety of children and staff. Bonus payments were added for providers who serve infant and toddlers, care for children with special needs, care for CDC subsidy children, and provide care during non-traditional hours. Providers could receive additional funding for staff bonuses and recruitment of staff. Child Care Stabilization grant information can be found at (https://www.michigan.gov/mde/services/early-learners-and-care/cdc/child-care-stabilization-grants-fall-2021) Child Care Stabilization Grants Fall 2021 (michigan.gov).

[ ] ii. Family Child Care Networks. Describe:

n/a

[ ] iii. Start-up funding. Describe:

n/a

[ ] iv. Technical assistance support. Describe:

n/a

[ ] v. Recruitment of providers. Describe:

n/a

[ ] vi. Tiered payment rates (as discussed in 4.3.3). Describe:

n/a

[ ] vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

n/a

[ ] viii. Accreditation supports. Describe:

n/a

[ ] ix. Child Care health consultation. Describe:

n/a

[ ] x. Mental health consultation. Describe:

n/a

[ ] xi. Other. Describe:

n/a

4.1.9 Prioritizing investments for increasing access to high-quality child care and development services

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 (658 E(c)(2)(M); 98.16 (x);98.46(b)).

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

Michigan has implemented policy around CDC protective services for a child in foster care, a family receiving TANF, a parent or child receiving SSI, a parent who is a migrant 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.

Today, 1.4 million Michiganders (20% of children) fall below the poverty level, but more importantly, the United Way's ALICE Report shows that 43% or 4.3 million of working Michigan households struggle to afford the necessities like housing, childcare, food, technology, health care and transportation. https://www.michigan.gov/leo/0,5863,7-336-78421_97193---,00.html

b. Describe how the Lead Agency prioritizes increasing access to high-quality child care and development

services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs.

Michigan has implemented CDC protective services for a child in foster care, a family receiving TANF, a parent or child receiving SSI, a parent who is a migrant farmworker, a child experiencing homelessness, or a family with an active substantiated neglect/abuse case. 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. In addition, if a family chooses a 3, 4, or 5 star rated program the family contribution is waived.

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to child care for children receiving child care assistance; and (2) ensure parental choice by offering a full range of child care services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by child care providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a market rate survey or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health, safety, quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

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

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe what information the Lead Agency will obtain from an alternative methodology that could not be obtained from the required narrow cost analysis.
- Describe how the Lead Agency will consult with the State Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and

reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.

- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care, such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location, and quality.
- Describe how the alternative methodology will use current data.
- What metrics the Lead Agency will use to set rates based on the alternative methodology.
- Describe the estimated reporting burden and cost to conduct the approach.

A Market Rate Survey (MRS) or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

[x] Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

[x] a. MRS. When was your data gathered (provide a date range, for instance, September – December, 2019)?

October 26, 2020 – January 8, 2021

[ ] b. ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology:

[ ] No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

[ ] i. MRS. If checked, describe the status of the Lead Agency's implementation of the MRS.

[ ] ii. ACF pre-approved alternative methodology. If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2-4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2–4.5.2.

4.2.2 Consultation prior to developing MRS or pre-approved alternative methodology

Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a. State Advisory Council or similar coordinating body:

n/a

b. Local child care program administrators:

The Department convened a group of child care administrators/providers, including a tribal partner to provide feedback on the development of the Market Rate Survey (MRS) questions. In addition, throughout the pandemic the Department had many listening sessions with providers that guided the development of the MRS.

c. Local child care resource and referral agencies:

Throughout the pandemic the Department had many listening sessions with the Great Start to Quality Resource Centers and other partners that guided the development of the MRS.

d. Organizations representing caregivers, teachers, and directors:

The Department convened a broad group of child care administrators/providers, including a tribal partner to provide feedback on the development of the MRS questions. In addition, throughout the pandemic the Department had many listening sessions with providers that guided the development of the MRS.

e. Other. Describe:

n/a

4.2.3 Benchmarks for MRS or pre-approved alternative methodology

ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the

following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market:

The survey included providers that charge a price established through an arm's length transaction, i.e., not relatives or friends (license exempt - related and license exempt - unrelated). Final analytic data included 3,008 unduplicated responses from open and active providers. This yielded a response rate of 44% for open and active providers. Response rates were above 40% for all three licensed provider types, although centers had a lower response rate (40%) than family homes (45%) or group homes (48%).

ii. Provide complete and current data:

The 2020 Michigan survey was based on a sampling frame of all open licensed child care providers in the priced market. The survey was conducted over a three-month period with results promptly reported. Because the pandemic resulted in short- and long- term fluctuations in the activity of child care providers, the estimation of the sample universe and response rates have higher levels of uncertainty than normal.

iii. Use rigorous data collection procedures:

Every effort was made to ensure quality data collection processes within the scope of time and resources available to the team. While the overall participation rate for the 2020 survey (44%) was below the target response rate, it represented a substantially increase relative to the 2017 survey. In addition, analysis comparing the sample of respondents to non-respondents showed the sample to be highly representative of the overall population of providers. To further strengthen the alignment between the sample of providers who responded to the 2020 survey and the overall population of child care providers in Michigan, data, including price estimates, were weighted by geographic region based on aggregated PUMAs (Public Use Microdata Area) and provider type.

iv. Reflect geographic variations:

The 2020 Michigan survey included providers from every county, and price data were analyzed and reported by Great Start to Quality region.

v. Analyze data in a manner that captures other relevant differences:

To further strengthen the alignment between the sample of providers who responded to the 2020 survey and the overall population of child care providers in Michigan, data, including price estimates, were weighted by geographic region based on aggregated PUMAs and provider type. In addition, results were analyzed separately by star rating (where available), age group, and type of care. As in past years, calculating price per slot of was complicated by ambiguities in reported capacity. Licensing records have one data point for capacity□total permitted capacity

at any single time. While survey questions asked providers to identify the number of slots for children in each of the four age groups, the study found that reported slots, in aggregate, were substantially greater than known capacity. For example, a provider might have a state-reported capacity of 100 and report 30 slots for infants, 45 slots for toddlers, 45 slots for preschool, and 30 slots for school-aged children, totaling 150. While we believe the discrepancies are a function of part-time attendance and specialty programs (100 half-time preschoolers is compatible with a capacity of 50), the data are inadequate to fully disentangle which children are being served full time and which are being served part time, which is the data needed to allocate total capacity to the varied age groups.

If we were to weight reported rates for infants, toddlers, preschoolers, and school-aged children alike by the single capacity in licensing records, we would have been assigning the full capacity of any facility to each age group a real distortion if one considers the differences between three centers with capacity of 100, the first of which serves children across the age ranges, the second of which specializes in preschool, and the third of which specializes in part-time service and cannot accommodate families with parents working full time.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

[ ] No

[x] Yes. If yes, why do you think the data represents the child care market?

Since this research was conducted during the pandemic, the survey also addressed special cost considerations associated with COVID-19. In addition, extent data from a variety of sources and in-depth interviews conducted with 24 providers were analyzed to assess the cost to provide care using the Provider Cost of Quality Calculator from the U.S. Department of Health and Human Services, Office of Child Care.

4.2.4 Variations in the price or cost of services

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

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

The survey data were weighted on the basis of facility type (center, family home, or group home) and region of the state. Because of the prevalence of small-population counties with few child care providers (and sometimes zero providers of a particular type), the American Community Survey (ACS) Public Use Microdata Area (PUMA) areas were used to classify providers by geographic region. PUMAs are geographic units of at least 100,000 residents that observe political boundaries. For counties with small populations, adjacent counties are grouped based on similarity of demographic profiles until the total population reaches 100,000. High-population counties with much more than 100,000 residents are divided in the ACS into multiple PUMAs. For the purpose of this study, PUMAs within a county (e.g., Wayne and Kent) are aggregated to create a county-level identifier. This results in 26 specific geographic regions. Weights represented the percentage of cases in the sample frame in the given category divided by the percentage of cases in the sample in the given category. For example, if 4% of cases in the sample were group homes in Wayne County and 5% of cases in the sampling frame were group homes in Wayne County, the case weight would be 0.5/0.4, or 1.2. This would mean that when conducting analysis, each facility of this type in the geographic region would

be counted as 1.2 providers, rather than simply 1, so that final estimates would reflect the balance of provider types and geography in the state as a whole.

b. Type of provider. Describe:

The 2020 Market Rate Survey was a census survey, meaning all licensed child care providers were invited to participate. Although not licensed by the State, tribal providers were also invited and responded to the survey. As of January 2021, the Child Care Licensing Bureau (CCLB) database of licensed child care providers included a total of 6,935 licensed and active providers; 3,008 of those providers responded to the market rate survey, for an overall response rate of 44%. Although the participation rates among group homes (48%) and family homes (45%) were higher than among centers (40%), analysis comparing the sample of respondents to non-respondents showed the sample to be highly representative of the overall population of providers.

c. Age of child. Describe:

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

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

4.2.5 Narrow cost analysis completion

Has the Narrow Cost Analysis been completed for the FY 2022 – 2024 CCDF Plan?

[ ] No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

[x] Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).
To assess the cost of quality care to meet the health and safety standards in Michigan, a pre-programmed model was used: The Provider Cost of Quality Calculator (PCQC) developed for the U.S. Administration for Children and Families' Office of Child Care. 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.

To determine what impact various factors thought to be cost drivers could have on the bottom line for operating costs, the model was used to create multiple scenarios by systematically altering several of these factors. This is a sensitivity analysis. Cost drivers that were manipulated for assessment include:

Level of star rating.
Quality activities such as additional professional development time and conducting screenings.
Child-to-teacher/caregiver ratios.
Enrollment as a percentage of capacity.
Percentage of families receiving the CDC subsidy.
CACFP participation and mix of eligible children.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

As part of the MRS, Michigan used data that was available to the Department to help populate and inform Provider Cost of Quality Calculator (PCQC). Inputs were drawn from the market rate survey results, as well as multiple secondary sources, including:

- The Bureau of Labor Statistics (BLS)
- The Michigan Department of Education, Office of Great Start (OGS)
- The Center for Educational Performance and Information (CEPI)
- The Early Childhood Investment Corporation (ECIC).

In addition, interviews were conducted with 24 providers, representing a mix of centers and home-based programs who were selected using a stratified random sampling. Information provided by the interviewees helped to refine cost estimates and provided additional context related to the costs of providing care.

To assess the cost of quality care to meet the health and safety standards in Michigan, the assessment was conducted using a pre-programmed model: The Provider Cost of Quality Calculator (PCQC) developed for the U.S. Administration for Children and Families' Office of Child Care by Andrew Brodsky and Simon Workman at Augenblick, Palaich and Associates and Anne Mitchell at the Alliance for Early Childhood Finance. 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.

To determine what impact various factors thought to be cost drivers could have on the

bottom line for operating costs, the model was used to create multiple scenarios by systematically altering several of these factors. This is a sensitivity analysis. Cost drivers that were manipulated for assessment include:

Level of star rating.
Quality activities such as additional professional development time and conducting screenings.
Child-to-teacher/caregiver ratios.
Enrollment as a percentage of capacity.
Percentage of families receiving the CDC subsidy.
CACFP participation and mix of eligible children.

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).
To model the cost of higher-quality care, multiple PCQC cost models were developed to reflect costs among providers at various quality rating levels. Detailed quality rating score data for existing providers were used to generate accurate models at various levels of quality. Specifically, the range of scores for each of the quality rating categories for providers at particular rating levels were used to estimate how specific cost drivers (e.g., child-to-teacher ratios, use of student assessments, staff time spent on quality activities) vary as quality rating levels increase.

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.
Despite raising the base reimbursement rates in 2020, the differences between the base subsidy rates and market rates changed very little since the last market rate survey. Overall, subsidy rates are lower than the market rate for centers at all age levels; subsidy rates are closer to market rates for home-based providers across age levels; the closeness of subsidy and market rates varies by region; and about 62% of providers charge families the full different between the subsidy and tuition cost.

Cost analysis revealed:

Biggest cost driver for providers is staffing.
Many home-based providers are making less than minimum wage.
The Child and Adult Care Food Program (CACFP) plays a critical role in the financial health of child care providers.
Higher quality ratings increase provider costs.
The CDC program strengthens provider finances and enhances access to child care.
The pandemic has weakened providers' financial situations.

4.2.6 Detailed report of the market rate survey or ACF pre-approved alternative methodology results

After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-

approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and(2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the 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.

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 (98.45(f)(1)) by responding to the questions below.

a. Date the report containing results was made widely available—no later than 30 days after the completion of the report.

3/30/2021

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

(https://www.michigan.gov/mde/0,4615,7-140-63533_63534_71161-347829--,00.html) MDE - PARTNERS (michigan.gov) . This report was shared electronically on our website and with partners by email. In addition, stakeholders were able to provide feedback and comments on the market rate survey during four public hearings or in writing.

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

Comments were evaluated to determine whether they changed or clarified the content of the report. Edits to the report were made, as necessary. Comments that were specific to future program improvements related to child care rates were reviewed by staff for the possibility of future implementation.

4.3 Establish 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, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Base payment rates and percentiles

Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below. Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal

access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

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a. Fill in the table below based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, 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.

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
i. Infant (6 months) Center care	**7.90**	**355.50**	**122%**	
ii. Toddler (18 months) Center care	**7.90**	**355.50**	**122%**	
iii. Preschooler (4 years) Center care	**5.60**	**252.00**	**103%**	

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
iv. School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer.)	**5.45**	**245.25**	**117%**	
v. Infant (6 months) Family Child Care	**6.30**	**283.50**	**149%**	
vi. Toddler (18 months) Family Child Care	**6.30**	**282.50**	**149%**	
vii. Preschooler (4 years) Family Child Care	**5.45**	**245.25**	**136%**	
viii. School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer.)	**5.30**	**238.50**	**136%**	

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

The cost analysis required weekly rates rather than hourly rates. These rates were calculated by multiplying the previously estimated full-time hourly rate by 45 (i.e., 5 9-hour days), weighted by geography and provider type.

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c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Part-time 1-60 Hours /two weeks 30 Hours x hourly rate.

Part-time 31-60 Hours /two weeks 60 hours x hourly rate.

Full-time 61+ hours /two weeks 90 hours x hourly rate.

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d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1).

10/9/2022

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Rates are statewide.

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

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

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

n/a

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4.3.2 Differentiating payment rates

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

[ ] a. Geographic area. Describe:

[x] b. Type of provider. Describe:

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

[x] c. Age of child. Describe:

Licensed providers, license exempt centers, and group/family homes, and license exempt related and unrelated providers who have taken additional training receive higher reimbursement rates for infant/toddlers (birth to age 2 ½ years), preschoolers (age 2 ½ to 5 years), and school age (over age 5).

[x] d. Quality level. Describe:

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

[x] e. Other. Describe:

Effective October 10, 2021 (pay period 122), provider subsidy rates were increased by 30 percent. This was in accordance with the Fiscal Year (FY) 2022 budget bill. At that time there were additional temporary increases, above the 30 percent. A four-step provider rate chart was created to represent these rates. The FY 2022 rates are shown in the Step One and Step Two charts in this policy item.

Effective October 9, 2022 (pay period 222), provider subsidy rates received another increase, in accordance with the FY 2023 budget bill. The updated rates are shown in the Step Three and Step Four charts in this policy item.

Step one: October 10, 2021 - April 9, 2022 (pay periods 122-208), temporary rates based on the FY 2022

budget. Step two: April 10, 2022 - October 8, 2022 (pay periods 209-221), temporary rates based on the FY 2022 budget. Step three: October 9, 2022 - September 23, 2023 (pay periods 222-319) rates, temporary rates based on the FY 2023 budget. Step four: Beginning September 24, 2023 (pay period 320). Ongoing rates based on the FY 2023 budget.

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4.3.3 Tiered rates, differential rates, or add-ons

Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?
[ ] No
[x] Yes, 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.

[ ] a. Tiered or differential rates are not implemented.

[ ] b. Differential rate for non-traditional hours. Describe:

[ ] c. Differential rate for children with special needs, as defined by the state/territory. Describe:

[ ] d. 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:

[ ] e. 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:

[x] f. Differential rate for higher quality, as defined by the state/territory. Describe:

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

[x] g. Other differential rates or tiered rates. Describe:

Effective October 10, 2021 (pay period 122), provider subsidy rates were increased by 30 percent. This was in accordance with the Fiscal Year (FY) 2022 budget bill. At that time there were additional temporary increases, above the 30 percent. A four-step provider rate chart was created

to represent these rates. The FY 2022 rates are shown in the Step One and Step Two charts in this policy item.

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4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

For centers, the subsidy rates at all star levels are below the 75th percentile of the base market rates for all age groups. The gaps are largest among the preschool age group, where the base reimbursement rate is 44% below the base market rate. The gaps are smallest among the infant and toddler age group, where the base reimbursement rate is 33.9% below the base market rate.

Compared to centers, the reimbursement rates across all age groups and star ratings for home-based providers are closer to the base market rates. At higher star levels (4 and 5 stars), the reimbursement rates for home-based providers surpass base market rates. As noted above, though, only 3% of family homes and 5% of group homes are currently rated above the 3-star level.

As part of the MRS, Michigan used data that was available to the Department to help populate and inform Provider Cost of Quality Calculator (PCQC). Inputs were drawn from the market rate survey results, as well as multiple secondary sources, including: The Bureau of Labor Statistics (BLS) The Michigan Department of Licensing and Regulatory Affairs, Child Care Licensing Division The Michigan Department of Education, Office of Great Start The Center for Educational Performance and Information (CEPI) The Early Childhood Investment

Corporation (ECIC). In addition, interviews were conducted with 24 providers, representing a mix of centers and home-based programs. Information provided by the interviewees helped to refine cost estimates and provided additional context related to the costs of providing care. After utilizing the PCQC, additional data and provider interviews, it was determined that base payments rates are not enough to support the cost of meeting health, safety, quality and staffing requirements under CCDF. It was determined that staffing alone accounts for 75%-85% of operating costs in child care centers. When possible, Michigan continues to offer funding to help mitigate the cost of the criminal history check requirements for

providers and developed low cost health and safety training modules, and free ongoing health and safety training modules. Overall, programs are more concerned about ongoing health and safety costs. Food was also identified as a high cost for programs, as well as home insurance for those operating a program in their home. Costs for higher quality programs in the GSQ were also identified. A common factor seemed to be enrollment and being able to count on that enrollment to meet costs.

b. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, including any increased costs and provider fees because of COVID-19, and how such costs may be modified after the pandemic subsides.

For families that qualify for CDC assistance, the State reimburses approved providers for the hours that a child is in care, up to a maximum number of hours approved for each child. The hourly rate for reimbursements is determined based on the age of the child, the type of provider, and the provider's Great Start to Quality (GSQ) star rating. The current reimbursement rates for centers and home-based providers, was set by the state legislature in January 2020. In addition to increased rates, the changes that took effect in January 2020 also included a new preschool age category, separating children over two and a half years old into two groups. Despite raising the base reimbursement rates in 2020, the differences between the base subsidy rates and market rates changed very little since the last market rate survey was conducted in 2017. The average difference between the current base subsidy rate and base market rate across all age groups is $2.26 among centers and $0.98 among home-based providers. In 2017, the average differences were $2.21 and $0.95, respectively. In 2020, the CDC program also implemented a new bi-weekly block reimbursement rate. This policy moved away from hourly billing and closer to the daily or weekly billing that is common among providers. Depending on the hours of care billed over a two-week period for a child receiving subsidies, the block reimbursement rate allows providers to round the actual hours to a pre-determined standard number of hours for part-time or full-time care before multiplying the rounded total by the hourly rates. COVID-19 appears to have increased costs to providers while their revenues were reduced by low enrollment. In interviews, providers noted the powerful effect of the pandemic. COVID-19 resulted in lower enrollments and higher costs required for cleaning (both in time and supplies), as well as additional personnel and direct costs to ensure safety protocols were adhered to (especially at centers). Most interviewees expected these increased costs to remain permanent.

COVID-19 may also be responsible for the higher numbers of open slots in the 2020 Market Rate Survey. While the 2017 survey had an average of 88% enrollment efficiency (the proportion of open slots to capacity), centers and family home providers reported in February 2021 enrollment efficiency levels of 69%, and group homes had enrollment efficiency of 77%. Unfilled slots are lost revenue to providers, which affects the profitability of child care providers. The analysis presented thus far assumes that providers' daily enrollment is at the PCQC default rate of 85%. However, if this number is lower because of shorter hours or fewer students (and hence less tuition and subsidy revenue), it has a major effect on the net revenue of providers. If the lower enrollment efficiency indicated in the

Market Rate Survey is indicative of long-term trends during the pandemic, it would result in serious financial losses to providers. However, several providers interviewed as part of this study indicated that state grants (including the Child Care Relief Fund grants) played a critical role in compensating for lost enrollment.

4.3.5 Cost of higher quality

Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

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, professional memebership fees, educational supplies, vehicale expenses, licensing and permits, and utilities, thereby supporting quality care across the child care system in the state.

The QRIS calculates ratings, or stars, 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 star ratings, 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 centers had total personnel costs that were nearly 40% lower than 5-star 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, 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) system.

4.3.6 Additional facts in determining payments rates

Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

A principal aim of the study was to examine the extent to which there is equal access to care across Michigan. Factors influencing access include geographic proximity to care, access to care that is responsive to the individual needs of children and families, and affordability. Since this research was conducted during the pandemic, the survey also addressed special cost considerations associated with preventing the spread of COVID-19. Six percent of providers increased their rates to cover the extra costs associated with covid-19. The primarily costs identified by providers were driven by fewer children in care, which was reported by 54% of family homes and 84% of centers, combined with the fact that very few providers reported changing the rates charged to families. Only 17% indicated a change in rates, and within that small percentage 64% reported that they decreased rates rather than increasing them.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

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

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-
paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

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

4.4.1 Payment practices

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

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

[ ] i. Paying prospectively prior to the delivery of services. Describe the policy or procedure.

[x] ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure.

Child care providers bill electronically after care has been provided on a bi-weekly basis. There is a published billing deadline, which is a few days after the pay period ends. If the billing is done by the billing deadline, payment is generated 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 billing. Payroll is processed on a weekly basis to ensure providers are paid in a timely manner.

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

[x] i. Paying based on a child's enrollment rather than attendance. Describe the policy or procedure.

Effective 10/10/2021 Michigan moved to enrollment vs attendance billing for subsidy payments. Providers have been given special billing instructions: When a child is absent from care, providers are instructed to bill regular care hours instead of absence hours for children who are attending regularly. If a child is absent for less than 10 consecutive days providers are instructed to bill for regular care hours. If the child is absent for more than 10 consecutive days providers must bill for absence hours. If the child's extended absence (more than 10 consecutive days) is due to COVID, providers can contact the CDC office for a special exception to receive payment.

[x] ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure.

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

[ ] iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure.

[ ] iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

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c. The Lead Agency's payment practices reflect generally accepted payment practices of child

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

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Effective 10/10/2021 Michigan moved to enrollment vs attendance billing for subsidy payments. Providers have been given special billing instructions: When a child is absent from care, providers are instructed to bill regular care hours instead of absence hours for children who are attending regularly. If a child is absent for less than 10 consecutive days providers are instructed to bill for regular care hours. If the child is absent for more than 10 consecutive days providers must bill for absence hours. If the child's extended absence (more than 10 consecutive days) is due to COVID, providers can contact the CDC office for a special exception to receive payment.

Child care centers, group homes, and family homes are eligible to receive part-time and full-time reimbursement rates, calculated using the time billed, and multiplied by the provider's hourly rate. Beginning 10/9/2022 part time billing of 1-30 hours will result of payment of 30 hours multiplied by the hourly rate; part-time billing of 31-60 hours will result in payment of 60 hours multiplied by the hourly rate; full-time billing of 61 or more hours will result in a payment of 90 hours multiplied by hourly rate. Note: Payment is still potentially limit by a child's maximum authorized hours.

Providers were asked to indicate how they charge both their full-time and part-time rates for families that do not receive any state and/or federal tuition assistance. Providers who charge tuition using multiple rate structures were asked to indicate the two most common ways they charge. Approximately 61% of providers indicated that they charge on a weekly basis, and 43% offer a daily rate. While weekly fee structures are most common for full-time tuition, part-time tuition is more often charged daily. In general, these patterns remain consistent across the provider types.

ii. Paying for reasonable mandatory registration fees that the provider charges to private- paying parents. Describe the policy or procedure.

To fully assess the price of child care, it is important to look beyond tuition rates. Sixty-two percent of providers charge one or more fees in addition to tuition. Among these additional fees, registration fees are the most common, especially among center-based providers. Nearly 90% of centers charge some form of registration fee. The majority (58%) reported only charging an initial fee to register. The other 42% indicated that they collect an initial registration or application fee plus an annual, semi-annual, or other recurring registration fee.

Although not as prevalent as registration fees, other fees include charges for field trips, supplies, transportation, security deposits, and fundraisers. Additional fees for registration and/or supplies, multi-child discounts, and/or absence policies may have an impact on how much parents ultimately pay for child care. Child care centers, group homes, and family homes may bill the CDC program for child care fees. This is intended to help cover 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, bounced check fees, etc. The total fees charged to the CDC program must not exceed what is charged to the general public. Payment for child care fees is limited to $65.00 for centers, and $40 for group and family homes, per child per fiscal year (10/1 – 9/30). Note: License exempt-related and license exempt-unrelated providers are not eligible for payment of child care fees.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process.

Describe:

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

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

Bridges generates a DHS-198, CDC Provider Notice, to notify CDC providers when: an authorization is added; there is a change in the authorization period; the authorized hours change; closing the CDC eligibility determination groups (EDG); or the family contribution changes.

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

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

g. Other. Describe:

n/a

4.4.2 Payment practices across regions counties, and/or geographic areas

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

[x] No, the practices do not vary across areas.

[ ] Yes, the practices vary across areas. Describe:

4.4.3 Payment practices supporting equal access

Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

Michigan uses a variety of strategies to ensure families have access to a provider who accept subsidy 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 subsidy 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 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

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4.5.1 Affordable family contribution/co-payment

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

[x] a. Limit the maximum co-payment per family. Describe:

Co-payment per child, along with a family limit, is limited to no more than 7% of any income category.

[x] b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe.

Co-payment per child, along with a family limit, is limited to no more than 7% of any income category.

[x] c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5. Describe:

Policy minimizes the abrupt termination of assistance before a family can afford the full cost of care (the cliff effect) as part of the graduated phase out of assistance. There are five additional income levels in the sliding co-payment scale to ease families more gradually from child care assistance as they increase their income level up to 85% SMI.

[x] d. Other. Describe:

: Co-payments are temporarily waived 11/7/2021 through 9/23/2023 for all children regardless of their provider assignment.

4.5.2 Option to allows providers to charge additional amounts

Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

[ ] No

[x] Yes. If yes:

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

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

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

When the CDC reimbursement rate does not cover the full price of a child's care, a provider may charge parents directly for the remaining balance or a portion of the balance. In addition to most providers charging families the differences between the actual price and the subsidy rate, 9% charge those families a portion of the difference, and 10% indicated that decisions about whether to charge a co-pay and/or the amount of the co-pay are made on a case-by-case basis. Only 19% of providers indicated that they do not charge families receiving subsidies anything beyond the amount covered by the subsidy.

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

Rates, co-pay collection, and timing issues were cited by providers as the most challenging aspects of accepting the subsidy. Providers most frequently cited the length of time it takes a family and the provider to receive notices of changes to eligibility, current reimbursement rates, and challenges collecting co-pays from families. Many providers find that rates per hour paid by CDC are below their rates, that billable hours allowed by CDC are below actual hours of care provided, or both, many parents are left with a substantial financial liability after subsidies have been paid. While not completely sufficient, we expect to continue to work to change the part-time/full-time reimbursement structure change to help close the gap between state subsidy reimbursement rates and the amounts providers charge.

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

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

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed

or license- exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

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

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

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

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

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5.1.1 Providers subject to licensing

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

[x] a. Center-based child care.

i. Identify the providers subject to licensing:

Child care centers.

ii. Describe the licensing requirements:

A child care center license allows a provider to care or supervise one or more preschool or school age children for care for periods of less than 24 hours a day, where the parents or guardians are not immediately available to the children. It includes a facility that provides care for not less than two consecutive weeks, regardless of the number of hours of care per day.

iii. Provide the citation:

Child Care Organizations Act, MCL 722.111, et seq. (PA 116 as amended in 2018) (public act of Michigan Compiled Laws).

[x] b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Family child care is a private residence in which the licensee permanently resides, caring for up to 12 children for periods of less than 24 hours.

ii. Describe the licensing requirements:

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 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 for less than 24 hours a day unattended by a parent or legal guardian. The limit on the number of children does not include children who are related to an adult member of the family by blood, marriage, or adoption. It includes care to an unrelated minor for more than four weeks in a calendar year.

Based changes to PA 116, effective June 23, 2022, family and group homes can request an increase in capacity if the licensee meets certain conditions. A family home license and can request that capacity be increased from 6 to 7 unrelated children, and a group home license can request that capacity be increased from 12 to 14 unrelated children. The licensee must have held a license for at least 29 consecutive months and have had a regular renewal after at least 29 consecutive months of licensure. During the 29 consecutive months, had at least one unrelated child in care. The licensee may also request a variance to rule R 400.1910(1) to allow their facility to maintain a ratio of 1 personnel to 7 children.

iii. Provide the citation:

Child Care Organizations Act, MCL 722.111, et seq. (PA 116 as amended in 2018).

[ ] c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

5.1.2 CCDF Eligible Providers Exempt from Licensing Requirement

Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

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

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. 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:
In Michigan there are military and tribal centers who are exempt from licensing because they are located on federal land. They each operate under their own licensing 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.

ii. Provide the citation to this policy:
Bridges Eligibility Manual (BEM 704) pages 1 and 5

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.
For those programs who also serve CCDF children they 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 and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. 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:

Effective 5/1/2022: In Michigan there are tribal child care homes who are exempt from licensing because they are located on federal land or in their tribal service area. They each operate under their own licensing 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.

ii. Provide the citation to this policy:

Bridges Eligibility Manual (BEM) 704

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

For those programs who also serve CCDF children they are asked to self-certify that they meet all of the CCDF health and safety requirements through their own rules, regulations,

and monitoring systems.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. 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.

Prior to providing care, an enrolled license exempt unrelated provider is an adult (18 years or older) who provides care for no more than six children at one time where the child(ren) lives.

ii. Provide the citation to this policy:

BEM 704, page 3

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, a 7-hour health and safety training (Great Start to Quality Orientation (GSQO)) prior to providing care, and pass all required criminal history background checks before they are approved to provide care and receive the Child Development and Care (CDC) subsidy reimbursement. In addition, the first health and safety coaching visit is scheduled within 90 days from the start of care.

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

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Age classifications definitions

Describe how the state/territory defines the following age classifications. For instance, 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.

5.2.2 Ratio and group size for settings and age groups

To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant

A. Ratio:

1:4

B. Group size:

12

ii. Toddler

A. Ratio:

1:4

B. Group size:

12

iii. Preschool

A. Ratio:

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

B. Group size:

16 for children age 30 months until three years old. 30 children age three years old until age four years old. 36 children age four until school age.

iv. School-Age

A. Ratio:

1:18

B. Group size:

The rules state in R 400.8182(3)(c)-(e) state "not applicable" for maximum group size for the children over 3 years old.

Rule 400.8182 was amended to be in compliance with federal requirements under the Health and Safety Standards in 45 CFR 98.4. Group size requirements for 3-4-year-old children, 4-school age, and school age children had to be added to the rule set to be in compliance with the federal requirement. The amended rule was effective February 22, 2022.

Group size is 36 children.

v. Mixed-Age Groups (if applicable)

A. Ratio:

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

B. Group size:

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

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

In Michigan, license exempt child care centers are those programs located on federal/tribal land or on federal land/military. These programs have their own monitoring and licensing rules and determine their own ratio and group sizes.

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

Each caregiver can care for up to 6 children.

B. Group size:

For each member of personnel, not more than 4 children shall be under the age of 30 months, with not more than two of the four children under the age of 18 months.

ii. Infant (if applicable)

A. Ratio:

1:6

B. 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.

iii. Toddler (if applicable)

A. Ratio:

1:6

B. Group size:

Each caregiver can only have four children under 30 months and of the four, only two can be 18 months or younger.

iv. Preschool (if applicable)

A. Ratio:

1:6

B. Group size:

6 for children 30 months until three years old.

v. School-Age (if applicable)

A. Ratio:

1:6

B. Group size:

6

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.
Effective 5/1/2022: In Michigan, license exempt child care homes are those programs located on tribal land or their tribal service area. These programs have their own monitoring and licensing rules and determine their own ratio and group sizes.

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

i. Mixed-Age Groups (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

ii. Infant (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

iii. Toddler (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

iv. Preschool (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

v. School-Age (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

vi. Describe the ratio and group size requirements for license-exempt in-home care.
Ratio 1:6 and group size is 6.

5.2.3 Teacher/caregiver qualifications

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

Amended: Effective Date 08/10/2023

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Be at least 19 years old, have a high school diploma or general education degree (GED), infant and toddler teachers are required to have three semester hours or 4.5 continuing education units (CEU) in infant/toddler development within six months of hire and prevention of sudden infant death syndrome and use of safe sleep practices training. All lead teachers are required to have training in prevention of shaken baby syndrome, abusive head trauma, and child maltreatment, and infectious disease training, including immunizations. One of the following is also required: bachelor's degree or higher in early childhood education, child development, or a child-related field; associate degree or higher in early childhood education or child development; Montessori credential with 480 hours experience; valid child development associate credential with 480 hours experience; high school diploma or GED with 12 semester hours and 960 hours experience; high school diploma or GED with a combination of 12 semester hours and/or 18 CEUs to equal 180 clock hours with 1,920 hours experience; high school diploma or GED with a combination of six semester hours and/or nine CEUs to equal 90 clock hours with 3,840 hours experience.

Assistant teacher qualifications: must be at least 18 years old.
Effective June 23, 2022, a rules variance can be requested for a potential lead caregiver that does not have the required education, course work required in rules. The individual must be pursuing a relevant certificate or degree. This can include enrolling in classes at a college or university, applying for (and participating in) Michigan Reconnect, or applying for TEACH. These are reviewed and approved individually for approval.

Effective June 23, 2022, a rules variance can be requested to consider individuals that are 16 or 17 years old, if the individual is supervised by a licensee designee, an approved program director, or approved lead caregiver that meets education and/or experience requirements. Child care aides that are 16 or 17 may not care for children without another adult in the room.

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 directors must be at least 21 years of age, have a high school diploma or GED, prevention of infectious disease training, including immunizations; shaken baby syndrome, abusive head trauma, and child maltreatment; recognition and reporting of child abuse and neglect; and must meet one of the following: Bachelor's degree or higher in Early Childhood Education, or Child Development; Bachelor's degree or higher in child related field with 18semester hours in Early Childhood Education or Child Development with 480 hours of experience; associate degree or higher in early childhood education or child development with 18 semester hours in early childhood or child development with 480 hours experience; Montessori credential with 18 semester hours in Early childhood education or child development with 480 hours of experience; valid child

development associate credential with 18 semester hours in early childhood education or child development with 960 hours experience; sixty semester hours with 18 semester hours in early childhood education or child development with 1,920 hours experience. School-age only program directors must be at least 21 years old, have a high school diploma or GED, valid cardiopulmonary resuscitation (CPR) and first aid training, shaken baby syndrome, abusive head trauma, child maltreatment training, prevention of infectious disease including immunization training, blood-borne pathogen training, and one of the following: bachelor's degree or higher in child-related field; associate degree or higher in child-related field with 480 hours experience; Montessori credential with 12 semester hours in child-related field with 480 hours experience; valid Michigan school-age/youth development credential with 12 semester hours in child-related field with 480 hours experience; sixty semester hours with 12 semester hours in child-related field with 720 hours experience; high school diploma/GED with six semester hours in child-related field with 2,880 hours experience.

Effective June 23, 2022, a rules 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. This can include enrolling in classes at a college or university, applying for (and participating in) Michigan Reconnect, or applying for TEACH.

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

These are set by the tribal program or the military program based on their own rules/regulations.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

(https://www.michigan.gov/documents/lara/BCAL_PUB_8_3_16_523999_7.pdf) https://www.michigan.gov/documents/lara/BCAL_PUB_8_3_16_523999_7.pdf; pages 7 & 8.

VarianceMemoListserv copy (michigan.gov)

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

Licensee must be 18 years or older, have a high school diploma, GED, or the 30-hour alternative training track from MiRegistry; reside in child care home, proof of valid certification of infant/child/adult CPR and first aid, prevention and control of infectious disease training, including immunizations, and attend licensing orientation. They must also have prevention of sudden infant death syndrome and use of safe sleep practices, prevention of shaken baby syndrome, abusive head trauma, and child maltreatment training prior to caring for children.

Child care staff member must be 18 years or older, have valid certification of infant/child/adult CPR and first aid; prevention and control of infectious disease, including immunizations, prevention of sudden infant death syndrome and use of safe sleep practices, prevention of shaken baby syndrome, abusive head trauma, and child maltreatment prior to caring for children.

Child care assistant qualifications: must be 14 years of age or older. Child care assistants under 18 years old shall always work under the supervision of the licensee or childcare staff member at the site where care is being provided. They must also have proof of valid infant/child/adult CPR and first aid certification.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

These are set by the tribal program based on their own rules/regulations.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

https://www.michigan.gov/documents/lara/lara_BCAL_PUB-724_0715_494800_7.pdf

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

A license exempt unrelated provider must be an adult (18 years or older), provide care for no more than six children at one time, and provide care where the child(ren) lives.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

n/a

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year,

but they do not have to report these hours out by topic (658E(c)(2)(G)(iii). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety **standards** for programs (e.g., child care centers, family child care homes, etc.) 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 (98.41(a)). 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 in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 – 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases

Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

Amended: Effective Date 08/11/2023

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

For licensed child care, before unsupervised contact with children, each licensee, child care staff member and unsupervised volunteer who work directly with children shall complete prevention and control of infectious disease training, including immunizations. At the time of initial attendance, one of the following shall be obtained and kept on file and accessible in the center for children under school-age: (a) a certificate of immunization showing a minimum of one dose of each immunizing agent specified by the Michigan Department of Health and Human Services (MDHHS) and (b) a copy of a waiver addressed to the Department of Health and Human Services and signed by the parent stating immunizations are not being administered due to religious or medical reasons. A center that enrolls a homeless child pursuant to section 722 of the McKinney-Vento act will not be cited for noncompliance when a homeless child is unable to produce health and immunization records. Regardless of provider assignment, to be eligible for CCDF payments in Michigan, the child's parent must self-certify that the child is up to date on immunizations (shots) or that the child is not up to date based on a medical or religious objection.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Center: Documentation that the child is up to date, in progress, or has a waiver must be on file; Homes: Self-certification that the child is up to date, in progress, or has a waiver.

Health and safety topics are reviewed for license exempt child care providers at the seven-hour GSQO training. License exempt unrelated must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow-up information may be provided. Prevention and control of infectious diseases (including immunization) is covered in the training and followed up on at the health and safety coaching visit. The full GSQO training and binder can be found at https://greatstarttoquality.org/license-exempt-providers-2/

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Child care licensing rules (center) R400.8131(4); R 400.8143(3) and (homes) R400.1907(1). BEM 202 (CCDF eligibility including licensed and license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

BEM 704; Homes: R 400.1904a(c), R 400.1904b(3)(c); Centers: R 400.8131(4).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed centers and family child care (FCC) homes receive the same training on this topic. The variation is that license exempt providers complete the seven-hour GSQO which includes prevention and control of infectious disease training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[x] Pre-Service

[ ] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

[x] Yes

[ ] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

In 2020, Michigan implemented a required ongoing health and safety refresher course that targets four of the 12 required topics each year. These annual health and safety refresher trainings are required for both licensed and license exempt child care providers and were developed to meet the ongoing health and safety requirement for each of the required topics.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational webcalls for providers to get the most up to date information.

Record of completion of the ongoing health and safety requirement is available in MiRegistry for licensing consultant review, and we have a data exchange to support evidence of license exempt provider completion.

5.3.2 Prevention of sudden infant death syndrome

Prevention of sudden infant death syndrome and the use of safe-sleep practices.

Amended: Effective Date 08/11/2023

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All child care staff members and child care assistants are required to have prevention of sudden infant death syndrome (SIDS) and the use of safe-sleep practices training before caring for infants and toddlers. Cribs and porta-cribs are required to have firm fitting mattresses with tight fitted sheet. Soft objects, including bumper pads, stuffed toys, blankets, quilts, comforters, or other objects cannot be in the crib with the infant. Blankets cannot be draped over or within reach of the cribs when in use. Infants must be placed on their back to sleep. Infants that cannot easily roll from stomach to back must be placed on their back when found face down. Infants that can roll easily from stomach to their back shall be placed on their back initially, but then allowed to adopt whatever position they prefer to sleep. Infant breathing shall be monitored frequently.

R 400.8188(10 & (11): (10) Toddlers shall rest or sleep alone in cribs, porta-cribs, or on mats or cots. (11) Infants and toddlers who fall asleep in a space that is not approved for sleeping shall be moved to approved.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Centers: (1) All bedding and sleeping equipment must be appropriate for the child, clean, comfortable, safe, and in good repair. (2) Heavy objects that could fall on a child, such as shelving and televisions, must not be above sleeping equipment. (3) A crib or porta-crib must be provided for all infants in care. (4) A crib, porta-crib, cot, or mat, and a sheet or blanket of appropriate size must be provided for all toddlers and preschoolers under 3 years of age in care. (5) A cot or a mat and a sheet or blanket of appropriate size must be provided as follows: (a) For all preschoolers 3 years of age and older in care for 5 or more continuous hours. (b) For any child in care who regularly naps. (c) Upon a parent's request for any child in care. (6) Car seats, infant seats, swings, bassinets, and play yards are not approved sleeping equipment. (7) Documentation from the child's health care provider is required if a child has a health issue or special need that requires

the child to sleep in something other than a crib or porta-crib for infants or toddlers, or cot or mat for toddlers. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner, including an end date. (8) Swaddling with a sleep sack swaddle attachment or swaddle wrap is allowed only for infants up to 2 months of age. If a child has a health issue or special need that requires the child use a swaddle attachment or swaddle wrap after the child is 2 months of age, documentation from the health provider is required. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner, including an end date. (9) A center shall not use stacking cribs. (10) Cribs and porta-cribs must comply with the federal product safety standards issued by the United States Consumer Product Safety Commission, which are available at no cost at the commission's website, www.cpsc.gov. (11) A crib or porta-crib must have a firm, tight-fitting waterproof mattress. (12) A tightly fitted bottom sheet must cover the crib or porta-crib mattress with no additional padding placed between the sheet and mattress. (13) Soft objects, bumper pads, stuffed toys, blankets, quilts, comforters, and other objects that could smother a child must not be placed in, or within reach of, a crib or porta-crib with a resting or sleeping infant. (14) Blankets must not be draped over cribs or porta-cribs when in use. (15) Cots and mats must be constructed of a fabric or plastic that is easily cleanable. (16) All sleeping equipment and bedding must be washed, rinsed, and sanitized when soiled, between uses by different children, and at least once a week regardless of use by different children. (17) When sleeping equipment and bedding are stored, both of the following apply: (a) Sleeping surfaces shall not come in contact with other sleeping surfaces. (b) Bedding must not come in contact with other bedding. (18) All occupied cribs, porta-cribs, cots, and mats must be placed in such a manner that there is a free and direct means of egress and must be spaced as follows: (a) Cribs and porta-cribs must be at least 2 feet apart. Cribs or porta-cribs with solid-panel ends may be placed end-to-end. (b) Cots and mats must be at least 18 inches apart.

Homes: The licensee shall assure that child care staff members and child care assistants have training that includes information regarding safe sleep practices to prevent sudden infant death syndrome and shaken baby syndrome, abusive head trauma, and child maltreatment prior to caring for children.

(1) Infants, birth to 12 months of age, shall be placed on their backs for resting and sleeping.

(2) Infants unable to roll from their stomachs to their backs, and from their backs to their stomachs, shall be placed on their backs when found in any other position.

(3) When infants can easily turn over from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but allowed to adopt whatever position they prefer for sleeping.

(4) If a child has a health issue or a special need that requires the child sleep in an alternate position or in something other than a crib, porta-crib, or play yard for infants and toddlers, or cot or mat for toddlers, documentation from the child's health care

provider is required. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner and include an anticipated end date.

(5) Personnel shall maintain supervision and monitor infants' breathing, sleep position, bedding, and possible signs of distress, except as provided in R 400.1922. (6) Video surveillance equipment and baby monitors must not be used in place of subrule (5) of this rule Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training.

License exempt unrelated providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. SIDS and safe sleep practices are covered in the orientation and followed up on at the visit. The full GSQO training and binder can be found at (http://www.greatstarttoquality.org/great-start-quality-orientation) https://greatstarttoquality.org/license-exempt-providers-2/

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Child care center licensing rules R 400.8131(2); 400.8176(6)-(14); R 400.8188(3)-(11). Family and group home licensing rules: R 400.1912(1)-(6). BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

R 400.1905(3)(a).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Centers: before any child care staff member can care for infants and toddlers, they are required to have this training. All child care home licensees, child care staff members, and child care assistants are required to take this training.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[x] Pre-Service
[ ] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

[x] Yes

[ ] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Michigan Department of Education (MDE) requires an annual health and safety refresher training course containing updates on this topic.All licensed child care providers and staff are required to take the annual health and safety refresher.License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational webcalls for providers to get the most up to date information.

5.3.3 Administration of medication

Administration of medication, consistent with standards for parental consent.

Amended: Effective Date 08/11/2023

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

R 400.8152(3),(4),(5); R 400.1918(3),(4),(5): (3) 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.

(4) 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.

(5) 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.

A licensee or child care staff member shall give or apply medication, prescription or nonprescription, only with prior written permission from a parent.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
There is no variation in the standard by category of care between the ages of the children.

Medication administration standards are covered for license exempt child care providers in the seven-hour health and safety orientation training. Standards include: (1) Make sure all medicines (even over the counter) are labeled, kept in the original child-safe container and out of reach of children, (2) Read and follow manufacturer's directions or prescription label for giving medicine, (3) Obtain parent permission and maintain a record of dispensing.

License exempt unrelated providers must comply with completion of GSQO training and have an annual health and safety coaching visit at the location of care in which follow up information may be provided. Administration of medication, consistent with standards for parental consent are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at https://greatstarttoquality.org/license-exempt-providers-2/

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

R 400.8152(2) (centers); R 400.1918(2) (homes); and BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

Homes: R 400.1905(4)(b); Centers: R 400.8131(5)(a) for Licensed Exempt providers and BEM 704 for licensed exempt providers.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed centers and FCC homes receive the same training on this topic. No variations between centers and homes. License exempt providers complete the seven-hour GSQO which includes administration of medication training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[x] Pre-Service

[ ] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

[x] Yes

[ ] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic. All licensed child care providers and staff are required to take the annual health and safety refresher. License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational webcalls for providers to get the most up to date information.

5.3.4 Prevention and response to food and allergic reactions.

Prevention of and response to emergencies due to food and allergic reactions.

Amended: Effective Date 08/11/2023

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Parents identify (on the child information record) any allergies a child may have. Clear communication between the parent and the provider is necessary for children on special diets. Parents may have to provide food if the facility, after exploring all community resources, is unable to provide the special diet. Facilities are required to make a verbal report to the department within 24 hours of notification by a parent that a child received medical treatment or was hospitalized for an injury, accident, or medical condition that occurred while the child was in care. Examples of medical conditions that occur while the child is in care and for which the child later receives medical treatment or is hospitalized include, but are not limited to, seizures or a serious allergic reaction. All providers-licensed and license exempt are required to complete training on prevention and response to emergencies due to food and allergic reactions. Training addresses common food allergies, the difference between allergies and intolerances; symptoms, what to do if an allergic reaction occurs, how to use an epi-pen, and creating a care plan.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

A center shall assure a child with special dietary needs is provided with snacks and meals in accordance with the child's needs and with the instructions from the child's parent or licensed health care provider.

Homes: child care home providers have parents sign a Child in Care Statement/Receipt that addresses any medical conditions the child may have, including allergies.

Health and safety topics are reviewed for license exempt child care providers during the GSQO training. License exempt unrelated providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information

may be provided. Prevention of and response to emergencies due to food and allergic reactions are covered in the GSQO orientation and followed up on at the visit. There are no variations by age. The full GSQO training and binder can be found at https://greatstarttoquality.org/license-exempt-providers-2/

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

. R 400.8158(2); R 400.8330(4) (centers); R 400.1907(1)(a) & (b) (homes); BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

BEM 704 (license exempt). Centers: 400.8131(5)(b); Homes: R 400.1905(4)(c).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations in the training. All child care staff members and child care assistants are required to take this training. Licensed centers and FCC homes receive the same training on this topic. No variations between centers and homes. The variation is that license exempt providers complete the seven-hour GSQO for this topic.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service
[x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

[ ] Yes
[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic.All licensed child care providers and staff are required to take the annual health and safety refresher.License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care

listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational webcalls for providers to get the most up to date information.

5.3.5 Building and physical premises safety

Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

Amended: Effective Date 08/11/2023

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The appropriateness, safety, cleanliness, and general adequacy of the premises, including maintenance of adequate fire prevention and health standards to provide for the physical comfort, care, and well-being of the children received. The premises shall be maintained in a clean and safe condition and shall not pose a threat to health or safety.

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. 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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Center playgrounds must be approved by a certified playground safety inspector.

Homes: The caregiver must ensure that barriers exist to prevent children from gaining access to any swimming pool, drainage ditch, well, natural or constructed pond or other body of open water located on or adjacent to the property where the child care home is located. Such barriers shall be of a minimum of four feet in heights and appropriately secured to prevent children from gaining access to such areas.

There is no variation in the age of children.

Health and safety topics are reviewed for license exempt child care providers at the seven-hour

GSQO training. License exempt unrelated providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at https://greatstarttoquality.org/license-exempt-providers-2/

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

R 400.8380(1) and R 400.8501R 400.8510(3) (centers); R 400.1932(1) and R 400.1942 (homes); BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

Homes: R 400.1905(4)(f); Centers: R 400.8131(5)(c), BEM 704 for License exempt providers.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations between centers and homes. Licensed centers and FCC homes receive the same training on this topic. The variation is that license exempt providers complete the seven-hour GSQO which includes administration of medication training.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service

[x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

[ ] Yes

[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic.All licensed child care providers and staff are required to take the annual health and safety refresher.License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational webcalls for providers to get the most up to date information.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

Amended: Effective Date 08/11/2023

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All licensed caregivers, child care staff members and child care assistants, are required to be trained in the prevention of shaken baby, and abusive head trauma before caring for children. Child maltreatment is included as part of recognizing and reporting suspected child abuse or neglect; but is specifically called out in the proposed licensing rules.

Health and safety topics are reviewed for license exempt child care providers at the seven-hour orientation training. License exempt unrelated providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at https://greatstarttoquality.org/license-exempt-providers-2/. In the mandated reporter training, providers are given the Michigan Department of Health and Human Services (formerly DHS) Central Intake: 855-444-3911 number (open 24/7) for reporting suspected child abuse or neglect. They are specifically told they are mandated reporters. Information is shared on the signs of abuse and neglect and providers are encouraged that if they are uncertain if what they are observing is neglect or abuse, to err on the side of caution and make the call. In the health and safety orientation for license exempt providers, they are provided with the mandated reporter guide and there is a short video that addresses this topic.

The providers are aware they are held accountable by being required to report any signs of child abuse, neglect, and child maltreatment. Also, providers are made aware of the discipline rules: (2) All of the following means of punishment are prohibited:

(a) Hitting, spanking, shaking, biting, pinching, or inflicting other forms of corporal punishment.

(b) Placing any substances in a child's mouth, including but not limited to, soap, hot sauce, or vinegar.

(c) Restricting a child's movement by binding or tying him or her.

(d) Inflicting mental or emotional punishment, such as humiliating, shaming, or threatening a child.

(e) Depriving a child of meals, snacks, rest, or necessary toilet use.

(f) Excluding a child from outdoor play or other gross motor activities.

(g) Excluding a child from daily learning experiences.

(h) Confining a child in an enclosed area, such as a closet, locked room, box, or similar enclosure.

(i) Time out must not be used for children under 3 years of age. If a provider hurts a child or violates the discipline rule above, the license could be closed during a suspension for an investigation. If a violation was found, the license would be closed for good and the provider might be put on central registry and go through the court system for child abuse, neglect, or child mal treatment.

Standards are enforced by annual and unannounced health and safety visits. Provider penalties can include corrective action plans and license suspension or revocation.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Centers: Child care staff members shall have training that includes information about the prevention of sudden infant death syndrome and the use of safe sleep practices before caring for infants and toddlers. All child care staff members who work directly with children shall have training on prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. They must also have training on recognition and reporting child abuse and neglect. (5) A written statement shall be signed and dated by staff and volunteers at the time of hiring or before volunteering indicating all of the following information: The individual is aware that abuse and neglect of children is against the law. (b) The individual has been informed of the center's policies on child abuse and neglect. (c) The individual knows that all staff and volunteers are required by law to immediately report suspected abuse and neglect to children's protective services.

Homes: The caregiver shall assure that assistant caregivers have training that includes information regarding safe sleep practices to prevent sudden infant death syndrome and prevention of shaken baby syndrome, abusive head trauma, and child maltreatment, and recognition and reporting of child abuse and neglect prior to caring for children.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

R 400.8131(3) and - (c) (centers); R 400.1905(3)(b)&(c) (homes); BEM 704 (license

exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

R 400.8131(3) (centers); R 400.1905(3)(c) (homes).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Variations based on the age of children in care: Our current center rules focus the requirement for training on shaken baby syndrome to staff that are caring for infants and toddlers. In the proposed rules, this has been amended to be inclusive of all staff, regardless of the age of children they are serving. No variations between centers and homes. All child care staff members and child care assistants are required to be trained on this topic.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[x] Pre-Service
[ ] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

[x] Yes
[ ] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic.All licensed child care providers and staff are required to take the annual health and safety refresher.License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational webcalls for providers to get the most up to date information.

5.3.7 Emergency Preparedness and Response Planning

Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response

planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in- place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

Amended: Effective Date 08/11/2023

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Emergency procedures.

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

Fire.
Tornado.
Other natural or man-made disasters.
Serious accident/illness/injury.
Crisis management including, but not limited to, intruders, active shooters, bomb threats, and other man-caused events.

2. The written procedures shall include all of the following:

A plan for evacuation.
A plan for safely moving children to a relocation site.
A plan for shelter-in-place
A plan for lockdown
A plan for contacting parents and reuniting families.
A plan for how each child with special needs will be accommodated during each type of emergency.
A plan for how infants and toddlers will be accommodated during each type of emergency.
A plan for how children with chronic medical conditions will be accommodated during each type of emergency.

3. The plans required by subrule (1)(a) to (d) shall be posted in a place visible to staff and parents.

4. The crisis management plan shall be maintained in a place known and easily accessible to staff.

5. A fire drill program consisting of at least 1 fire drill quarterly shall be established and implemented.

6. A tornado drill program consisting of at least 2 tornado drills between the months of April and March through November shall be established and implemented.

7. A written log indicating the date and time of fire and tornado drills shall be kept on file at the center.

8. Each staff member shall be trained at least twice a year on his or her duties and responsibilities for all emergency procedures referenced in subrule (1) and (2) of this rule.

9. If cribs are used in emergency evacuations, then all doors within the means of egress shall be wide enough to readily accommodate the crib evacuation.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Centers: R 400.8161(1)-(9)

Homes: R 400.1945(1) - (6).

Emergency procedures. (1) written procedures for the care of children and staff for each of the following emergencies shall be developed and implemented: Fire, tornado, other natural or man-made disasters, serious accident/illness/injury, crisis management including, but not limited to, intruders, active shooters, bomb threats, and other man-caused events. The written procedures shall include all of the following: https://greatstarttoquality.org/license-exempt-providers-2/

Variations based on age of children: Emergency plans must include provisions to support the specific needs of infants and toddlers and how their needs will be accommodated in each type of emergency.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.
R 400.1945 (homes); R 400.8161 (centers); BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

Homes: R 400.1905(4)(g); Centers: R 400.8131(5)(d).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations, all licensees, child care staff members, and child care assistants are required to take this training.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service

[x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers,

teachers, and directors are allowed to care for children unsupervised?

[ ] Yes
[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
MDE requires an annual health and safety refresher training course containing updates on this topic.All licensed child care providers and staff are required to take the annual health and safety refresher.License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational webcalls for providers to get the most up to date information.

5.3.8 Handling and Storage of Hazardous Materials

Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

Amended: Effective Date 08/11/2023
a. Storage

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Containers of poisonous or toxic materials shall be clearly labeled for easy identification of contents and stored out of reach of children. Health and safety training on this topic includes toxic substances, mistaken identity items and proper disposal of hazardous materials.

A plastic-lined, tightly covered container must be used exclusively for soiled disposable diapers and training pants and diapering supplies.The container must be emptied and sanitized at the end of each day.Soiled cloth 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.All dangerous and hazardous materials or items shall be stored securely and out of the reach of children.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Centers: All child care staff members who work directly with children have 90 days of being hired to complete the hazardous materials training.

Homes: The licensee, child care staff member, and child care assistant shall complete hazardous

material training within 90 days of being licensed or hired. All dangerous and hazardous materials or items shall be stored securely and out of the reach of children. Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training.

License exempt unrelated providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at https://greatstarttoquality.org/license-exempt-providers-2/

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

R 400.8385 R 400.8137(4) & (9); Homes: R 400.1923(2)(g) & (5)(c), R 400.1932(2) BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

Centers: R 400.8131(5)(e); Homes: R 400.1905(4)(d), BEM 704 for license exempt providers.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations in training, all licensees, child care staff members, and child care assistants are required to take this training.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service
[x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

[ ] Yes
[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic.All licensed child care providers and staff are required to take the annual health and safety refresher.License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational webcalls for providers to get the most up to date information.

5.3.9 Precautions in transporting children

Precautions in transporting children (if applicable).

Amended: Effective Date 08/11/2023

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Before each time a child is transported in a vehicle, parent permission must be on file, unless it is routine transportation (defined as regularly scheduled travel on the same day, at the same time, to the same destination). Child information cards and a first aid kit must be in the vehicle with the child care staff members when transporting children.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Centers: Parent's written permission shall be obtained annually for routine transportation. Parent's written permission for any transportation not considered routine shall be obtained before each trip. Centers that use multifunction school activity buses and school buses to transport children to and from school shall do all of the following: (a) Contact the department of state police to determine if an annual inspection by the department of state police is required under section 39 of the pupil transportation act, 1990 PA 187, MCL 257.1839. (b) If directed by the department of state police, obtain an annual inspection by the department of state police. A copy of the inspection shall be kept on file at the center. The use of passenger vans with a rated seating capacity of 11 or more, including volunteer vehicles, is prohibited. Motor vehicle seats used by children, staff, and volunteers shall not face sideways. All motor vehicles used to transport children shall carry all of the following safety equipment: (a)Three bidirectional emergency reflective triangles properly cased and securely stored in the motor vehicle. (b) A first aid kit shall be securely stored in an accessible location in the driver compartment. (2) Any motor vehicle with a manufacturer's rated seating capacity of more than 10 occupants used to transport children shall carry both of the following additional safety equipment: (a) Not less than three 15-minute flares or an approved battery-operated substitute properly cased and securely stored in the driver's compartment. (c) Fire extinguisher of dry chemical type rated not less than 2A-10BC mounted in an accessible place in the driver's compartment. The fire extinguisher shall be inspected and maintained in accordance with NFPA-10. The fire extinguisher shall bear a tag indicating the last date of inspection or service and the initials of the person who performed the inspection or service. The ratio of staff/volunteers to children in transit, including children related to the staff member/volunteer, licensee, or driver, shall be based on the following provisions: (a)For infants and toddlers, there shall be 1 staff member/volunteer for 4 children. The child under 36 months of age is transported.

Homes: A vehicle used to transport children in care shall be maintained in a good, safe working condition. The caregiver shall assure that the driver of a vehicle transporting children shall be an adult, have a valid driver's license, valid vehicle registration, and proof of current no fault insurance. The caregiver shall notify the parents when drivers other than caregiving staff are used to transport children. Each child passenger restraint device and each safety belt shall be installed, anchored, and used according to the manufacturer's specifications and shall be maintained in a safe working condition. Each child transported shall remain seated and properly restrained by the passenger restraint device appropriate for his or her age as defined by 1949 PA 300, MCL 257.710d(1), MCL 257.710e(3), (4), and the manufacturer's rated seating capacity. Drivers shall be provided with a copy of the child information card, or comparable facsimile, for the children being transported in their vehicles. Health and safety training includes child passenger safety guidelines, car seat basics, and loading and unloading children safely. The

driver shall not count in the staff/ volunteer to child ratio. (b) For preschoolers under three years of age, there shall be 1 staff member/volunteer for 8 children. The driver shall not count in the staff/volunteer to child ratio. (c) For 3-year-olds, there shall be 1 staff member/volunteer for 10 children. The driver may count in the staff/volunteer to child ratio. (d) For 4-year-olds, there shall be 1 staff member/volunteer for 12 children. The driver may count in the staff/volunteer to child ratio. (e) For school-agers, there shall be 1 staff member/volunteer for 18 children. The driver may count in the staff/volunteer to child ratio. This requirement does not apply when school-age children are transported to and from school utilizing school transportation or are using public transportation. (f) An additional staff member/volunteer is not required if only one.

Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training. License exempt unrelated providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Precautions in transporting children (if applicable) are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at https://greatstarttoquality.org/license-exempt-providers-2/

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

R 400.1951(1)-(9) (homes); R 400.8149(1)-(3), R 400.8720(1)-(9) and R 400.8760(1)-(5) (centers); BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for the training requirements, including citations for both licensed and license-exempt providers.

Homes: R 400.1905(4)(e); Centers: R 400.8131(5)(f). BEM 704.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations in training, all licensees, child care staff members, and child care assistants

are required to take this training.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service

[x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

[ ] Yes
[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic.All licensed child care providers and staff are required to take the annual health and safety refresher.License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational webcalls for providers to get the most up to date information.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

Amended: Effective Date 08/11/2023

a. Standards

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

A child care center, group child care home, and family child care home shall have individuals present, as prescribed in the child care licensing regulations, who have current certification in first aid and cardiopulmonary resuscitation obtained through the American Red Cross, the American Heart Association, or an equivalent organization or institution approved by the department. All child care staff members who work directly with children are required to be trained in first aid and pediatric, child, and adult CPR.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Center: PA 116 requires at least one individual present who has valid certification in CPR and First Aid. Licensing rules require all child care staff members who word directly with children shall be trained in CPR and First Aid within 90 days of being hired and at least 50% of the child care staff

members must have valid certification in CPR and First Aid.

Homes: The licensee must have valid First Aid and CPR certification before receiving a child care license.

License exempt unrelated providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. License exempt providers are trained in pediatric first aid and CPR as part of their required, seven-hour orientation training. There is no variation based on the age of children in care. The full GSQO training and binder can be found at https://greatstarttoquality.org/license-exempt-providers-2/

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

PA 116 722.112a; R 400.8131(10) (centers); R 400.1902(1)(d); R 400.1904(1)(c)(homes); BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

R 400.8131(10) (centers); R 400.1902(1)(d); R 400.1904(1)(c)(homes) BEM 704.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Homes: Licensee, child care staff member, and child care assistant are required to be certified in CPR/FA.

Centers: All child care staff members are required to be trained in CPR/FA within 90 days of being hired, at least 50% of the child care staff members are required to be certified in CPR and first aid for license issuance and renewals.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service

[x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

[ ] Yes

[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic.All licensed child care providers and staff are required to take the annual health and safety refresher.License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational webcalls for providers to get the most up to date information.

5.3.11 Recognition and reporting of child abuse and neglect

Recognition and reporting of child abuse and neglect**.** Note**:** The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

Amended: Effective Date 08/10/2023

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All staff and volunteers in licensed child care facilities and homes are responsible for recognizing and reporting any suspected child abuse and/or neglect They are considered mandated reporters and must comply with section 3 of the child protection law, 1975 PA 238, MCL 722.623. All License Exempt providers are also considered mandated reporters and they are responsible for recognizing and reporting any suspected child abuse.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Centers: (a) The individual is aware that abuse and neglect of children is against the law. (b) The individual has been informed of the center's policies on child abuse and neglect. (c) The individual knows that all staff and volunteers are required by law to immediately report suspected abuse and neglect to children's protective services.

Homes: A written statement signed and dated by the assistant caregiver at the time of hiring indicating all of the following information: (i) The individual is aware that abuse and neglect of children is unlawful. (ii) The individual knows that he or she is mandated by law to report child

abuse and neglect. (iii) The individual has received a copy of the discipline policy.

Health and Safety topics are reviewed for License Exempt child care providers at the GSQO training. License exempt unrelated providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Recognition and reporting of child abuse and neglect are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at https://greatstarttoquality.org/license-exempt-providers-2/

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

R 400.8125(5); R 400.1906(1)(g)(i)-(iii) (homes); BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

Homes: R 400.1902(1)(e)(i), R 400.1905(3)(b); Centers: R 400.8131(3) BEM 704.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations in training requirements. Licensees, child care staff members, and child care assistants are required to take this training.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[x] Pre-Service

[ ] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

[x] Yes

[ ] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic.All licensed child care providers and staff are required to take the annual health and safety refresher.License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational webcalls for providers to get the most up to date information.

5.3.12 Child development

Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

a. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers.

Child development training covers the basic milestones of children through the early childhood years related to physical, cognitive, social, and emotional development. The training is split into two age groups: early childhood and school age. Staff are required to take the training that is appropriate to the age of children in their care. Centers: R 400.8131(5)(g); Homes: R 400.1905(4)(a)

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training requirements vary by age group. Early childhood and school age. Staff are required to take the training appropriate to the age of the children in their care.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service

[x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

[ ] Yes
[x] No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

MDE requires an annual health and safety refresher training course containing updates on this topic. All licensed child care providers and staff are required to take the annual health and safety refresher. License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational webcalls for providers to get the most up to date information.

5.3.13 Ongoing training annual requirements

Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

16

b. License-exempt child care centers:

Tribal providers and those located on military/federal land set their own training requirements.

c. Licensed family child care homes:

A licensee is required to have 10 hours of annual training. A child care staff member and a child care assistant is required to have 5 hours of annual training.

d. License-exempt family child care homes:

. Tribal child care home providers are those located on federal land or in their tribal service area and set their own training requirements.

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.

5.3.14 Optional standards compliance

In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

[x] a. Nutrition:

Children's nutritional needs are met through providing meals and snacks as required by the minimum meal requirements of the child care food program, as administered by MDE. 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.

R 400.8131(6)(b) (centers and homes); BEM704 (license exempt).

[x] b. Access to physical activity:

The daily activity program includes appropriate opportunities for children have a variety of play

opportunities indoor and outdoor using small and large muscles. R 400.8170(3) and R 400.8179(2-4(g)) (centers); R 400.1914(2-3(b)) (homes); BEM704 (license exempt).

[x] c. Caring for children with special needs:

Caregivers shall work with parents and medical professionals to provide care in accordance with the child's specific individual needs. R 400.8146(3-4); R 400.8161(2)(f); R 400.8179(12); R 400.8330(4) (centers); R400.1914(7); R 400.1945(2)(h) (homes); BEM 704.

[x] d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:

R 400.8131(6)(a) & (b): 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.

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Standards** as described in Section 5.3.

Before issuance of the original license, a center license applicant shall comply with applicable child care center administrative rules. To ensure providers comply with all applicable state and local health and safety requirements. Licensing consultants review documents from the providers, inspect the facility, review the inspections from environmental health and fire inspections, and work with the provider on corrective actions.

For license exempt unrelated providers, health and safety visit are conducted annually.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Training** as described in Section 5.3.

During the annual inspections of the center license, the child care consultants review the required training to assure requirements have been met by all applicable staff. Prior to issuance of the original license, child care home applicants must complete the required preservice health and safety training. At all annual inspections, the health and safety training will be reviewed for the licensee, the child care staff member, and the child care assistant if applicable.

Licensed exempt providers receive notices about the required ongoing training by email,

through the on-line billing system, the CDC Handbook, CDC webpage and from their health and safety coach.Each year's training segment must be completed by December 20th of the current calendar year. Reports are generated to inform the CDC office of providers who have completed the training.Providers who have not completed the training by the deadline will be closed through an automated data match. Access to the Michigan ongoing health and safety refresher training and further information can be found at:

(https://www.michigan.gov/documents/mde/CDC_Handbook_7-2013_428431_7.pdf) https://www.michigan.gov/documents/mde/CDC_Handbook_7-2013_428431_7.pdf,

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

Centers: prior to original license issuance, a child care consultant will review the documentation, environmental health inspection, the fire safety inspection, and the lead hazard risk assessment, an inspection of the facility and required documentation to determine compliance with the rules. Every year following, the consultant will conduct unannounced inspections to assure compliance with the rules and the law.

Homes: Prior to original license issuance, the child care consultant will review the environmental health inspection, the inspection of the flame or fuel fired equipment (water heaters, furnaces, and wood stoves), and the radon test results.The consultant will inspect the home and review the documentation of the licensee.Each year following, the consultant will conduct an unannounced inspection to assure compliance with the rules and law.

License exempt unrelated providers have an unannounced health and safety visit conducted annually as well as an annual health and safety refresher training.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

Prior to becoming licensed, programs are required to have environmental health inspections, a lead hazard risk assessment, fire inspection, (exception: if the center is located in a building operating as a school that has been approved by the state fire marshal or similar authority PA 116 of 1973, 722.112 exempts the center from the fire safety rules) inspection by the licensing consultant.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

An annual inspection of a child care organization licensed under this act shall be unannounced and monitors for all child care licensing rules and provisions, including health and safety, unless the department, in its discretion, considers its necessary to schedule an appointment for an inspection.

iii. Identify the frequency of unannounced inspections:

[x] A. Once a year

[ ] B. More than once a year. Describe:

n/a

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

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.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers.

MCL 722.113(h)

b. Licensed CCDF family child care home

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire

standards.

Licensed family homes are required to have environmental health inspections if they have septic and well, a lead hazard risk assessment, and furnaces, flame producing or heat producing equipment shall be inspected by a licensed contractor for furnace, water heater or mechanical inspector. Family child care homes shall be inspected by a licensing consultant to assure compliance with child care rules prior to receiving a license to care for children. Prelicensure inspections in homes include environmental health inspections if they have septic and well, a lead hazard risk assessment. Furnaces, flame producing or heat producing equipment shall be inspected by a licensed contractor for furnace, water heater or mechanical inspector. Prior to licensure, a licensing consultant shall inspect the home. The consultant inspects the health and safety of the sleeping/bedding equipment, play equipment (indoor and outdoor), medication storage location and procedures, that firearms are stored appropriately, first aid kit availability, exits, windows, smoke detectors/fire extinguishers, and emergency plans. Training records for training required prior to licensure is inspected.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.
An annual inspection of a child care organizations licensed under Public Act 116 shall be unannounced, unless the department, in its discretion, considers it necessary to schedule an appointment for an inspection.

An announced visit would be used for purposes of viewing specific paperwork or items that had to be fixed from the previous inspection, such as a correction required by fire safety, a lock on a cabinet, paperwork that had to be fixed, etc. Follow up visits for health and safety violations are not announced visits, such as safe sleep, ratio, and capacity violations).

iii. Identify the frequency of unannounced inspections:

[x] A. Once a year

[ ] B. More than once a year. Describe:

n/a

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

The licensing consultant may use the Child Care Home Checklist (BCAL 4601) to make notes and observations during the inspection. The licensing consultant will review the following documents during the on-site inspection: medical forms for any assistant caregivers; TB test results for any assistant caregivers (copies of the actual test results are required, if not, documented on the Licensing Medical Clearance Request form); discipline policy; emergency procedures, including floor plan; and proof of required training. Before leaving, the licensing consultant discusses cited rule violations with the applicant. If the child care home is substantially non-compliant or is in violation of specific health and safety rules, follow up unannounced inspections may take place as needed. Annual interim inspections include observing caregiving staff during interactions with the children and assuring positive interactions, the daily activity program is appropriate, ratio and capacity rules are followed, diapering procedures

and safe sleep practices are followed, smoke detectors still work, and fire extinguishers are current. Training requirements for ongoing training and professional development are inspected.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers.
722.113(4) of PA116 of 1973.

c. Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

[x] No

[ ] Yes. If yes, answer A – E below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.
n/a

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.
n/a

C. Identify the frequency of unannounced inspections:
[ ]1. Once a year
[ ]2. More than once a year. Describe:
n/a

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.
n/a

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.
n/a

d. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

LARA- CCLB - Child Care Licensing.

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

a. To certify, describe the policies and practices for the annual monitoring of:

License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is

used.

Tribal and Military programs complete an annual certification that indicates they conduct annual monitoring visits.

i. Provide the citation(s) for this policy or procedure.

BEM 704 page 10, BEM 706 page 14

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Tribal programs complete an annual certification that indicates they conduct annual monitoring visits.

i. Provide the citation(s) for this policy or procedure.

n/a

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, 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 a contractor for the Lead Agency, which includes a health and safety review, based on the initial health and safety training (GSQO). 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 GSQO training. They also connect the license exempt providers to additional resources and training.

b. Provide the citation(s) for this policy or procedure.

BEM 704, page 10, BEM 706, page 14.

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

Early Childhood Investment Corporation (ECIC).

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as

licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

All child care licensing consultants have a master's degree in early childhood education, child development, or related field. Upon being hired, all licensing consultants attend a week-long new consultant training that covers PA 116 of 1973, child care center licensing rules, child care family and group home rules, role of a regulator, policies, inspections, required paperwork, disciplinary action for providers, and the database of licensed providers information. All consultants also attend training twice a year to receive updates and policy changes.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

New child care licensing staff receive 5 days of training on the requirements in the child care licensing rules, PA116, and policy manual. The health and safety requirements are included in these trainings. To receive current and updated information on the health and safety requirements, as well as other topics relevant to their position, all child care licensing staff attend training twice a year, one full day in the spring, two full days in the fall. All current child care staff must take the specific health and safety training required in the block grant by September 1st of this year and ongoing at hire. Child consultants are required to take the health and safety training that is also required for the child care providers.

c. Provide the citation(s) for this policy or procedure.

https://www.michigan.gov/documents/ChildDayCareConsultant_12391_7.pdf.

5.4.6 Ratio of Licensing Inspectors

The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

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.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

Michigan does not have a policy, however, numbers are tracked monthly with facility reports and posted in map format at (https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fdocuments%2Flara%2FCDC_AM_coverage_10_30_15_Compatibility_Mode_504522_7.pdf&data=04%7C01%7CCoolmanT%40michigan.gov%7C0ed298ed933d403cbecf08d8e33a12b8%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637509185854135029%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=XFJr%2B4gOkmiWAxP8A%2BLP8myq6N0CRUNb4UQ9B8unXVQ%3D&reserved=0) https://www.michigan.gov/documents/lara/CDC_AM_coverage_10_30_15_Compatibility_Mode_504522_7.pdf. In addition, the Department (in coordination with Licensing and Regulatory Affairs (LARA) provides a bi-annual report to the legislature in which we report the consultant/provider ratios.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background check requirements

Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

[x] Licensed, regulated, or registered child care providers

Citation:

l MCL 722.115c ,MCL 722.115n, MCL 722.115o, and MCL 722.115p.

[x] All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o).

ii. Sex offender registry or repository check in the current state of residency

[x] Licensed, regulated, or registered child care providers

Citation:

MCL 722.115d (2) & 722.115g and 722.115r (a).

[x] All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

iii. Child abuse and neglect registry and database check in the current state of residency

[x] Licensed, regulated, or registered child care providers

Citation:

722.115q.

[x] All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

b. Components of National Background Check

i. FBI Fingerprint Check

[x] Licensed, regulated, or registered child care providers

Citation:

MCL 722.115n

[x] All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

[x] Licensed, regulated, or registered child care providers

Citation:

MCL 722.115r (a) and federal language

[x] All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

[x] Licensed, regulated, or registered child care providers

Citation:

MCL 722.115n and 722.115r.

[x] All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

[x] Licensed, regulated, or registered child care providers

Citation:

MCL 722.115n.

[x] All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

[x] Licensed, regulated, or registered child care providers

Citation:

MCL 722. 115q.

[x] All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

For licensed providers, Michigan is utilizing a comprehensive background check system referred to as the Child Care Background Check (CCBC) system. This system is operated by the CCLB.

Licensed child care providers are required to log into the CCBC system and enter themselves, all adult members of the household, child care staff, and volunteers with unsupervised access to children. MDE is required to log in into the CCBC system and enter license exempt unrelated providers and child care staff. Upon completing an individual profile, a fingerprint appointment is scheduled. Once the individual has been fingerprinted, the scanned result is forwarded electronically to Michigan State Police (MSP), then the Federal Bureau of Investigation (FBI) and then returned to MSP. MSP then checks the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) and provides the response to the department. Once and individual has completed fingerprinting, the CCBC System notifies the analyst that the result has been received. The analyst can then log into a secure system under the authority of MSP to view the result and make an eligibility determination based upon the state and federal fingerprint response.

Next, the analyst will conduct the registry checks which are required. The analyst will also view the profile entered to ensure that all aliases identified via the registry checks, match with aliases submitted to the CCBC system by the applicant and provider. This is crucial because some registry checks are name-based. If an applicant provides false information or omits information in connection with a background check, the applicant shall be made Ineligible for that application and can re-apply submitting to a new fingerprint and registry checks.

In Michigan, the department will check the following:

Database of individuals with previous disciplinary action within a child care center, group child care home, or family child care home, or an adult foster care facility.

Conduct a check of Michigan's Public Sex Offender Registry.

Conduct a check of Michigan's Child Abuse and Neglect registry under Michigan Statewide Automated Child Welfare Information System (MiSACWIS) to determine if the individual has been identified on Central Registry as a perpetrator of child abuse or neglect.

When a licensee and MDE is entering an applicant into the CCBC System, they must indicate, whether the individual has resided outside of the state of Michigan during the past 5 years. If an individual indicated a residency outside of Michigan during the past 5 years, the individual would receive the additional background check components prior to being determined eligible:

National Sex Offender Public Website (NSOPW).

Child Abuse and Neglect Registry for any state the individual has lived in during the past 5 years.

State Criminal History Check for any state the individual has lived in during the past 5 years unless the state is a National Fingerprint File (NFF) state. The department does not do an additional out of state criminal history check for NFF states.

The applicant is sent an additional Information letter informing them that the department needs specific information returned to make an eligibility determination. The letter includes specific instructions detailing requirements such as forms and fees for the state(s) identified. If an applicant fails to submit the information, forms, fees required for completing the out of state criminal history check and/or child abuse/neglect registry check, the applicant will be found Ineligible. The applicant is responsible for any fee(s) necessary to process a required out of state background check component. This includes fees for an additional fingerprint if the state requires another print to process. Applicants are provided 45 days to complete the out of state paperwork. If an applicant is working with the department actively to complete the necessary steps, they department provides some flexibility to the 45-day requirement. If an applicant submits the out of state background check information well outside of the 45-day time frame, and has not contacted the department, the applicant will be required to submit to a new comprehensive background check including updated fingerprints and updated registry checks.

If an applicant has resided out of the United States within the past 5 years, the applicant is

required to additionally provide the equivalent registry checks and criminal history check or sign a self-certifying statement that he or she is not ineligible to receive a license, be an adult member of the household, or to be a child care staff member as prescribe by sections 5q and 5r.

The CCBC unit will maintain copies of out of state background check supporting documentation received for verification that any out of state background checks required were completed.

Finally, any applicant who provides false information or knowingly omits information in the self-certification statement is ineligible for that application under MCL 722.115n. (2).

Note: On occasion, an individual is unable to have a Live Scan fingerprint. The department has had some individuals who are considered medically fragile and are unable to leave the home. These individuals are typically adult household members who are not acting as child caregivers. In such circumstances, the department sends an analyst to the licensee's home to hard card fingerprint the individual. The results are then forward to the fingerprint vendor, MSP and then the FBI. Oftentimes, these fingerprint results take more than 45 days to process because of the poor-quality print. However, the department processes an eligibility determination within 45 days receipt of the results from MSP and the FBI.

Child care provided by specified relatives is exempt from licensing requirements. However, those child care providers and their adult household members are required to undergo statewide pre-enrollment and ongoing background checks, including Internet Criminal History Access Tool (ICHAT), the Offender Tracking Information System (OTIS), the Public Sex Offender Registry (PSOR), and Michigan's child abuse and neglect Central Registry. These additional steps provide an assurance for health and safety. Because these individuals are related, we work to empower parents to set up safety protocols with those individuals who the children are already around.

Care provided by license exempt unrelated providers must undergo comprehensive background checks, including fingerprinting, as well as an annual health and safety visit at the location of care. In addition, Michigan does not require tribal providers or military programs to be licensed due to the fact that they have their own program requirements and licensing rules to ensure the health and safety of children. For those who also serve CCDF children they are asked to self-certify that they meet the health and safety requirements through their own systems. This policy can be found at (https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/704.pdf) https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/704.pdf.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

Neither Michigan's lead agency nor child care licensing division charge fees for the processing of comprehensive background checks. Under MCL 722.115n the department of state police may charge the department a fee for a criminal history check required that does not exceed the actual and reasonable cost of conducting the check. The department may pass along to the individual fingerprinted the actual cost of fee charged by the department of MSP, the Federal Bureau of Investigation (FBI) or a vendor approved by the department of state police for performing a criminal history check. Currently, the cost of the fingerprinting for the criminal history check is: $64.25. The breakdown for this cost is $30 for the MSP fee, $13.25 for the FBI fee, and $21 for Idemia, the state contracted fingerprint vendor. Additionally, Michigan has received funds to assist child care providers with the cost of fingerprinting staff. When Michigan receives these funds, fingerprinting is paid for via a coupon code process.

MSP also the Michigan Public Sex Offender Registry (PSOR). This check does not carry any fees to process by the department. Individuals requiring placement on an in-state public sex offender registry can be found on PSOR. Additionally, MSP does not charge the department any additional fees for providing the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR). MSP packages up the NCIC NSOR response to the department along with the fingerprint results.

Michigan child care licensing division has access to the MiSACWIS. This is the database in Michigan which houses Central Registry, a list of all individuals identified as a perpetrator of child abuse or neglect requiring placement on a registry. There is no cost passed on to the applicant for the processing this check.

Michigan does require applicants to pay any fees required of another state in order to process the out of state components of the comprehensive background check.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or

repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Michigan allows for prospective staff members to begin working once a staff member has received satisfactory results from their fingerprint check. However, this is only allowed under specific circumstances. First, the department must receive the fingerprint results from the FBI and MSP, with no disqualifying result. These results are returned to the department simultaneously. Secondly, the prospective staff member must be always supervised by an individual who has completed the comprehensive background check and been determined eligible. Provision to work supervised is in MCL 722.115n (8). This provision does not apply to an individual who wishes to move into a child care home. These individuals must complete the comprehensive background check and be determined eligible prior to moving into a licensed home.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

Licensees are responsible for entering all applicants (licensees, licensee designees, child care staff, adult household members and unsupervised volunteers) into the CCBC System. The individuals are referred to as applicants.

Licensees and licensee designees are also required to enter themselves into the CCBC system.

MDE is responsible for entering all license exempt unrelated applicants into the CCBC System. This excludes license exempt tribal and license exempt military applicants and staff. Michigan does not require tribal providers or military programs to be licensed due to the fact that they have their own program requirements and licensing rules to ensure the health and safety of children. For those who also serve CCDF children they are asked to self-certify that they meet the health and safety requirements through their own systems. This policy can be found at (https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/704.pdf) https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/704.pdf.

Every individual entered in the CCBC System and fingerprinted is required to complete a Consent and Disclosure form. This form must be completed accurately by the applicant and includes information as to whether, or not he or she has resided outside of the state of Michigan during the past 5 years. If the applicant indicates previous residency outside of Michigan during the past 5 years, the licensee and MDE will enter the previous addresses, states, and countries in which the applicant has resided. This information is the logged into the CCBC system and viewed by the analyst processing the comprehensive background check.

Upon receipt of the fingerprint results, the CCBC analyst will analyze the MSP and FBI fingerprint responses, which also include the results of the NCIC/NSOR. After completing

these three checks, the CCBC analyst will process the additional in state registry checks. The data feed will alert the analyst of any out of state addresses entered in the system for the applicant. The analyst will then complete the following components prior to the applicant being determined eligible:

National Sex Offender Public Website (NSOPW).

Child Abuse and Neglect registry for any state the individual has lived in during the past 5 years.

State criminal history check for any state the individual has lived in during the past 5 years unless the state is a National Fingerprint File (NFF) state. The department does not do an additional out of state criminal history check for NFF states.

The CCBC analyst mails the applicant an additional information letter informing them that the department requires specific information returned in order to make an eligibility determination. The letter includes specific instructions detailing requirements such as forms and fees for the state(s) identified.

If an applicant fails to submit the required forms, fees or information requested for completing the out of state criminal history check and/or child abuse/neglect registry check, the applicant will be found Ineligible. The applicant is responsible for any fee(s) necessary to process a required out of state background check component. This includes fees for an additional fingerprinting should the state require another print to process.

Applicants are allowed 45 days to complete the out of state paperwork and provide the required documentation to the CCBC Unit. If an applicant is working with the CCBC Unit actively to complete the necessary steps, the department provides some flexibility to the 45-day requirement. If an applicant submits the out of state background check information well outside of the 45-day time frame, and has not contacted the department, the applicant will receive an Ineligible determination.

Should the applicant wish to pursue an eligibility determination outside of the 45 days, a new comprehensive background check including updated fingerprints and updated registry checks may be required.

If an applicant has resided out of the United States within the past 5 years, the applicant is required to additionally provide the equivalent registry checks and criminal history check or sign a self-certifying statement that he or she is not ineligible to receive a license, be an adult

member of the household, or to be a child care staff member as prescribe by sections 5q and 5r.

The CCBC unit will maintain copies of documents returned for out of state background checks. This will provide supporting documentation that any out of state background checks required were completed.

Finally, any applicant who provides false information or knowingly omits information shall be determined ineligible for that application under MCL 722.115n. (2). Examples of providing false information or knowingly omitting information in this scenario are failing to disclose previous names, and or previous states of residency during the past 5 years.

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e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

Currently, Michigan does not participate in the federal rap back subscription. Michigan has been in ongoing discussion with the MSP about the potential for Michigan to participate in the FBI Rap Back subscription. In 2018, Michigan included language in PA 116 as Amended under MCL 722.115k (2). This states that when the department of state police can participate with the FBI's automatic notification system similar to the system administered by the department of state police under subsection (1), all fingerprints submitted to the FBI may be stored and retained. When a subsequent criminal arrest fingerprint care submitted into the system matches a set of fingerprints for an individual retained in accordance with the act, the department of state police shall immediately notify the department. The department shall immediately contact the child care organization with which the individual is associated if a conviction results from the arrest. Except for child placing agencies, the criminal history record information shall only be released to the individual to who the criminal history record information pertains.

As MSP does not currently participate in the federal rap back system, a final determination has not been made as to how the department and MSP will conduct the 5-year fingerprinting requirements, nor the NCIC NSOR check. MSP has discussed plans to resubmit the department's current applicants in a batch to the FBI, for a match, storage, and retention into the federal Rap Back subscription. However, it may be determined by MSP and the FBI that individuals who were printed 5 years ago will require an entirely new print.

The department is in the early stages of how to process applicants, which also include license

exempt unrelated applicants whose comprehensive background checks are 5 years old. Michigan will not begin to hit the five-year mark until 03/28/2023.

If Michigan is not able to participate in federal rap back, the CCBC system will have to calculate a date of expiration for 5 years from the completion of the last background check. The CCBC Unit will the update the following checks for applicants:

Disciplinary Action Database.
In-State Child Abuse/Neglect registry check.
In-State Michigan State Police Public Sex Offender Registry (PSOR).
Out of state registry checks for any applicant who resides outside of the state of Michigan.
Out of state registry checks for applicants who have resided outside the state of Michigan since the last Registry checks were completed.
Out of state registry checks include:
State Criminal History for non-NFF states.
Child Abuse and Neglect registry check.
National Sex Offender Public Website check.

As MSP does have a state rap back system, Michigan will not have to update MSP results in 5 years, if the state is able to push the current results into the federal rap back. However, the CCBC Unit must process an updated registry check on the following:

NCIC NSOR Update.
Disciplinary action database.
In-state Child Abuse/Neglect registry check.
In-state Michigan State Police Public Sex Offender Registry (MI PSOR).
Out of state registry checks for any applicant who resides outside of the state of Michigan.
Out of state registry checks for applicants who have resided outside the state of Michigan since the last registry checks were completed.
Out of state registry checks include:
State Criminal History for Non-NFF states.
Child Abuse and Neglect registry check.

National sex offender public website check.

License exempt tribal providers and military providers receiving CCDF subsidy payments must self-certify they meet all required health and safety requirements through their own

monitoring and tribal rules/laws through an annual certification process. Allowing these two provider types to self-certify reflects the fact that they have their own requirements that are in place for the programs, often in addition to state requirements.

Michigan exempts tribal providers, military providers, and care situations with parents on site during the entire time of care from child care licensing. Tribal providers and military providers receiving CCDF subsidy payments must self-certify they meet all required health and safety requirements through their own monitoring and tribal rules/laws through an annual certification process. Allowing these two provider types to self-certify reflects the fact that they have their own requirements that are in place for the programs, often in addition to state requirements.

As of 7/31/2023 Michigan is awaiting application approval of federal rap back which was submitted February 2022.

- For licensed providers, the CCBC Unit is using the following process to meet the five-year fingerprint requirement:
- Providers/Users are sent an email from LARA-CCBC-info@michigan.gov when an applicant is due for a Reprint for Eligibility Renewal.
- Notifications are emailed 90, 60, and 30 days prior to an applicant's Eligibility expiring.
- Providers/Users need to log into their CCBC account and take action to Renew the Eligibility or Disconnect the applicant, whichever is appropriate.
- Once the Provider/User logs into their CCBC account they see a list of applicants due for an Eligibility Renewal under the "In Progress" tab for individual with an expiring eligibility within the next 90 days. The provider will need to either: Disconnect the individual if they are no longer employed or renew the individual's eligibility if they are going to continue to have a connection to the child care facility.

License exempt-unrelated providers do not have their own CCBC accounts and MDE-CDC acts as the "Licensee/primary user/provider" on their behalf. MDE-CDC designated staff receive the 90, 60, and 30 day eligibility expiring emails from the CCBC system for providers who are due for a reprint eligibility renewal. MDE-CDC staff reach out to the provider via email and mailed letters at the 90, 60, and 30 day intervals, informing the provider of the required steps and the deadline to complete the renewal. License exempt providers who fail to complete their renewal by the expiration date will be closed in Bridges and disconnected in the CCBC system.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Child care licensees are required under R400.1925 (d) and (e) and R 400.8112 (e) and (f) to accurately complete and maintain the connection, disconnection, or withdrawn status of each individual associated with their license, as well as immediately disconnect each individual from the system once he or she is no longer a licensee, licensee designee, adult household member, child care staff or unsupervised volunteer.

MDE is responsible to accurately complete and maintain the connection, disconnection, or withdrawn status of license exempt unrelated applicants and staff from the CCBC System. Background check clearances based on fingerprints remain valid 180 days from the date the provider stops providing child care. An of out of state move voids background check clearances based on fingerprints.

The CCBC System is designed to automatically turn off the rap back notifications, 180 days after an individual is disconnected or withdrawn from all child care facilities. If an individual has had their Rap Back subscription turned off, and is re-entered into the CCBC system, the system will automatically prompt a new fingerprint and a full comprehensive background check is required. If the individual completed out of state criminal history and registry checks and was previously determined eligible, the applicant does not need to repeat the out of state registry checks if they have not moved outside of Michigan since the previous checks were processed. The CCBC Unit maintains an electronic copy of out of state documentation received. However, the applicant would require all in state registry checks to be processed, as those results would be stale.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

. (https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fmikidsmatter%2F0%2C9220%2C7-376-87928_88671---%2C00.html&data=04%7C01%7CCoolmanT%40michigan.gov%7Cc3e83724860d4ce3cc9908d97ddeb639%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637679217748611837%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=bTJ2ytzzhT4vw3a1lydCKwmB664lzPPO1Is2PBUTcY0%3D&reserved=0) https://www.michigan.gov/mikidsmatter/0,9220,7-376-87928_88671---,00.html

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if

multiple agencies are involved in different background check components

- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Procedures can be found at (https://www.michigan.gov/mikidsmatter/0,9220,7-376-87928_88671---,00.html) www.michigan.gov/MiKidsmatter. Once an applicant has been fingerprinted, the fingerprint vendor will submit the fingerprints to MSP. MSP will return the results of the state police criminal history record information to the department. The criminal history analyst will review and process the criminal history record information to determine if the individual has any disqualifying criminal convictions from records submitted to MSP.

Child care provided by specified relatives is exempt from licensing requirements. However, those child care providers and their household members are required to undergo statewide pre-enrollment and ongoing background checks, including Internet Criminal History Access Tool (ICHAT), the Offender Tracking Information System (OTIS), the Public Sex Offender Registry (PSOR), and Michigan's child abuse and neglect Central Registry. These additional steps provide an assurance for health and safety. Because these individuals are related, we work to empower parents to set up safety protocols with those individuals who the children are already around. Care provided by license exempt unrelated providers must undergo comprehensive background checks, including fingerprinting, as well as an annual health and safety visit at the location of care. In addition, Michigan does not require tribal providers or military programs to be licensed due to the fact that they have their own program requirements and licensing rules to ensure the health and safety of children. For those who also serve CCDF children they are asked to self-certify that they meet the health and safety requirements through their own systems.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

The procedure is the same for the FBI fingerprint response. However, MSP packages up the NCIC NSOR response, and enters it into the criminal history record information received. The NCIC NSOR response can be found at the bottom of the MSP response.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in

another state(s) within the previous five years).

Licensees are responsible for entering all applicants (licensees, licensee designees, child care staff, adult household members and unsupervised volunteers) into the CCBC system. The individuals are referred to as applicants. Licensees and licensee designees are also required to enter themselves into the CCBC system.

MDE is responsible for entering all license exempt unrelated applicants (staff) into the CCBC System. This excludes license exempt tribal and license exempt military applicants and staff. Michigan does not require tribal providers or military programs to be licensed due to the fact that they have their own program requirements and licensing rules to ensure the health and safety of children. Military and tribal providers have their own oversite agencies, and those oversite agencies certify they have met the health and safety requirements. MDE does an annual recertification process with the oversite agencies and providers. This policy can be found at (https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/704.pdf) https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/704.pdf.

Every individual entered in the CCBC system and fingerprinted is required to complete a consent and disclosure form. This form must be completed accurately by the applicant and includes information as to whether, or not he or she has resided outside of the state of Michigan during the past 5 years. If the applicant indicates previous residency outside of Michigan during the past 5 years, the licensee will enter the previous addresses, states, and countries in which the applicant has resided. This information is the logged into the CCBC system and viewed by the analyst processing the comprehensive background check.

Upon receipt of the fingerprint results, the CCBC analyst will analyze the MSP and FBI fingerprint responses, which also include the results of the NCIC/NSOR. After completing these three checks, the CCBC analyst will process the additional in state registry checks. The data feed will alert the analyst of any out of state addresses entered into the system for the applicant. The analyst will then complete the following components prior to the applicant being determined eligible:

National Sex Offender Public Website (NSOPW).
Child Abuse and Neglect Registry for any state the individual has lived in during the past 5 years.
State criminal history check for any state the individual has lived in during the past 5 years unless the state is a National Fingerprint File (NFF) state. The department does not do an additional out of state criminal history check for NFF states.

The CCBC analyst mails the applicant an additional information letter informing them that the department requires specific information returned to make an eligibility

determination. The letter includes specific instructions detailing requirements such as forms and fees for the state(s) identified.

If an applicant fails to submit the required forms, fees or information requested for completing the out of state criminal history check and/or child abuse/neglect registry check, the applicant will be found Ineligible. The applicant is responsible for any fee(s) necessary to process a required out of state background check component. This includes fees for an additional fingerprinting should the state require another print to process.

Applicants are allowed 45 days to complete the out of state paperwork and provide the required documentation to the CCBC Unit. If an applicant is working with the CCBC Unit actively to complete the necessary steps, the department provides some flexibility to the 45-day requirement. If an applicant submits the out of state background check information well outside of the 45-day time frame, and has not contacted the department, the applicant will receive an Ineligible determination.

Should the applicant wish to pursue an eligibility determination outside of the 45 days, a new comprehensive background check including updated fingerprints and updated registry checks may be required.

If an applicant has resided out of the United States within the past 5 years, the applicant is required to additionally provide the equivalent registry checks and criminal history check or sign a self-certifying statement that he or she is not ineligible to receive a license, be an adult member of the household, or to be a child care staff member as prescribe by sections 5q and 5r.

The CCBC unit will maintain copies of documents returned for out of state background checks. This will provide supporting documentation that any out of state background checks required were completed.

Finally, any applicant who provides false information or knowingly omits information shall be determined ineligible for that application under MCL 722.115n. (2). Examples of providing false information or knowingly omitting information in this scenario are failing to disclose previous names, and or previous states of residency during the past 5 years.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in

the event not all the components of the background check are completed within the required 45-day timeframe.

The CCBC unit is required to make an eligibility determination within 45 days. The CCBC unit can process an eligibility determination within 45 days of receiving the fingerprint results from MSP and the FBI. That has been the date that the department has used for beginning the 45-day timeframe. MSP and FBI fingerprint results are returned very quickly to the CCBC unit provided that the individual does not have poor fingerprint quality. The MSP rejection rate of fingerprints is approximately fluctuating between .1 % and .01 %. The FBI fingerprint rejection rate is under .45%. Therefore, most results are received very quickly.

Upon receipt of the fingerprint results, the analysts process the remaining registry checks and criminal history results. Individuals requiring additional information due to residing out of state in the past 5 years, are mailed a letter with specific instructions for forms and fees required to complete the out of state checks. If an applicant does not follow through timely by providing the required forms, fees and information requested, they will be made Ineligible. Applicants who can provide the appropriate documentation within 30 days of being found ineligible, may submit, and be granted a re-determination.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

The department has a process for applicants to submit an out of state fingerprint result. This process can be found at (http://www.michigan.gov/ccbc) www.michigan.gov/ccbc. The process requires a hard card of the fingerprint be submitted to Idemia, the contracted fingerprint vendor for the State of Michigan. Idemia then electronically transmits the fingerprints to MSP to begin processing. Idemia is developing a new platform which will allow individuals in some states to electronically transfer their fingerprints via Idemia to MSP directly. This will improve the fingerprint quality and lead to a reduction in rejected fingerprints. This new platform is in early stages and has not been rolled out to all states.

5.5.4 "Compact State" and participation in the National Fingerprint File program

State designation as a “Compact State” and participation in the National Fingerprint File program.

a. “Compact States” are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: https://www.fbi.gov/services/cjis/compact-council. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory a Compact State?

[ ] No
[x] Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory an NFF State?

[x] No
[ ] Yes

5.5.5 Respond to Interstate Background Checks

Procedures for a Lead Agency to Respond to Interstate Background Checks: Interstate

a. Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Instructions for other states obtaining a response from Michigan can be found at (http://www.michigan.gov/MiKidsmatter) www.michigan.gov/MiKidsmatter.

Neither the lead agency nor CCLB process registry checks for other states as criminal history information for civil purposes can be requested from different departments.

Michigan Criminal History Check:

A Michigan criminal history check can be obtained via the MSP website called Internet Criminal History Access Tool (ICHAT). This is a name-based criminal history check of the MSP. The current cost for running an ICHAT is $10 per search.

ICHAT search results are available to view and print online immediately once payment is approved. The results are available that day and for the next seven days; after the seventh day they will be deleted. The results are NOT mailed.

The search result means that a check of the MSP criminal history file has been completed and is ready to view. It does not mean that a criminal record was or was not found that matched your entry.

ICHAT reports may not be accepted by all organizations. Check with the agency requiring the background check before paying for an ICHAT search.

Social security numbers and driver license numbers are not searchable.

Users must verify their data is correct before submitting it. If a user submits inaccurate data (such as a duplicate search, a misspelled name or wrong gender) they should correct it

before checking out of the shopping cart.

To begin an ICHAT search, click (https://apps.michigan.gov/Home/Login?q=MlGPpWZJC+eyoP6U6CpNUg==%27) here:

Note: All appeals or requests for correction to a MSP criminal history record, must be addressed with MSP and not the CCLB.

Michigan Public Sex Offender Registry:

The Michigan Public Sex Offender Registry is a free search of individuals listed or required to be listed on Michigan's Public Sex Offender Registry. Click (https://www.michigan.gov/msp/0,4643,7-123-1878_24961---,00.html) here to begin a free search.

Michigan Child Abuse & Neglect Registry:

Michigan's Child Abuse and Neglect Registry is maintained by MDHHS. Individuals who have been substantiated as a perpetrator for a Category I or II child abuse or neglect finding are placed on Central Registry.

To obtain a Child Abuse & Neglect Registry Check for an individual who resided in Michigan during the last 5 years, see instructions below under Section IV. Other Out-of-State Entities.

Children's Protective Services program office will conduct Central Registry clearances for any of the following out-of-state entities:

Law enforcement agencies conducting a child abuse/neglect investigation.
Child welfare agencies conducting a child abuse/neglect investigation.
Child (day) care licensing agency.
Physician who is treating a child whom the physician suspects may be abused or neglected.
Court or grand jury that determines the information is necessary to decide an issue before the court or grand jury.
Fatality review team, citizen review panel, or foster care review board for the purposes of meeting the requirements and carrying out the duties of the group.
Agency charged with completing child custody/parenting time matters for divorced, separated, or unwed parents (such as Friend of the Court, etc.).
Lawyer-guardian ad litem or other attorney for the child or parent(s).
A person/entity legally authorized to place a child in protective custody when the person/entity is confronted with a child whom the person/entity reasonably suspects may be abused or neglected, and the information is necessary to determine whether to place the child in protective custody.

Out-of-state entities requesting Central Registry clearances for the above (1-9) reasons must complete the (https://www.michigan.gov/documents/dhs/DHS-1929_408961_7.dot" target="_blank) Central Registry Clearance Request - DHS-1929 form.

Mail or fax all requests to:

Michigan Department of Health and Human Services

Children's Protective Services Program

P.O. Box 30037

235 South Grand Ave., Suite 510

Lansing, Michigan 48909

Fax: 517-763-0280

Phone: 517-335-3704

A response will be sent within ten (10) working days indicating whether or not the subject of the inquiry is on the Central Registry.

All appeals and expunction requests will be handled by the Michigan Department of Health and Human Services.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).
MSP maintains a public sex offender registry. This registry can be accessed at: (https://www.communitynotification.com/cap_main.php?office=55242/) https://www.communitynotification.com/cap_main.php?office=55242/

There is no charge to conduct a search of individuals listed on Michigan's Public Sex Offender Registry (PSOR). This website provides access to information needed by other states to verify the requirement of an individual to register on a state sex offender registry. There are individuals required to register on non-public registries that may only be accessed by law enforcement on judicial branches.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).
States can request a search of Michigan's Central Registry through MDHHS. Central Registry is a

database which houses the names of individuals who are currently on a Central Registry as the perpetrator for child abuse or neglect. Currently, individuals are placed on Central Registry if they have a Category I or II substantiation as the perpetrator of abuse or neglect. On occasion, individuals with a Category III finding of child abuse or neglect may be placed on Central Registry if they are a licensed provider under a child care organization.

Central Registry is a name-based search, so it is imperative that the applicant list all names and aliases when requesting a search.

The Central Registry search requires the applicant to submit a form in writing to the MDHHS. Typically, the turn-around time for a Central Registry check is two to three weeks. Appeals for incorrect information on a Central Registry check are processed through the MDHHS. Individuals seeking an expunction from Central Registry must make also make their request through MDHHS.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

[x] i. Agency Name

[x] ii. Address

[x] iii. Phone Number

[ ] iv. Email

[x] v. FAX

[x] vi. Website

[x] vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

[ ] viii. Forms

[x] ix. Fees

[ ] x. Is the state a National Fingerprint File (NFF) state?

[ ] xi. Is the state a National Crime Prevention and Privacy Compact State?

[x] xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

(https://www.michigan.gov/mikidsmatter/0,9220,7-376-87928_88671---,00.html) MiKidsMatter - Licensed Providers (michigan.gov)

b. Interstate Sex Offender Registry (SOR) Check:

[x] i. Agency Name

[x] ii. Address

[x] iii. Phone Number

[ ] iv. Email

[x] v. FAX

[x] vi. Website

[x] vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

[ ] viii. Forms

[ ] ix. Fees

[x] x. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://www.michigan.gov/mikidsmatter/0,9220,7-376-87928_88671---,00.html

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

[x] i. Agency Name

[x]ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?

[x]iii. Address

[x]iv. Phone Number

[ ]v. Email

[x] vi. FAX

[x] vii. Website

[x] viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

[x] ix. Forms

[x] x. Fees

[x] xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.

[x] xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

(https://www.michigan.gov/mikidsmatter/0,9220,7-376-87928_88671---,00.html) MiKidsMatter - Licensed Providers (michigan.gov)

5.5.7 Child Care Staff Member Disqualification

Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or— subject to an individual review (at the state/territory's option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes— child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

[ ] No

[x] Yes. If yes, describe other disqualifying crimes and provide the citation:

Michigan added a list of additional crimes which will carry ten-year, seven-year, or five-year exclusions from being eligible to work in a licensed or license exempt childcare 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 analyst will obtain a copy of the police report to determine if an assault occurred, or whether the applicant simply resisted or

obstructed.

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

Once an applicant's comprehensive background check has been completed, the CCBC unit sends the licensee and the MDE an email notification to check their CCBC Account for results. In CCBC the licensee and MDE can obtain a finding of "eligible" or "ineligible" for the applicant. The licensee and MDE will also receive a hard copy of the Ineligibility letter in the mail. They will not receive a hard copy of an eligible letter; however, they can print a copy of the eligible letter from the CCBC system.

At the bottom of the licensee's ineligibility letter, it states the following, "Information is confidential; therefore, the department will not provide any details as to why an individual was found ineligible."

The department will not discuss or provide the reason why an individual was found Ineligible to anyone but the applicant the background check was completed on.

Any applicant found ineligible is provided with the reason for their ineligibility via a letter in the mail. Ineligibility reason may include but is not limited to, Failure to Submit Additional Information, Criminal History, Disciplinary Action Registry Check, Criminal History, Child Abuse and Neglect Registry placement. The applicant is informed of which component of the comprehensive background led their Ineligibility. A Re-determination (appeal) form is mailed to the applicant with the ineligibility letter.

Applicants who are found eligible will be notified by the licensee that they were found eligible. The licensee will the "connect" them to their facility via the CCBC System. Connecting, disconnecting or withdrawing an applicant is the final step in the background check process. It is required under R 400.8112 (2) (e) and (f) as well as R 400.1925 (2) (e) and (f).

The process for license exempt providers found ineligible for the comprehensive background check is the same. The provider is notified directly. MDE is only notified that the applicant is found ineligible, reason for ineligibility is not shared with MDE. Providers who are found eligible are notified of their approval through Bridges with the DHHS-4481, CDC License Exempt Provider Confirmation form.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2- 4).

Under MCL 722. 115r (5) an individual is ineligible to be connected with a child care facility if they have been convicted of a felony drug offense, an attempt or conspiracy to commit a felony drug offense, or any other state or federal equivalent, unless 7 years have lapsed since the conviction. Because Michigan excludes for 7 years, a review process is not

required.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
- The appeals process is completed in a timely manner for any appealing child care staff member
- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
- The Lead Agency must work with other agencies that are 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.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.

Any applicant found Ineligible is provided with the reason on their ineligibility letter. ineligibility reason may include but is not limited to:

Failure to Submit Additional Information,
Disciplinary Action Registry Check,
Criminal History,
Child Abuse and Neglect Registry placement.

In addition to providing the applicant the reason for their ineligibility, a re-determination (appeal) form is mailed with the ineligibility letter.

The individual may request (in writing) a copy of their Criminal History Record Information (CHRI) for the purpose of challenging their record. If an applicant requests of a copy of their CHRI, the request is logged in a secondary dissemination log.

The re-determination process is one way a person can appeal. The redetermination form must be submitted to the CCBC Unit, along with supporting documentation that their findings were incorrect due to an incorrect, expunged, or set aside conviction and/or registry placement.

The second way an individual can appeal is directly with MSP or the FBI. This is when they wish to challenge the accuracy of their criminal history record. As part of this process the applicant is provided with the guidelines for how to appeal their criminal history record with the FBI and MSP if they feel that there is an error. The child care background check staff will review all appeal documents. Based on PA 116 of 1973, the staff will make a recommendation to the director of CCLB. The director will make the final determination based on whether a person is approved based on all the information available.

If an individual is found ineligible based upon a registry check such as a child abuse and neglect registry check or NCIC NSOR, the individual would have to follow up with the appropriate department to correct the record.

License exempt providers who are found ineligible through the statewide pre-enrollment checks (ICHAT, OTIS, PSOR and Central Registry) can request an administrative review to appeal that decision. They would need to provide proof to MDE that the findings were inaccurate or should be overturned.

License exempt unrelated providers who are found ineligible through the comprehensive fingerprint checks are notified on the ineligibility letters and they follow the same appeal process as licensed providers.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

Any applicant found ineligible due to an interstate criminal history check or registry placement must correct their record, obtain and expunction, or have a conviction set aside in order to be granted a redetermination.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

Any applicant found ineligible due to interstate child abuse and neglect registry placement must correct their record, obtain an expunction, to be granted a redetermination.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

[x] a. Relative providers are exempt from all licensing requirements.

[ ] b. Relative providers are exempt from a portion of licensing requirements. Describe.

n/a

[ ] c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

[ ] a. Relative providers are exempt from all health and safety standard requirements

[x] b. Relative providers are exempt from a portion of health and safety standard requirements. Describe.

They are required to participate in GSQO and the annual health and safety refresher training. They are allowed to care for up to six children in their own home. Relative providers and their adult household members are excluded from the comprehensive FBI fingerprints but are required to complete the state's criminal background checks (ICHAT, PSOR, OTIS and Central Registry).

[ ] c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

[ ] a. Relative providers are exempt from all health and safety training requirements.

[ ] b. Relative providers are exempt from a portion of all health and safety training requirements. Describe.

n/a

[x] c. Relative providers must fully comply with all health and safety training requirements.

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5.6.4 Monitoring and Enforcement (as described in Section 5.4)

[x] a. Relative providers are exempt from all monitoring and enforcement requirements.

[ ] b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe.

n/a

[ ] c. Relative providers must fully comply with all monitoring and enforcement

requirements.

5.6.5 Background Checks (as described in Section 5.5)

[ ] a. Relative providers are exempt from all background check requirements.

[x] b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:

[x] i. Criminal registry or repository using fingerprints in the current state of residency

[x] ii. Sex offender registry or repository in the current state of residency

[x] iii. Child abuse and neglect registry and database check in the current state of residency

[ ] iv. FBI fingerprint check

[ ] v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.

[ ] vi. Criminal registry or repository in any other state where the individual has resided in the past five years.

[ ] vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.

[ ]viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.

[ ] c. Relative providers must fully comply with all background check requirements.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)) and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with

disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Professional development framework for training and professional development

Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

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a. Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Michigan has Core Knowledge and Core Competencies (CKCCs) for both early childhood and out of school time (OST). They are aligned to state and national early learning 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 by the Michigan Registry (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 an outline detailing the competency statements they are addressing. We have developed a free online course (training) on the CKCCs that is available to all providers who are interested in learning more. The training can count toward annual required training hours for child care licensing. Beginning in January of 2022, all professional development must be approved in MiRegistry to count for Great Start to Quality indicators.

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 creditbased 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. In addition, Michigan funds professional development delivery through our statewide Resource Centers. They deliver a range of professional development offerings including child care business training, McKinney Vento, infant toddler focused training, and numerous other offerings to support the early childhood and out of school time workforce.

ii. Career pathways. Describe:

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) and then additional steps require college coursework and achievement of a degree. The career pathway is targeted to both early childhood and OST professionals.

iii. Advisory structure. Describe:

We are utilizing advisory groups to inform our workforce initiatives including:

McKinney Vento Homelessness training
WIDA multilingual training and technical assistance
Infant/toddler career pathway work
Infant/toddler foundational training
Career Pathway/Career Technical Education (CTE)/high school credential initiative.

These advisory groups help the Michigan Department of Education Office of Great Start (MDE/OGS) develop, promote, and maintain a comprehensive, accessible, inclusive system of cross- sector partners, best practices, and resources for the professional development, career advancement, and recognition of individuals serving infants, toddlers, preschoolers, and school age children. They include representatives from: Great Start to Quality (GSQ), Early Childhood Investment Corporation (ECIC), Early Childhood Support Networks (ECSNs), Community College (2yr), University (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 (T.E.A.C.H.) Early Childhood® Michigan, Michigan Association for the Education of Young Children (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, Community Health/Home Visiting.

iv. Articulation. Describe:

Michigan participated in a national T.E.A.C.H. Articulation Project and has made great strides in supporting articulation agreements between associate degree granting institutions and bachelor's degree granting institutions. The plan included supporting associate degree granting institutions to pursue a common set of high quality standards (specifically National Association for the Education of Young Children (NAEYC) Early Childhood Associate Degree Accreditation, which our CKCCs are aligned to) and bachelor degree granting institutions accepting the early childhood coursework as a "block" transfer and evaluating their programs to determine what a transfer student remaining to take at the bachelor degree granting institution. We started this process with our team of two associate and two bachelor's degree granting institutions. Each of the associate degree granting institutions developed agreements with both of the bachelor degree granting institutions. These agreements have served as models to support other institutions in developing block articulation/transfer agreements. We have added at least six new agreements and look forward to adding more, as we now have 12 community colleges that are currently NAEYC accredited. All colleges participating with T.E.A.C.H. Early Childhood® Michigan are required to have at least one articulation agreement in place. Twenty- two associate degree granting institutions have at least one articulation agreement with a bachelor's degree granting institution. We have built on this initial work through our Career Pathway/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 will be 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 will launch during the 21-22 school year. Work is currently being done on supports for the CTE faculty, marketing, and recruitment. As part of the CTE pipeline work, there are 8 bachelor degree granting colleges and 10 associate degree granting colleges that are engaged in articulation/transfer agreements. These agreements focus on teacher education degree programs, including Michigan's new Birth-Kindergarten and PreK-Third bands.

CDA Community Projects-
Michigan has partnered with MiAEYC to support CDA cohorts. MiAEYC will facilitate collaborative partnerships among scholarship participants, institutions of higher education, and early learning and development programs. This project will include working with community colleges to develop credit bearing CDA training opportunities that meet the needs of providers facing access barriers such as location, course offerings, cost, and delivery format, as well as identifying providers/programs for participation.

- Coordinate six cohorts supporting 20 licensed providers each utilizing T.E.A.C.H. scholarships to complete the training required for the CDA credential for college-credit in a community-based setting.
- Award a faculty stipend to 6 community colleges for work to develop and implement a series of coursework in closed sections for CDA cohort participating students.
- Develop and distribute CDA cohort recruitment and participation materials.
- Attain and distribute CDA competency standards books and professional portfolios to cohort participants.

v. Workforce information. Describe:

In April 2018, Michigan launched our workforce registry, MiRegistry. MiRegistry allows for the collection of demographic, wage, education, retention, and professional development information in the registry. The registry also houses our system of trainer and training approval, along with a statewide calendar of professional development/training events. When an individual completes an approved training event, evidence automatically populates his/her learning record. Over 80,000 individuals are utilizing MiRegistry for professional development. We currently have 1240 approved trainers in the system and 3200 professional development events were available last year. In addition, we have over 20,000 individuals who have submitted higher education coursework, degree completion and credentials to MiRegistry for verification and addition to their professional portfolio. We continue to build information around professional development, staff qualifications, employment, retention and wages of the workforce.

vi. Financing. Describe:

Michigan provides funding to T.E.A.C.H. Early Childhood® Michigan, a statewide scholarship program designed to help child care center teaching staff, preschool teachers, family child care providers, group home owners, center directors, early childhood professionals and administrators meet their professional development goals, while continuing their current 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.

b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

[x] i. Continuing education unit trainings and credit-bearing professional development to the extent practicable. 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 T.E.A.C.H. Early Childhood® Michigan for support in pursuing CDA training, associates or bachelor's degree are required to take credit bearing college coursework. For support with the CDA credential fee, a provider can utilize both non-credit bearing and credit bearing hours.

[x] ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe:

Training that is approved through our Quality Rating 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 our current block transfer approach for those moving from the associate's level to pursuit of a bachelor's degree. We continue to connect with institutions of higher education at quarterly ACCESS (Association of

Associate Degree Early Childhood Teacher Educators) meetings and through summit opportunities to encourage alignment with our state framework.

[ ] iii. Other. Describe:

6.1.2 Consultation with state advisory council

Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

Our professional development system was developed through the use of a large stakeholder group the Professional Development Stakeholder Group and three sub-groups focused on Quality Assurance; Qualifications, Credentials and Pathways; and Core Knowledge and Competencies. The sub-groups made recommendations to the larger stakeholder group; which in turn made recommendations to the Office of Great Start for implementation. The Professional Development Stakeholder Group and related work streams included representatives from: GSQ, ECIC, Community College (2yr), University (4yr), Migrant Telamon, MHSA, MDHHS, GSRP, MAISA, Tribal Representation, Michigan Afterschool Partnership, Michigan Association for Infant Mental Health, T.E.A.C.H. Early Childhood Michigan, MiAEYC, LARA, Early-On Technical Assistance Network, Office of Career and Technical Education, Office of Professional Preparation Services (OPPS), Head Start Training and Technical Assistance, Community Health/Home Visiting. As the framework has been launched and the initial components implemented; we continue to address considerations and needs through a similar stakeholder engagement or advisory group process. Great Start Operations Team (GSOT) serves as Michigan's State Advisory Council on Early Childhood Education and Care. GSOT reviews recommendations around the components of our statewide professional development system.

6.1.3 Description of framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Michigan has designed the framework to be flexible and to support the workforce at varying levels of competency. Michigan continues to message to individuals that they are part of the early childhood and OST workforce, that they are part of a profession and, in turn, are professionals. Michigan introduced a workforce registry--MiRegistry in April 2018. In preparation for launch Michigan built the approved trainer and approved training side to allow for a heavily populated training calendar at launch. All trainers must be approved utilizing a rubric based on education, experience in the field, and experience working with adult learners. All training is approved and leveled based on alignment to the early childhood or out of school time competencies. To date, we have 1240 approved trainers providing training events. There are two profile levels in MiRegistry create an account level and a membership level. In July 2018, Michigan launched two online health and safety courses (in MiRegistry) to support providers with meeting reauthorization requirements. In 2020, we launched a required ongoing health and safety course. Both have generated an enormous influx of account creation in the registry. To date, there are over 80,000 accounts in MiRegistry. Roughly 20,000 of those creating accounts have applied for membership. Membership is where the depth of data about the workforce becomes available; as more information such as education, credentials, and more detailed employment information is entered and

verified by registry staff. Placement along our state career pathway also occurs at the membership level. As the registry continues to grow in usage and membership, it will allow the state to speak to some of the above items with data quality, diversity, stability, and retention. The registry also reinforces this concept of professionalism by documenting and acknowledging the qualifications of individuals in the workforce.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

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6.2.1 Training and professional development descriptions

Describe how the state/territory incorporates into training and professional development opportunities:

- the knowledge and application of its early learning and developmental guidelines (where applicable);
- its health and safety standards (as described in section 5);
- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

Licensing requires annual professional development for licensed child care providers. To comply, providers participate in professional development that is aligned to the CKCCs. Child care providers access approved training through MiRegistry and that training is aligned to the CKCCs. The CKCCs are aligned with our state early learning guidelines and address the items included in this indicator--health and safety, positive interactions and guidance, and social and emotional development. All licensed providers are required to complete the CCDF health and safety topics as part of preservice or within three months of employment. We currently offer two courses plus a separate infant safe sleep course online that provide content to meet all the training topics required. In 2020 we developed a required ongoing health and safety refresher course that targets 4 of the 12 required topics. We will offer a 2021 course that covers an additional 4 topics and a third course in 2022 that covers the remaining 4 topics. These annual health and safety refresher trainings are required for both licensed and license exempt child care providers and were developed to meet the ongoing health and safety requirement. Record of completion is available in MiRegistry for licensing consultant review and we have a data exchange to support evidence of license exempt provider completion. Michigan's training and professional development framework incorporates licensing health and safety standards as the foundation

and allows for professional development to support increased knowledge and competency. Training is leveled and categorized by core competency area, which allows for intentional professional development planning to support different professional goals and overall competency. As part of our system of professional development, we have introduced a career pathway that acknowledges licensing requirements at the foundational or entry level and moves to professional levels that are achieved through credentials and higher education attainment. Beginning in January of 2022, professional development will need to be approved in MiRegistry to count for Great Start to Quality. License exempt providers (related, unrelated) all complete a GSQ orientation that is built on the CKCCs and is housed in the registry. License exempt providers are also required to complete the ongoing health and safety training as well. GSQ Resource Centers provide professional development on positive guidance and discipline, reducing challenging behaviors, and some offer specific training on intervention models including the pyramid model. Our SBE approved a state policy on suspension and expulsion prevention. A state team with representation from our Head Start Collaboration Office, Child Care, State Pre-K, Infant Mental Health and MDHHS has been convened to focus on this important work. We have specialized social emotional consultation available in 18 counties across the state and hope to expand availability in the future. This consultation supports early care and education providers, in home and center-based care. In addition to social emotional health and behavioral support, the consultants offer training and ongoing coaching around the effects of trauma, how to build adult and child resilience and help providers integrate an intentional equity perspective into their work with children and families.

6.2.2 Accessibility of professional development for tribes and tribal organizations

Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

All providers, including those supported through Indian tribes/tribal organizations, have access to professional development offered through MiRegistry, Institutes of Higher Education or other community partners who offer training.

6.2.3 Accessibility for providers with limited English proficiency and disabilities

States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a. with limited English proficiency.

Individual GSQ Resource Centers work with the provider populations in their region who are not English speaking to offer training and support. Two of our Resource Centers have bilingual staff and all support providers with translation services. One Resource Center is facilitating a learning community in Spanish. For providers with disabilities, accommodations are made as needed. In addition, we have added several training sponsors to MiRegistry that offer training in a variety of languages to support providers with accessing professional development in their home language.

b. who have disabilities.

Each provider is a unique case, and their individual ability is accommodated according to their needs.

For example, a hearing-impaired provider may be positioned close to the instructor during a training to accommodate a provider who is able to read lips. If an interpreter is available, this is also an option. A vision-impaired provider may be accommodated with materials specific to the training with access to the trainer on an individual basis to read the printed materials. Considerations are made for locations where trainings or meetings are held and are different abilities accessible (handicapped). When a provider shares that they struggle with reading and comprehension, there is additional individualized assistance to make sure the provider is comfortable and understands. In addition, one-on-one consultation is provided to meet the needs as best as possible.

6.2.4 Training and professional development requirements for CCDF providers

Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

Training and professional development is based on the CKCCs which address competencies around English learners, children with disabilities, and cultural competence. Our early learning guidelines (ELGs) also address these areas and provide quality standards and early learning expectations for infants, toddlers, preschool and school-age children. The CKCC are aligned to the ELGs. Michigan offers a school age 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. As part of our PDG B-5 work, we have a Training and Endorsement Project through the Michigan Association for Infant Mental Health. The project will support 200 individuals with attaining the Infant Family Associate (IFA) Endorsement over fiscal years 2021 and 2022. Features of the project include:

Specialized Marketing and Outreach

Cohort Approach/Assignment to an Endorsement Coach for each cohort
Monthly Check in Calls/Individual Supports
Training/Professional Development30 hours of content

Pregnancy and Postpartum
Attachment, Separation, Trauma, Grief & Loss

Relationship Focused Practice and Observation and Listening
Screening and Assessment/Infant/Young Child Development
Cultural Competence

IFA Registration and Processing Fees

We also have an inventory or higher education coursework focused on infants and toddlers. In addition, we are working on a new foundational set of 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. Through our Preschool Development Grant B-5 (PDG B-5) Initiative work, we are working to offer WIDA professional development modules and possibly technical assistance to support providers with multi-lingual learners. We also are working with the Nutrition And Physical Activity Self Assessment for Child Care (NAPSACC) program to support providers with access to a series of professional development modules, self-assessment tools and resources and technical assistance. Go NAPSACC works with child care providers to improve the health of young children through practices, policies, and environments that instill habits supporting lifelong health and well-being. They offer (https://gonapsacc.org/our-focus-areas" target="_blank) modules on key topics like healthy eating, physical activity, oral health, and outdoor play. These modules are expected to be approved in MiRegistry.

6.2.5 Training and technical assistance to identify families experiencing homelessness

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 (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2).

A three-hour training- "Supporting Families Experiencing Homelessness: How Child Care Providers Can Help"- was developed with the support of a stakeholder group and our state's McKinney-Vento Coordinator. The three- hour training covers: Homelessness definition, Strategies for identifying families experiencing homelessness, impacts of homelessness on children and families, Resources for children and families experiencing homelessness, Strategies for providers to support children and families in their care that are experiencing homelessness. This training is delivered across the state multiple times by each of the ten GSQ Resource Centers. In December 2020, we updated the data in the training and have a survey planned in April 2021 to allow current trainers to reflect on the content and the feedback received from attendees. In the fall of 2021, we will reconvene a stakeholder group with trainers, our McKinney Vento Coordinator, and several McKinney Vento liaisons to determine updates and next steps for a second training. Current trainers have connected and invited their local liaison to support delivery of the training.

The state's Social Emotional Consultants (SEC) are qualified to complement and support the state's three-hour training, designed to identify and service children and their families experiencing homelessness. The SECs can build on this training's foundational knowledge and offer ongoing

training and coaching to the child care provider around the often intense emotional, behavioral, and traumatic effects that children may experience during times of homelessness. Additionally, the SEC may help support the provider, child, and family to connect with other community resources such as mental and behavioral health services that are needed to facilitate the child's ability to be maintained in the child care setting.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

Our Resource Center staff that deliver the training were trained by the McKinney Vento (MV) Coordinator and several regional liaisons. They have built relationships with the regional/local homeless liaisons and coordinators and use those relationships to support their knowledge and competency around identifying and serving children and their families experiencing homelessness. Having the MV Coordinator located at MDE also allows for continued communication and support to ensure the trainers feel comfortable providing training and some technical assistance to the field.

6.2.6 Strategies to strengthen business practices

Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.

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a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

Using Race to the Top - Early Learning Challenge (RTT-ELC) funds, Michigan development of a series of child care business trainings designed for both center-based and home-based child care providers. These trainings were delivered across the state through our ten GSQ Resource Centers. Based on provider and trainer feedback we worked with the National Center on Early Childhood Quality Assurance in 2020 to refine/develop an updated 30-hour business series specifically targeted to Child Care Centers. Content from federally developed modules and our original child care business series were combined to create this specialized training. We used a stakeholder group to inform the work and conducted a training of trainers in June of 2020. Trainers began delivering this series in the summer of 2020. This series was designed to meet the Child Care Administration training requirement for Child Care Center Program Directors. In the spring of 2021, we will begin working with the Quality Assurance Center to develop a new business training series that will be targeted specifically to family child care providers. We will be utilizing a stakeholder group for development along with a group of family child care providers to develop the training. Resources Center trainers will deliver and support the series once completed.

In coordination with IFF, the Department is offering grants - Facilities Improvement Fund (utilizing American Rescue Plan Act funding) to new and expanding child care entrepreneurs to help providers complete minor renovations and improvements to meet licensing and quality standards and increase the supply of child care in needed communities across the state.

Wonderschool is providing direct support for new, expanding, and existing child care providers, offering a menu of free, professional coaching, on-demand business trainings, webinars, and six-week

Cohorts that cover important topics such as:

- **The importance of business planning.**
- **How to hire, develop, and retain staff.**
- **Accessing scholarships and creating professional development plans.**
- **Taxes, recordkeeping and using data to inform goal setting.**
- **Navigating CACFP, Head Start/Early Head Start, GSRP, and subsidies. Processes and plans for full tuition collection. Long term planning for profit.**
- **Marketing your program for enrollments. Building and managing waitlists.**
- **Planning for family engagement and communication.**

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

[x] i. Fiscal management

[x] ii. Budgeting

[x] iii. Recordkeeping

[x] iv. Hiring, developing, and retaining qualified staff

[x] v. Risk management

[x] vi. Community relationships

[x] vii. Marketing and public relations

[x]viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance

[ ] ix. Other. Describe:

n/a

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

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

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a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age- appropriate strategies (98.53 (a)(1)(i)(A)). Describe the content and funding:

Child care providers have access to approved training through Michigan's ten GSQ resource centers and that training is aligned to the CKCC. The CKCCs are aligned with our state early learning guidelines and address the items included in this indicator--health and safety, positive interactions and guidance, and social emotional development. Beginning April 2018, child care providers began accessing approved

training, including training offered by our ten GSQ resource centers, in the Michigan Registry-MiRegistry. Some of the training offered by the GSQ resource centers is CSEFEL (Center on the Social Emotional Foundations for Early Learning) based; but this training isn't offered by all GSQ Resource Centers. Social and Emotional Consultants are currently funded through our Preschool Development Grant B-5 Initiative and do provide training and consultation around social-emotional and physical health needs of young children, as well as developmental screening and referral procedures. Resource Centers do receive funding to support training and technical assistance. Resource Centers have funding to deliver professional development and training offered through MiRegistry is both fee based and free of charge. Partners like Community Health, MSU Extension, CACFP and others offer professional development around these topics as well. Through PDG, we have a project funded with GO NAPSACC that is focused on physical activity and, nutrition. The project includes professional development modules and technical assistance.

Which type of providers are included in these training and professional development activities?

[x] Licensed center-based

[x] License exempt center-based

[x] Licensed family child care home

[x] License-exempt family child care home

[x] In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool- age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)). Describe the content and funding:

GSQ Resource Centers provide professional development on positive guidance and discipline, reducing challenging behaviors, and some offer specific training on intervention models including the pyramid model. Michigan's SBE approved a state policy on suspension and expulsion prevention. We have been participating in a BUILD initiative to guide our efforts around strong training and technical assistance supports for the workforce. A state team with representation from our Head Start Collaboration Office, Child Care, State Pre-K, Infant Mental Health and MDHHS has been convened to focus on this important work. We do have specialized social emotional consultants to support providers in meeting the social- emotional needs of young children, including offering training and consultation. This work has been taking place in eighteen counties with a continued hope to eventually move statewide; PDG B-5 Funds are currently supporting this work. (License Exempt providers do not have access to social emotional consultants.)

Which type of providers are included in these training and professional development activities?

[x] Licensed center-based

[x] License exempt center-based

[x] Licensed family child care home

[x] License-exempt family child care home

[x] In-home care (care in the child's own home)

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

development. (98.53(a)(1)(iv)). Describe the content and funding:

This topic is emphasized in the GSQ program standards; GSQ Resource Centers are offering training and technical assistance to support strong family engagement. Higher points are earned by providers by participating in annual cultural and linguistic responsiveness training. Utilizing the funding supplied by the Preschool Development Grant Birth-5 initiative, several projects have been launched. An expansive communications project has been launched to ensure that culture, language, and representation are not barriers to family access to the supports available. After an audit of the communications assets utilized for family outreach and information, several problems were highlighted, first and foremost that there is not consistent communication about the early childhood system across the state. In addition, there was a need to add translated materials as well as materials that would help all families see themselves in the programs and services. Using data from communications research performed during the PDG B-5 Initial grant, focus groups were held around the state with families who have been often marginalized Hispanic/Latinx, Asian-American, Black/African American, Middle Eastern, Native American, and those in very rural locations to ascertain their knowledge and awareness of the programs and services available, their guidance and their preferences for communications to reach their community. Using that information, the contractor designed a series of general materials designed to provide basic information in a way to which each community might respond. The focus groups reconvened to further sharpen the materials and the final products are being made available to the field for their use. The next phases will continue to work with the field to address their identified needs to better serve their families, to develop a platform where the field can print translated and targeted materials on demand in a cost-effective manner, and to develop the concept of trusted advisors to help deliver the messages about the programs and services available.

The concept of trusted advisors is not new to Michigan; during the Race to the Top Early Learning Challenge, MDE provided grants to the Great Start Parent Coalitions to support outreach to families not currently connected to the early childhood system. The grants provided funds to the GSPCs to establish partnerships with people those families already trust to help develop an authentic relationship with the GSPC and to help inform families about available programs and supports. Those families might then engage with the GSPCs and help inform the early childhood system to better serve their communities. The GSPC Trusted Advisor grants have continued with funding from the PDG B-5 grant.

The grants are not the only project continued after RTT-ELC; the PDG B-5 has also resurrected the license exempt provider cafes, Care Giving Cafes. The model was adapted from the Caring Conversations Facilitator Guide developed by ZERO TO THREE® to support license exempt providers. Due to the pandemic, the café model was modified to be fully virtual and was piloted with three cohorts in 2020. The response was overwhelmingly positive. License exempt provider cafes are continuing in 2021; the café is being adapted to licensed providers and will be piloted in 2021, as well as adapting a parent café. When originally conceived, Care Giving Cafes were intended to be parent/provider cafes, to develop the Protective Factors as a team. After evaluation of the RTT-ELC cafes, it was decided this time to focus first on just the providers. The intent is to give providers knowledge of the Strengthening Families Protective Factors to benefit their own knowledge and practice, but to also equip them to work with families as partners to help build their resiliency and connections to the early childhood system in a family focused strengths-based manner.

MDE also became a member of the WIDA Early Years network to help support multilingual children and families. As part of the network, Michigan's providers serving preschool-aged children have

access to five online training modules to develop their skills in serving their children and families. Michigan also joined with Maryland and Illinois to participate in a pilot study of a new toolkit developed by WIDA Look What I Can Do. This toolkit is applicable to educators both in early care and education and in K-12 schools and provides strategies and guidance on how to engage families to support multilingual children. To ensure sustainability, a learning community has been established as a training of trainers to ensure there are individuals equipped to support Michigan's educators after the end of the PDG B-5 grant.

Which type of providers are included in these training and professional development activities?

[x] Licensed center-based

[x] License exempt center-based

[x] Licensed family child care home

[x] License-exempt family child care home

[x] In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)). Describe the content and funding:

This topic is emphasized in the GSQ program standards and providers only earn points for implementing an approved curriculum that is evidenced- based, DAP, culturally and linguistically responsive. Resource Centers are offering training and technical assistance to support approved curriculum and developmentally appropriate practices (DAP). Higher points are earned by providers by participating in annual cultural and linguistic responsiveness training. Resource Centers receive CCDF funds to support training and technical assistance. In addition, through PDG, we have contracted with WIDA to support providers with accessing 5 online training modules to support multi-lingual learners. We are currently working with an advisory group to support long term plans for WIDA training and technical assistance. (License Exempt providers can access any training available to workforce through MiRegistry.)

Which type of providers are included in these training and professional development activities?

[x] Licensed center-based

[x] License exempt center-based

[x] Licensed family child care home

[x] License-exempt family child care home

[x] In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe the content and funding:

There is content available in the child development modules of our health and safety trainings, in the Great Start to Quality Orientation and in our planned state level infant and toddler foundational training, Resource Centers might offer training and/or consultation on this topic. We also have private trainers that deliver this content in MiRegistry. In addition, one of our partners CCRESA offers training on accessing Early On® and Early Childhood Special Education. Funding for these trainings is provided through CCDF and Early On®.

Great Start Systems Video Production
Michigan is developing a short video that will build understanding for the workforce around the systems/programs/agencies that support quality early childhood and out of school time programs. A few highlights of the video content-the workforce will learn about licensing, Great Start to Quality, standards, professional development, MiRegistry, and T.E.A.C.H.

Which type of providers are included in these training and professional development activities?

[x] Licensed center-based
[x] License exempt center-based
[x] Licensed family child care home
[x] License-exempt family child care home
[x] In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)). Describe the content and funding:

Our state developed Child Care Center Administration Business Series training has content around using data to guide program evaluation and continuous quality improvement. This is funded by CCDF. There are also privately funded professional development offerings in MiRegistry that support this topic.

Which type of providers are included in these training and professional development activities?

[x] Licensed center-based
[x] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe the content and funding:

Our state developed McKinney Vento training on supporting families experiencing homelessness has content around families experiencing unemployment, food insecurity, and poverty. There are several great hands-on activities to reinforce these concepts. This training is funded by CCDF and delivered by GSQ Resource Center trainers. There are also privately funded professional development offerings in MiRegistry that support this topic.

Which type of providers are included in these training and professional development activities?

[x] Licensed center-based
[x] License exempt center-based
[x] Licensed family child care home
[x] License-exempt family child care home
[x] In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental

delays 98.53 (a)(1)(i)(B). Describe the content and funding:

GSQ resource centers offer a variety of training on caring for and supporting the development of children with disabilities and delays. Many GSQ resource centers offer a series of trainings on inclusion and partner with their local ISDs and Early-On Training and Technical Assistance to offer specific topical training such as training focused on autism, speech and language development, sensory processing, and many others. Funding varies based on the training sponsor.

Which type of providers are included in these training and professional development activities?

[x] Licensed center-based
[x] License exempt center-based
[x] Licensed family child care home
[x] License-exempt family child care home
[x] In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii). Describe the content and funding:

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

Which type of providers are included in these training and professional development activities?

[x] Licensed center-based
[x] License exempt center-based
[x] Licensed family child care home
[x] License-exempt family child care home
[x] In-home care (care in the child's own home)

x. Other. Describe:

n/a

Which type of providers are included in these training and professional development activities?

[ ] Licensed center-based
[ ] License exempt center-based
[ ] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

Amended: Effective Date 08/11/2023

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for

the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

What content is included under each of these training topics and what type of funds are used for this activity?

[x] i. Coaches, mentors, consultants, or other specialists available to support access to post- secondary training, including financial aid and academic counseling.

[x] Licensed center-based
[ ] License exempt center-based
[ ] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.

[x] iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.

[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] iv. Other. Describe:

Caring for MI Future focused on supporting workforce development is the creation of community-based and registered apprenticeships, led by the Early Childhood Investment Corporation (ECIC). The apprenticeship project is working to create a statewide system to recruit and train individuals to the early care and education field and support them with additional wrap around supports that they need to be successful. Caring for MI Future supports are being utilized to provide start-up and scale-up funding to support communities to launch, replicate, or sustain early care and education apprenticeship models throughout the state.

The Michigan Association for the Education of Young Children (MiAEYC) awards T.E.A.C.H. Early Childhood scholarships, which cover most or all the cost for college credits, books and the Child Development Associate (CDA) assessment fee for eligible students. In partnership with seven Community Colleges statewide that participate in a Community College Cohort, they recruit high school students and assist them in obtaining their CDA and connect them with early care and education providers seeking qualified staff. In addition, MiAEYC awards stipend-based scholarships to Lead Caregivers and Program Directors that have obtained a license variance from LARA and do not meet the licensing requirement for their position yet. Scholarship recipients can take coursework to fulfill their variance requirement at little or no cost, allowing them to continue to be qualified for a variance. MiAEYC is also actively recruiting and supporting CDA Professional Development Specialists by providing incentive and bonus payment to conduct visits throughout the state.

CDA Professional Development Specialist Expansion and Incentives:
MIAEYC_PDSpecialist_Flyer_2022-2.pdf
Michigan is working to expand the population of CDA PD Specialists. MiAEYC will:
Provide incentive payments to 150 new and 181 retained Professional Development Specialists for completing a minimum of 3 PD visits.
Develop and distribute marketing materials to attract new and retain existing PD Specialists statewide.
Coordinate and implement series of regional PD Specialist recruitment and retention events.
Attain and distribute PD Specialist manuals to new PD Specialists
Engage in Organizational Partnership with Council for Professional Recognition.

CDA Community Projects-
Michigan has partnered with MiAEYC to support CDA cohorts. MiAEYC will
facilitate collaborative partnerships among scholarship participants, institutions of higher education, and early learning and development programs. This project will include working with community colleges to develop credit bearing CDA training opportunities that meet the needs of providers facing access barriers such as location, course offerings, cost, and delivery format, as well as identifying providers/programs for participation.
o Coordinate six cohorts supporting 20 licensed providers each utilizing T.E.A.C.H. scholarships to complete the training required for the CDA credential for college-credit in a community-based setting.
o Award a faculty stipend to 6 community colleges for work to develop and implement a series of coursework in closed sections for CDA cohort participating students.
o Develop and distribute CDA cohort recruitment and participation materials.
o Attain and distribute CDA competency standards books and professional portfolios to cohort participants.

[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

6.3.2 Measurable indicators of progress

Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

One way we are looking at our progress around professional development, is to gather information on training content available to our early childhood and out of school time providers.We have pursued state level outreach to increase the number of trainers and training sponsors that are approved in MiRegistry and delivering approved training content through MiRegistry.We have increased the number of approved trainers by roughly 300 over the last year.These efforts have really built the content available to the above providers (family, center, and license exempt) and to those in the greater ECE and OST system (Early On®, MiAIMH, Youth Development,

etc.) The following list shows the CKCC breakdown of all of the courses (training) currently in MiRegistry:

ECE - Child Development	4,005	34.7%
ECE - Family and Community Engagement	1,237	10.7%
ECE - Health, Safety, and Nutrition	1,522	13.2%
ECE - Interactions and Guidance	2,530	21.9%
ECE - Management	992	8.6%
ECE - Observation, Documentation, and Assessment	954	8.3%
ECE - Professionalism	1,225	10.6%
ECE - Teaching and Learning	3,607	31.3%
School Age - Child/Youth Growth and Development	43	0.4%
School Age - Child/Youth Observation and Assessment	18	0.2%
School Age - Cultural Competency and Responsiveness	21	0.2%
School Age - Family, School, and Community Relationships	22	0.2%
School Age - Interactions with Children and Youth	40	0.3%
School Age - Learning Environments and Curriculum	92	0.8%
School Age - Professional Development and Leadership	27	0.2%
School Age - Program Planning and Development	34	0.3%
School Age - Safety and Wellness	17	0.1%
School Age - Youth Engagement	11	0.1%
No CKCC Listed	1,154	10.0%

Capturing and acknowledging this data allows us to see where there are gaps and set goals to increase content in a particular area. One goal we have is to increase the number of courses that support the out of school time workforce. Outreach and support to potential trainers and training sponsor organizations is something that we are planning over the next two years.

We also have information on who (by role) is attending training by CKCC area. (Note some courses have more than one CKCC content area covered.)

The last data that we use to ensure that we have training content available to support the areas mentioned above is through the process of qualification and through state level course development to meet a particular workforce need. Qualified courses are tied to supporting our QRIS, as there are indicators that allow a provider that completes training related to Cultural Competence/Inclusive Practices and/or Family Engagement scores higher than a provider who does not.

Course Qualifications:

Cultural Competency and Inclusive Practices: 1224 Courses

Family Engagement: 907 Courses

WIDA Multilingual: 5 Courses

State Level Courses:

McKinney Vento Supporting Families Experiencing Homelessness How Child Care Providers Can Help: 1 course; 19 events offered

Child Care Center Administration Business Training Series: 9 courses; 20 events offered

Great Start to Quality Orientation: 1 course; 188 events offered

Collecting state level data through our workforce registry provides a real opportunity to set goals and measure progress. We are in the early stages of exploring and utilizing the data.

Another progress measure includes data around our T.E.A.C.H. program:

In fiscal year 20, 1,777 providers received T.E.A.C.H. scholarship funds to obtain the CDA credential or attend college courses. This resulted in 711 CDAs, associate, bachelor, or master's degrees. T.E.A.C.H. also provides seven full time counselors to support the workforce with navigating the CDA, higher education and scholarship options.

6.4 Early Learning and Developmental Guidelines

6.4.1 Implementation of early learning and developmental guidelines

States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

Michigan's system of early childhood education and care standards includes standards for infants and toddlers, preschoolers, and primary grade children and contain both frameworks for early development and learning and program quality standards for classroom-based programs and family and group home child care programs and OST programs. Standards for early childhood professional development are part of the system. The body of early childhood practice makes it abundantly clear that settings of high quality are necessary to achieve positive outcomes for children. All standards are based on more general and seminal works rooted in research-based and developmentally appropriate best practices on early childhood standards and program quality. Michigan's State Board of Education (SBE) adopted Early Childhood Standards of Quality for Infant and Toddler Programs (ECSQ-IT) in 2013 and is intended to help early childhood programs provide high-quality settings and to respond to the diversity of children and families. These standards set the foundation from which the Early Childhood Standards of Quality for Prekindergarten (ECSQ-Prek) and Michigan Out-of-School Time (MOST) Standards of Quality, as well as grades K-3 student learning outcomes in all domains and content areas are built upon. The minimum regulations detailed in the Licensing Rules for Child Care Centers and Licensing Rules for Family and Group Child Care Homes serving children birth through age 12 are incorporated into the standards. Moreover, the ECSQ-IT and ECSQ-Prek are aligned with the federal Head Start Developmental and Early Learning Framework and Head Start Performance Standards. In 2021, we have funding available to update our early learning (both infant and toddler and preschool) and out of school time standards.

ii. Developmentally appropriate.

All standards are based on more general and seminal works rooted in research-based and developmentally appropriate best practices on early childhood standards and program quality. The standards honor children as active learners; support reasonable expectations and accommodations for young children's development and learning including those with special needs; and are culturally and linguistically appropriate. The standards recognize that young children learn at different rates across the various strands of their development and not all children master skills and content within an area in the same order, although there are patterns to their development.

iii. Culturally and linguistically appropriate.

The standards speak to the importance of curriculum that is developmentally and linguistically appropriate and takes into account children's individual rates of development as well as individual interests, personalities, temperaments, languages, cultural and family backgrounds, and learning styles.

iv. Aligned with kindergarten entry.

The standards are aligned with Michigan's expectations for children's learning in kindergarten and the primary grades in all domains and content areas.

v. Appropriate for all children from birth to kindergarten entry.

The continuum of standards is meant to apply to all children from birth to kindergarten entry in Michigan irrespective of gender, ability, age, ethnicity, home language or background. Young children's growth, development and learning are highly idiosyncratic. Young children learn at different rates across the various strands/domains of their development and not all children master skills and content within an area in the same order, although there are patterns to their development. All areas of child development and learning within and across the ECSQ-IT and ECSQ-Prek are interrelated. The emphasis within the ECSQ-IT is placed on significant physical, social-emotional, and cognitive paths appropriate for infants and toddlers and standards are organized within five strands: well-being, belonging, exploration, communication, and contribution. The ECSQ-Pre-k broaden the emphasis to encompass many more areas of development appropriate for children ages three to kindergarten entry (although are appropriate through age eight), including approaches to learning; creative arts; language and early literacy development; dual language learning; technology literacy; social, emotional and physical health and development, mathematics, science, and social studies.

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

Michigan's early learning and developmental guidelines are adopted and implemented under the Michigan SBE authority within the Michigan Constitution. The current versions dated March 2013 of the ECSQ-IT, ECSQ-Prek and MOST Standards of Quality were developed within ad-hoc advisory and steering committees convened by MDE/OGS between 2011 and 2013. The OGS has an Advisory Council that functions as Michigan's State Advisory Council; however, the standards were adopted by the Michigan SBE prior to the OGS Advisory Council's or GSOTs formation and therefore it did not inform their development. The process for adoption of the standards included taking the committee draft of the standards to the Michigan SBE for initial presentation of the standards, posting for formal public comment, final adoption by the Michigan SBE, posting to the MDE website and dissemination to the field. The committees considered child care licensing rules as the basis for a system of quality programming, and build upon, but did not necessarily repeat, those rules in these quality standards. Membership within the committees consisted of early learning and development research and practice experts from the field, including institutions of higher education; state departments of education, human services, community health; advocates; Early Head Start/Head Start; state pre-K; IDEA Part C and Part B 619; and direct service providers. Special note for the ECSQ-IT, the committee utilized a framework based on work in New Zealand developed by the New Zealand Ministry of Education to construct the structure of Michigan's standards.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

These areas are covered in Language and Early Literacy Development; Dual Language Learning; and Early Learning in Mathematics sections in the ECSQ-Prek document.

ii. Social development.

This is covered in the Social, Emotional and Physical Health and Development section in the ECSQ-Prek document.

iii. Emotional development.

This is covered in the Social, Emotional and Physical Health and Development section in the ECSQ-Prek document.

iv. Physical development.

This is covered in the Social, Emotional and Physical Health and Development section in the ECSQ-Prek document.

v. Approaches toward learning.

This is covered in the Approaches to Learning section of the ECSQ-Prek document.

vi. Describe how other optional domains are included, if any:

Early Learning in Science and Social Studies are also included in the ECSQ-Pre-k guidelines. The ECSQ-IT early learning and developmental guidelines are focused on five strands: Well-Being, Belonging, Exploration, Communication, and Contribution.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

Updates are driven by the field and based on new research around children's early learning and development. ECSQ-IT were originally adopted in 2006, then updated in 2013. ECSQ-Prek were originally adopted under a different format in 1971, updated several times up through the latest revision in 2013. MOST Standards of Quality were originally adopted in 2003, then updated in 2013. In 2021, we have funding available to update our early learning (both infant and toddler and preschool) and out of school time developmental guidelines and standards.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school timestandards.

The MOST Standards of Quality are designed to assist schools and other organizations in developing high quality, comprehensive OST programs for all children and youth in grades K-12. These program standards compliment K-12 student learning outcomes and are based on research concerning quality programs for school-age children and youth and include: health and safety; human relationships; program staffing; indoor and outdoor environment; program activities; administration; and single purpose programs. These seven distinct areas define the nationally recognized indicators of OST program quality. The Michigan Department of Education and SBE followed the same process for adoption of the standards for the state/territory's early learning and developmental guidelines.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

ECSQ-IT: (https://www.michigan.gov/documents/mde/ECSQ_IT_approved_422341_7.pdf) https://www.michigan.gov/documents/mde/ECSQ_IT_approved_422341_7.pdf

ECSQ-Prek:
(https://www.michigan.gov/documents/mde/ECSQ_OK_Approved_422339_7.pdf)
https://www.michigan.gov/documents/mde/ECSQ_OK_Approved_422339_7.pdf

MOST: (https://greatstarttoquality.org/sites/default/files/Michigan%20Out-Of-School%20Time%20Standards%20of%20Quality.pdf)
https://greatstarttoquality.org/sites/default/files/Michigan%20Out-Of-School%20Time%20Standards%20of%20Quality.pdf

6.4.2 How early learning and guidelines are used

CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used.
Michigan's early learning and developmental guidelines are used as the basis for its Great Start system and apply to MDE funded OST programs. They are required to be used and adhered to within Michigan's state pre-K program, GSRP, as well as within Michigan's 21st Century Community Learning Centers (Every Student Succeeds Act (ESSA), Title IV, Part B). They also are the foundation from which Michigan's QRIS, GSQ, is built upon. The ECSQ-IT, ECSQ-Prek, and MOST inform the GSQ indicator structure and levels of quality associated with its five-star structure.

6.4.3 Measurable Indicators for early learning and developmental guidelines

If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

State general funds are being used to update existing early learning and developmental guidelines. Our ELGs are fundamental to our quality rating and improvement indicators and our core competencies for both the early childhood and out of school time workforce. While there are not specific indicators that tie directly to implementation of the ELGs; certainly QRIS participation and quality indicator data and CKCC aligned

professional development completion, relate to implementation of ELGs. Training and technical assistance around the updated ELGs has been proposed. If implemented, there could be measurable indicators tied to training completion and T/A consultation.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect 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 (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as

outcome measures relating to improved provider preparedness, child safety, child well- being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Assessment process and frequency of assessment

Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

Michigan conducted our first assessment in 2016 and the findings were summarized in the "Building a Better Child Care System: What Michigan Can Do to Help More Parents and Children Access Quality Care " report in September 2016. This report included addressing supports needed for the workforce including professional development and quality improvement and recognized the importance of participation in Great Start to Quality (GSQ), our Quality Rating Improvement System (QRIS). Michigan is currently engaging stakeholders to revise and improve GSQ, our QRIS. In addition, we are learning about child care needs through the PDG B-5 needs assessment (https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fdocuments%2Fmde%2FMI-PDGB5-Needs-Assessment-508_708036_7.pdf&data=04%7C01%7CBrewer-WalravenL%40michigan.gov%7Cf73f89650a2f46cbed6708d8f05c5d76%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637523626774251788%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=bHXtjfjKG7b42%2FgfD33KwchZxSoNH9eub3s7a%2ByVWqY%3D&reserved=0) https://www.michigan.gov/documents/mde/MI-PDGB5-Needs-Assessment-508_708036_7.pdf and Strategic Plan (Michigan Early Childhood Strategic Plan) and will continue to develop strategies to address barriers and gaps.

The Great Start to Quality Advisory Committee meets monthly to discuss stakeholder feedback and make recommendations for improvements. Feedback is gathered on an ongoing basis through webforms and quarterly feedback session with Resource Center staff.

7.1.2 Assessment findings and identified quality improvement goals

Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

As part of the "Building a Better Child Care System: What Michigan Can Do to Help More Parents and Children Access Quality Care " report, there were two clear recommendations that inform and support goals for quality improvement: support the early childhood workforce to continue to move the providers along the quality continuum. In addition to professional development supports and coaching for licensed and license exempt providers, license exempt providers are also provided the opportunity of orientations and ongoing trainings to improve skills. As part of the "support the early childhood workforce" recommendation, there were two directives: assess professional development opportunities for licensed providers and explore how to improve benefits and wages. Three elements were identified as part of the professional development opportunities directive: address barriers to accessing current professional development, partner with providers to identify topics that are relevant to current challenges, and catalog and sequence current professional development requirements and opportunities. As part of the "make it easier for providers to improve their programs" recommendation, some of the directives under this recommendation include: continue to explore how to best support license exempt providers, provide funding to support quality improvements, align expectations across programs and funding streams, increase support during the licensing process, and increase participation in GSQ. We continue to use both recommendations to support our quality investments and will use the Professional Development Grant (PDG) B-5 needs assessment (https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.michigan.gov%2Fdocuments%2Fmde%2FMI-PDGB5-Needs-Assessment-508_708036_7.pdf&data=04%7C01%7CBrewer-WalravenL%40michigan.gov%7Cf73f89650a2f46cbed6708d8f05c5d76%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637523626774251788%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=bHXtjfjKG7b42%2FgfD33KwchZxSoNH9eub3s7a%2ByVWqY%3D&reserved=0) https://www.michigan.gov/documents/mde/MI-PDGB5-Needs-Assessment-508_708036_7.pdf and Strategic Plan (Michigan Early Childhood Strategic Plan) to guide our work. The findings from the Initial PDG B-5 needs assessment were a starting point to develop an initial strategic plan to address the needs and gaps within the system through MI PDG B-5 renewal grant activities. During the renewal grant, a root cause analysis will be done to identify why barriers to participation for children and families in the mixed delivery system exist, will delve into understanding the "whole child, whole family" needs as they relate to accessing the birth-five mixed delivery system, learn more about families who are often least connected to the programs and services and their unique needs, and analyze the barriers to increasing the supply of child care at the community level, with a special focus on the needs of small businesses.

As a state, our overarching goals include investing in training and professional development to increase the competency of our workforce and supporting childcare licensing to ensure compliance with health and safety standards; targeting services to improve the supply and quality of child care programs serving infants and toddlers; and implementing GSQ. Currently, ten regional Resource Centers employing Quality Improvement Consultants (QIC) and Quality Improvement Specialists (QIS) work to support providers' participation in GSQ by providing outreach and engagement, resource and referrals, ongoing coaching, consultation, technical assistance, and professional development opportunities.

7.2 Use of Quality Funds

7.2.1 Quality improvement activities

[x] a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

[x] i. CCDF funds

[ ] ii. State general funds

Other funds: describe

PDG B-5

[x] b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

[ ] i. CCDF funds

[x] ii. State general funds

Other funds: describe

n/a

[x] c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

[x] i. CCDF funds

[ ] ii. State general funds

Other funds: describe

PDG B-5

[x] d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

[x] i. CCDF funds

[ ] ii. State general funds

Other funds: describe

PDG B-5

[x] e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

[x] i. CCDF funds

[ ] ii. State general funds

Other funds: describe

n/a

[x] f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

[x] i. CCDF funds

[ ] ii. State general funds

Other funds: describe

n/a

[ ] g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

[ ] i. CCDF funds

[ ] ii. State general funds

Other funds: describe

[ ] h. Accreditation Support (Related Section: 7.8). Check all that apply.

[ ] i. CCDF funds

[ ] ii. State general funds

Other funds: describe

[x] i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

[x] i. CCDF funds

[ ] ii. State general funds

Other funds: describe

PDG B-5

[ ] j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

[ ] i. CCDF funds

[ ] ii. State general funds

Other funds: describe

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 QRIS or another system of quality improvement

Does your state/territory have a quality rating and improvement system or another system of quality improvement?

[ ] a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.

[ ] b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.

[x] c. Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

GSQ, Michigan's QRIS for child care, preschool, and school age only programs are administered by the Early Childhood Investment Corporation (ECIC). 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. http://greatstarttoquality.org.

[ ] d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available.

[ ] e. Yes, the state/territory has another system of quality improvement. Describe the other system of quality improvement and provide a link, if available.

7.3.2 QRIS or another system of quality improvement participation

Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

[ ] i. Participation is voluntary.

[x] ii. Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g.,

minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

Participation is required for programs funded as a state funded 4-year-old preschool program, Great Start Readiness Program (GSRP). All programs receiving funding must be rated a minimum of 3 stars.

[ ] iii. Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS or another system of quality improvement? Check all that apply.

[x] i. Licensed child care centers

[x] ii. Licensed family child care homes

[ ] iii. License-exempt providers

[x] iv. Early Head Start programs

[x] v. Head Start programs

[x] vi. State Prekindergarten or preschool programs

[ ] vii. Local district-supported Prekindergarten programs

[x] viii. Programs serving infants and toddlers

[x] ix. Programs serving school-age children

[x] x. Faith-based settings

[x] xi. Tribally operated programs

[ ] xiv. Other. Describe:

n/a

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

Great Start to Quality has a different set of quality indicators for each of the three provider types in Michigan: child care center, group home, and family home. The suite of on-site assessment tools that are used, and the Program Quality Assessments, include a tool specifically for family child care providers. This allows each program to be measured in a way that most accurately reflects the quality important to their environment and program offerings.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

[ ] No

[x] Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

[x] a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system).

[x] b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

[x] c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

[x] d. Programs that meet all or part of state/territory school-age quality standards.

[ ] e. Other. Describe:

n/a

7.3.4 Link between quality standards and licensing requirements

Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

[ ] No

[x] Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

[x] a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

[ ] b. Embeds licensing into the QRIS.

[ ] c. State/territory license is a "rated" license.

[ ] d. Other. Describe:

n/a

Amended: Effective Date 08/11/2023

7.3.5 Financial or other incentives through QRIS or another quality improvement system

Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of

services that are provided through the QRIS or another system of quality improvement.

[ ] No

[x] Yes. If yes, check all that apply.

a. If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home (care in the child's own home)
i. One-time grants, awards, or bonuses	[ ]	[ ]	[ ]	[ ]	[ ]
ii. Ongoing or periodic quality stipends	[ ]	[ ]	[ ]	[ ]	[ ]
iii. Higher subsidy payments	[x]	[x]	[x]	[x]	[x]
iv. Training or technical assistance related to QRIS	[x]	[x]	[x]	[ ]	[ ]
v. Coaching/mentoring	[x]	[x]	[x]	[ ]	[x]
vi. Scholarships, bonuses, or increased compensation for degrees/certificates	[x]	[ ]	[x]	[ ]	[ ]
vii. Materials and supplies	[x]	[ ]	[x]	[ ]	[x]
viii. Priority access for other grants or programs	[x]	[x]	[x]	[ ]	[ ]
ix. Tax credits for providers	[ ]	[ ]	[ ]	[ ]	[ ]
x. Tax credits for parents	[ ]	[ ]	[ ]	[ ]	[ ]
xi. Payment of fees (e.g., licensing, accreditation)	[ ]	[ ]	[ ]	[ ]	[ ]

b. Other:

T.E.A.C.H. Early Childhood Michigan scholarship support is available to staff of licensed child care programs on an approved License Variance for Lead Caregiver Qualifications. Applicants must be working in a licensed program a minimum of 20 hours per week and earning no more than $19.60/hour. Applicants must submit proof of an approved license variance by uploading a copy of the approved Child Care Variance Request Form from the Department of Licensing and Regulatory Affairs, Child Care Licensing Bureau.
Approved recipients of the License Variance Scholarship will receive a stipend-based scholarship of $250/credit hour. Recipients of this scholarship must complete a minimum of 6 Early Childhood Education credit hours at an approved, T.E.A.C.H. participating community college in Michigan during the scholarship contract period. https://www.miaeyc.org/wp-content/uploads/2022/06/License-Variance-One-Pager-1.pdf.

7.3.6 Measurable indicators of progress relevant to Subsection 7.3

Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

As a continuation of our Race to the Top Early Learning Challenge (RTT-ELC) grant goals, we aim to maintain a GSQ participation rate of 50% of eligible licensed programs. We currently have 54% of the children receiving CDC subsidy in a 3, 4, or 5 star program. We will continue to measure and increase the number of high-quality licensed child care programs as well as the licensed capacity of those programs. Additionally, we will increase the participation rate of licensed child care programs that serve school age only children. Michigan is currently engaging stakeholders and an advisory group to reimagine and revise our quality rating improvement system. We will pilot potential revisions in 2021, with the goal of implementing a revised quality rating improvement system in fall of 2022.

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

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

Amended: Effective Date 08/14/2023

7.4.1 Activities to improve supply and quality of infant and toddler care

Identify and describe the activities that are being implemented by the state/territory to

improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

[x] a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

The CDC program supports the Educare program located in Flint as it advances a rigorous, research-based model derived from early childhood development, education, social work, and other allied fields. Four core features compose the model: data utilization, embedded professional development, high-quality teaching practices and intensive family engagement.

The Michigan Department of Education (MDE) has made available grant funds to Intermediate School Districts (ISDs) to provide resources to assist Community-based Organizations (CBOs) in opening or expanding Great Start Readiness Program (GSRP) classrooms. Funds are awarded by the Michigan Department of Education using American Rescue Recovery Act (ARPA).
The grant's purpose is to expand Michigan's mixed-delivery prekindergarten model by increasing the number of CBOs who can implement GSRP by providing startup funds. The MDE will be dedicating $1,250,000 as allowed in P.A. 87 of 2021, Section 1023, to expand access to quality, affordable child care in communities with limited access to care. These funds will support $25,000 grants to 50 community-based organizations.

[x] Licensed center-based
[ ] License exempt center-based
[ ] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

In recognition of the critical need to both stabilize and expand access to high quality family child care, Michigan will establish staffed family child care networks throughout the state. A family child care network is an interconnected group of providers and families that comes together to enhance supports for home-based child care, including quality, access to services, and sustainability. Family child care networks offer mentorship, professional development, advocacy and leadership opportunities, and a network of relationships with other family child care providers.

[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[x] License-exempt family child care home
[x] In-home care (care in the child's own home)

[x] c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

For the state fiscal year 2020, 45% of the GSQ Resource Center budgets are dedicated to infant

and toddler training and professional development. In addition, focused efforts are in place through the Early Childhood Support Networks (ECSNs) to increase the capacity of the QICs serving as Infant Toddler Specialists (ITS). This unique infant toddler focused role is to support providers serving infants and toddlers. Each Resource Center designates and supports at least one "expert" in infant toddler development and appropriate practices for infants and toddlers in care. Resource Centers are encouraged to partner with local programs and other agencies with infant toddler expertise. All training that is infant and toddler focused will be coded as such in Michigan Registry and will allow for reporting to ensure availability and diversity of topics.

[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

The ECSN works flexibly as statewide and regionally based systems to provide training and technical assistance to the Great Start to Quality Resource Centers and the QIC/ITSs. The ECSNs provide a network of support for the QICs serving as Infant Toddler Specialists. QIC/Infant Toddler Specialists are receiving statewide infant toddler training (including Program for Infant and Toddler Care PITC) to directly support providers serving infants and toddlers. QIC/ITSs also receive additional training and coaching opportunities which embed best practices related to the care of infants and toddlers, including opportunities to engage in reflective practices, reflective supervision, and MI-AIMH endorsement and membership support.

The ECSNs and the Michigan Department of Education/Office of Great Start (MDE/OGS) appoint an ECSN Statewide IT lead with the background and leadership in infant- toddler development. This Statewide Lead provides alignment across systems and offers additional leadership, guidance, and support to the Great Start to Quality Resource Centers and the QIC/ITSs.

[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Michigan continues to develop a coordinated system of support for infants and toddlers with disabilities and their families through Early On®, Michigan's Part C of the IDEA program. Early On serves 94% of their infants and toddlers with Individualized Family Education Plans (IFSPs) in the natural environment, which includes child care settings and homes. Quality Improvement Consultants provide training and technical assistance to support developmental screening, family communication regarding child development, and referral to Early On services. Child care providers may coordinate with Early On providers in development and delivery of the IFSP. Further, the Preschool Development Grant Birth-5

includes activities geared toward supporting child care providers and families who have children with IFSPs in child care settings, entitled Integrating Birth to Five. This effort includes developing and implementing cross-program training for child care providers aligned with the IDEA targeted toward child care and other early childhood system providers. The objective of this activity is to ensure all children and providers are fully supported in the continuum of services. The MDE/OGS houses both Part C and CCDF, which allows for ongoing coordination and collaboration.

[x] Licensed center-based
[x] License exempt center-based
[x] Licensed family child care home
[x] License-exempt family child care home
[x] In-home care (care in the child's own home)

[x] f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

As part of our QRIS, programs serving infants and toddler, seeking a 4 or 5 star, are currently rated using the Infant and Toddler Program Quality Assessment (PQA).

[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Child Care Licensing requirements provide special provisions for licensed providers caring for infants and toddlers including lower adult child ratios and additional educational requirements for those serving as lead caregivers in infant and/or toddler classrooms.

[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] h. Developing infant and toddler components within the early learning and developmental guidelines.

Michigan currently has State Board of Education approved early learning guidelines specifically for infants and toddlers. They are included in the Early Childhood Standards of Quality for Infant and Toddler Programs.

[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Our consumer education website MI Kids Matter (https://www.michigan.gov/mikidsmatter/) https://www.michigan.gov/mikidsmatter/ has content around finding child care, development and milestones, social and emotional development, physical health and safety, early intervention and other state level programs and supports as well as parenting tips. A parent and/or a provider can access the site 24/7 and filter by prenatal, infant, toddler, preschool and/or school age for targeted resources. Parents can also access a STEPS parent kit that provides tips, infographics, articles, and information focused on birth to three. In addition, parents can directly access searching for child care by going to (http://www.greatstarttoquality.org) www.greatstarttoquality.org . The site also has a checklist to support parents with finding high quality child care for their children.

[x] Licensed center-based
[x] License exempt center-based
[x] Licensed family child care home
[x] License-exempt family child care home
[x] In-home care (care in the child's own home)

[x] j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Michigan supports implementation of a layered funding model for Early Head Start-Child Care Partnership (EHS-CCP) grantees. The layered funding model, which was supported in the federal EHS-CCP funding opportunity, allows grantees serving eligible children to collect both child care subsidy and EHS-CCP funding up to the number of hours a child is authorized for. The EHS-CCP grant supports improved health and safety, cognitive and physical development, and well-being through partnerships with child care homes and centers that require them to meet Early Head Start Performance Standards. The Performance Standards exceed state child care licensing requirements in these areas. Layered funding allows the subsidy to pay for core child care services, while the EHS-CCP dollars fund quality enhancements that assist providers in meeting the Performance Standards. Michigan currently has seven grantees participating in the EHS-CC Partnership layered funding model serving approximately 1,100 children birth to age 3.

[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[ ] k. Coordinating with child care health consultants.

[ ] Licensed center-based
[ ] License exempt center-based
[ ] Licensed family child care home

[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] l. Coordinating with mental health consultants.

Through a partnership of MDE and MDHHS, leveraging PDG B-5 funding and CCDF funding, some communities in Michigan (18 out of 83 counties) have access to infant and early childhood mental health consultation. Consultants are supporting child care providers to build equitable, quality care by strengthening their child care practices and environments to support social and emotional well-being of all children and the staff that care for them. In addition, training and peer to peer support is expanded beyond the funded communities.

[x] Licensed center-based
[x] License exempt center-based
[x] Licensed family child care home
[x] License-exempt family child care home
[x] In-home care (care in the child's own home)

[ ] m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

[ ] Licensed center-based
[ ] License exempt center-based
[ ] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[ ] n. Other.

[ ] Licensed center-based
[ ] License exempt center-based
[ ] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

7.4.2 Measurable indicators of progress relevant to Subsection 7.4

Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

The quality improvements gained by providers who have engaged in the infant/toddler services through GSQ are not primarily reflected in increased star ratings. To better track these more nuanced changes, information is collected monthly from IT Specialists who support providers in their local learning communities. Preliminary results show that providers who attend more monthly group and individual supports have decreased feelings of isolation, learned and applied relationship-based care practices that enhance interactions between

individuals in the environment, and engaged informal and informal activities to support developmentally appropriate practices for Michigan's youngest children in child care. Future analysis might include how these supports impact business sustainability and workforce turnover. Michigan also supports partnerships centered on raising infant-toddler care quality in some of the State's most underserved communities and meets frequently with those projects (Educare/EHS-CCP) for updates on activities, including number of children served and quality improvement activities. Data is also being collected on the children and providers served by the Social Emotional Consultants to determine impact and plan for sustainability.

Data tracked by the Infant and Toddler Specialsits include: Participant demographic data (age, geographic location, race, ethnicity, gender, role within the program, etc.), particpation information (number or training or professional learning community meetings attended), ages of children served, number of children receiving DHHS subsidy, shifts and indications of quality rating Improvements. They also capture anectdotal data gained through refelction and observation.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 Child care resource and referral agencies' services

What are the services provided by the local or regional child care and resource and referral agencies?

MDE funds four regional ECSNs, who in turn have agreements with the 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.
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.

Michigan is currently bidding out the Great Start to Quality Resource Center work (through the ECSNs) for FY22 and we will be expanding the services provided. Organization will implement Great Start to Quality and establish a coordinated system of high quality supports for families and early learning and development programs within a

specified service area of the state.

Organizations will be selected to serve in a collaborative leadership role. As a collaborative leader, the Great Start to Quality Resource Center will work with organizations within the ECSN regions across the state in the implementation of Great Start to Quality and a coordinated system of high quality supports for families and early learning and development programs. Effective implementation will be measured by:

An increasing number of early learning and development programs that serve children with high needs moving into the highest levels of Great Start to Quality.

The utilization rate of universal and targeted supports and services by licensed programs and license exempt subsidized providers. Examples of supports and services include but are not limited to:

online quality improvement resources,

professional development on early learning standards, family engagement, and Great Start to Quality.

consultation and coaching specific to support movement to higher levels of Great Start to Quality.

Sequential professional development opportunities that are tied to quality improvement plans and result in a knowledgeable and competent workforce as measured by participant self-assessment.

Increasing number of consultations that enable early childhood educators and early learning and development programs to put knowledge into practice as reported by participants in the quality improvement plans.

Consultations (onsite or remote) by quality improvement consultants with early learning and development programs serving children with high needs specifically designed to move programs to the highest levels of Great Start to Quality.

The provision and utilization rate of resources for licensed programs, license exempt subsidized providers, and families that build a culture of quality. Examples of resources include but are not limited to:

materials that enhance the early learning environments including those secured through lending libraries.

sharing information and resources with families, including families with children who experience delays and/or disabilities.

Great Start to Quality guidance documents, materials, and information for licensed programs and license exempt subsidized providers.

Increased quality as measured by Great Start to Quality assessments for early learning and development programs serving children with the highest needs.

Increased quality as measured by Great Start to Quality for license exempt subsidized providers.

Utilization of approved trainings and trainers within the service area.

Providing referrals and supports to families in need of child care that meets their needs.

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

7.5.2 Measurable indicators of progress relevant to Subsection 7.5

Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The GSQR Centers currently track provider professional development, # of participants, # of providers receiving quality improvement consulation, number of providers participating in GSQ, resources to support quality improvement, partnerships to support quality, referrals to social emotional consulation, referrals to education scholarships, infant toddler quality improvement cohorts, and infant toddler specialist data.

7.6 Facilitating Compliance with State Standards

Amended: Effective Date 08/11/2023

7.6.1 Activities to facilitate provider compliance with health and safety requirements

What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5. Describe:

MI uses quality funds to support Child Care Licensing Bureau (CCLB) currently has 90 child care licensing consultants and 8 area managers who are overseen by two child care licensing directors. In addition, the CCLB has a central support unit with a Policy Manager. Currently the ratio of programs to consultants is 91:1. Child care licensing is responsible for conducting training for providers specific to child care licensing rule compliance, including health and safety requirements. License exempt related and unrelated providers are required to complete a health and safety orientation 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 health and safety standards.

Access fairs were held by LARA to recruit providers. The purpose of the Access Fairs is to increase the number of licensed child care facilities, especially in under-resourced areas of the state. The Detroit Access Fairs were held in two different locations on two separate dates due to the size of the city, one on the east side and one on the west side.

7.6.2 Financial assistance to support complying with minimum health and safety requirements

Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

[x] No

[ ] Yes. If yes, which types of providers can access this financial assistance?

[ ] a. Licensed CCDF providers
[ ] b. Licensed non-CCDF providers
[ ] c. License-exempt CCDF providers
[ ] d. Other. Describe:

7.6.3 Measurable indicators of progress relevant to Subsection 7.6

Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

With the reduction in caseloads and an increase in the number of on-site inspections we expect to increase the amount of time licensing consultants can spend with licensees to provide training, technical assistance, and consultation. Licensing will continue to track the number and type of on-site visits and begin tracking the following: number of in-service trainings that consultants provide, number of center orientations provided, number of conference presentations provided, number of consultants/area manager participation on local committees that are focused on improving child care quality, number of trainings that consultants attend, number of providers that have improved their quality rating from one fiscal year to the next. Twice a year ECIC provides MDE with a report that includes information on the health and safety visits that includes metrics, progress, successes, challenges, lessons learned and recommendations regarding monitoring and provider concerns. The report explains the outcome of the previous six months inspections, monitoring, training and compliance with health and safety standards.

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

7.7.1 Measures of quality and effectiveness of child care programs

Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

[x] No

[ ] Yes. If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

7.7.2 Measurable indicators of progress relevant to Subsection 7.7

Describe the measurable indicators of progress relevant to subsection 7.7 that the

state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

n/a

7.8 Accreditation Support

7.8.1 Pursuit of Accreditation

Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

[ ] a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

[ ] b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe:

[ ] c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe:

[ ] d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.

[ ] i. Focused on child care centers. Describe:

[ ] ii. Focused on family child care homes. Describe:

[ ] e. No, but the state/territory is in the in the development phase of supporting accreditation.

[ ] i. Focused on child care centers. Describe:

[ ] ii. Focused on family child care homes. Describe:

[x] f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Measurable indicators of progress relevant to Subsection 7.8

Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

n/a

7.9 Program Standards

7.9.1 High-Quality program standards

Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

n/a

b. Preschoolers

n/a

c. and/or School-age children.

n/a

7.9.2 Measurable indicators of progress relevant to Subsection 7.9

Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

n/a

7.10 Other Quality Improvement Activities

7.10.1 Other quality improvement activities and measurable indicators of progress

List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

n/a

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

8.1.1 Fiscal management practices

Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

[x] a. Verifying and processing billing records to ensure timely payments to providers. Describe:

Michigan utilizes technology (Bridges and I-Billing) to process payments for providers.

[x] b. Fiscal oversight of 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.

[x]c. Tracking systems to ensure reasonable and allowable costs. 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.

[x] 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.

NOTE: Case reviews and time and attendance reviews were paused from April 2020 – February 2021 due to CDC staff resources being dedicated to the CARES Act Grants. The activities resumed in March 2021.

8.1.2 Identifying risk

Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

[x] a. Conduct a risk assessment of policies and procedures. Describe:

The lead agency participates in the State's risk assessment process bi-annually to identify program risks and their mitigation strategies.

[x] b. Establish checks and balances to ensure program integrity. Describe:

The lead agency conducts time and attendance reviews to monitor appropriate billing practices and conducts ongoing state level criminal history checks for eligible providers and adult household members. In addition, the Department conducts ongoing state case reviews to identify risks associated with eligibility determination.

[x] c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe:

Case reviews are conducted at local MDHHS agencies to ensure accuracy in eligibility determinations (the lead agency also conducts case reviews to monitor eligibility determinations). Follow up and secondary reviews are conducted on license-exempt provider enrollments to ensure accuracy.

[ ] d. Other. Describe:

8.1.3 Processes to train about CCDF requirements and program integrity

States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

[ ] i. Issue policy change notices. Describe:

[x] ii. Issue policy manual. Describe:

A link to the policy manuals is available to providers on our website at (http://www.mfia.state.mi.us/olmweb/ex/html/) Current MDHHS Policy Manuals (state.mi.us).

[x] iii. Provide orientations.

During the Great Start to Quality Orientation (GSQO), 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.

[x] iv. Provide training. Describe:

Provider instruction videos are available at (https://www.michigan.gov/mde/0,4615,7-140-63533_63534_72649---,00.html) MDE - Providers (michigan.gov) for training on how to keep accurate time and attendance records and how to use the online billing system correctly.

[x] v. Monitor and assess policy implementation on an ongoing basis. Describe:

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.

[ ] vi. Meet regularly regarding the implementation of policies. Describe:

[x]vii. Other. Describe:

The CDC Handbook is a plain language, simplified and condensed interpretation of policy manuals. It is updated at regular intervals, along with policy. The handbook is posted on the CDC website at (https://www.michigan.gov/documents/mde/CDC_Handbook_7-2013_428431_7.pdf) www.michigan.gov/childcare.

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

[x] i. Issue policy change notices. Describe:

Policy change notices are issued to MDHHS staff and partners when there is a change in policy and manuals are updated.

[x] ii. Train on policy change notices. Describe:

In addition to the standard policy change bulletin that is provided to MDHHS staff, a summary of changes is provided along with a training for all systems changes.

[x] iii. Issue policy manuals. Describe:

Michigan Department of Education (MDE) updates the CDC policy sections in the MDHHS local office manuals on a quarterly basis when policy changes are needed. These manuals are available online for all MDHHS staff and the public.

[x]iv. Train on policy manual. Describe:

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.

[x]v. Monitor and assess policy implementation on an ongoing basis. Describe:

Michigan conducts ongoing case reviews to ensure MDHHS local offices are utilizing current policy to open cases and determine authorizations. NOTE: This activity was paused from April 2020 – February 2021 due to CDC staff resources being dedicated to the CARES Act Grants. This activity resumed in March 2021.

[ ] vi. Meet regularly regarding the implementation of policies. Describe:

[x]vii. Other. Describe:

Policy manuals reflect our definitions for all program violation types. Technology supports a fraud designation in our eligibility system. Our new time and attendance review process ensures that we monitor for program integrity, while being fair to both parents and providers by reducing the burdens expected of them. Our efforts focus on offering support to address administrative errors and ensuring intentionality prior to making a fraud referral for investigation.

8.1.4 Evaluate internal control activities

Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The lead agency participates in the State's risk assessment process bi-annually to determine program risks.

8.1.5 Identify fraud and other program violations

Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

[x]	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: **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 MDE the ability to correct CDC cases, as necessary.**
[ ]	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities:

[x]	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: **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 and MDE 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 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. MDE 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, MDE 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 MDE. These errors always trigger a program violation notice (PVN). A PVN is a written notice from MDE 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 were in care and maintaining records that do not accurately reflect the time children were in care. Suspected IPVs go through a thorough review process conducted by MDE's 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.**

[x]	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: **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 MDE 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.** **Results include the following:** **Allows MDE the ability to correct CDC cases.** **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.**

[x]	v. Audit provider records. Describe the activities and the results of these activities: **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 MDE. These errors always trigger a PVN. A PVN is a written notice from MDE detailing the program violation. Provider IPV: An intentional act where the provider is billing for more hours than a child is in attendance or intentionally maintaining time & attendance records that do not accurately capture the actual attendance of a child and/or otherwise billing in such a way that they are intentionally receiving higher payments than they are entitled to. Examples include billing for children while they are in school, billing for children who are no longer in care, knowingly billing for children not in care or more hours than children were in care and maintaining records that do not accurately reflect the time children were in care. Suspected IPVs go through a thorough review process conducted by MDE's IRT. The purpose of the IRT review is to determine if the action of the provider was intentional. 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 MDE the ability to correct CDC cases.** **- 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.**

[x]	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: **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.**
[ ]	vii. Other. Describe the activities and the results of these activities:

b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to **identify unintentional program violations**. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

[x]	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: **Child care subsidy eligibility in Michigan is determined by MDHHS, which also determines eligibility for TANF, SNAP, Medicaid. Additionally, MDHHS receives data from the State directory of new hires, Social Security Administration and PARIS. These data bases ensure accurate processing of known information, reduce errors during program processing and therefore, reduces the chances of fraud. This also allows MDE the ability to correct CDC cases, as necessary.**
[ ]	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities:

[x]	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: **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 and MDE 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. MDE 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, MDE 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 MDE. These errors always trigger a PVN. A PVN is a written notice from MDE detailing the program violation. Provider IPV: An intentional act where the provider is billing for more hours than a child is in attendance or intentionally maintaining time & attendance records that do not accurately capture the actual attendance of a child and/or otherwise billing in such a way that they are intentionally receiving higher payments than they are entitled to. Examples include billing for children while they are in school, billing for children who are no longer in care, knowingly billing for children not in care or more hours than children were in care and maintaining records that do not accurately reflect the time children were in care. Suspected IPVs go through a thorough review process conducted by MDE's IRT. The purpose of the IRT review is to determine if the action of the provider was intentional. 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:

[x]	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: **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 (SOPs), and correcting cases for proper determinations. Six secondary quality assurance reviews are completed monthly by MDE staff. Accurate program processing and outcomes, manager/supervisors as well as specialists remain abreast of current policies and processing changes are the results of these activities. Mistakes and intentional fraud are also discovered and handled throughout this process. NOTE: This activity was paused from April 2020 – February 2021 due to CDC staff resources being dedicated to the CARES Act Grants. This activity resumed in March 2021.** **Results include the following:** **– Allows MDE the ability to correct CDC cases.** **– 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.**

[x]	v. Audit provider records. Describe the activities and the results of these activities: **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 MDE. These errors always trigger a PVN. A PVN is a written notice from MDE detailing the program violation. Provider IPV: An intentional act where the provider is billing for more hours than a child is in attendance or intentionally maintaining time & attendance records that do not accurately capture the actual attendance of a child and/or otherwise billing in such a way that they are intentionally receiving higher payments than they are entitled to. Examples include billing for children while they are in school, billing for children who are no longer in care, knowingly billing for children not in care or more hours than children were in care and maintaining records that do not accurately reflect the time children were in care. Suspected IPVs go through a thorough review process conducted by MDE's IRT. The purpose of the IRT review is to determine if the action of the provider was intentional. 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 MDE the ability to correct CDC cases.** **- 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.**

[x]	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: **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.**
[ ]	vii. Other. Describe the activities and the results of these activities:

c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent agency errors**. Include in the description how each activity assists in the identification and prevention of agency errors.

[x]	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: **Child care subsidy eligibility in Michigan is determined by MDHHS, which also determines eligibility for TANF, SNAP, Medicaid. Additionally, MDHHS receives data from the State directory of new hires, Social Security Administration and PARIS. These data bases ensure accurate processing of known information, reduce errors during program processing and therefore, reduces the chances of fraud. This also allows MDE the ability to correct CDC cases, as necessary.**
[ ]	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities:

[x]	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: **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 and MDE 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 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. MDE 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, MDE 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 MDE. These errors always trigger a PVN. A PVN is a written notice from MDE detailing the program violation. Provider IPV: An intentional act where the provider is billing for more hours than a child is in attendance or intentionally maintaining time & attendance records that do not accurately capture the actual attendance of a child and/or otherwise billing in such a way that they are intentionally receiving higher payments than they are entitled to. Examples include billing for children while they are in school, billing for children who are no longer in care, knowingly billing for children not in care or more hours than children were in care and maintaining records that do not accurately reflect the time children were in care. Suspected IPVs go through a thorough review process conducted by MDE's IRT. The purpose of the IRT review is to determine if the action of the provider was intentional. 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.**

[x]	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: **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 SOPs, and correcting cases for proper determinations. Six secondary quality assurance reviews are completed monthly by MDE staff. Accurate program processing and outcomes, manager/supervisors as well as specialists remain abreast of current policies and processing changes are the results of these activities. Mistakes and intentional fraud are also discovered and handled throughout this process. NOTE: This activity was paused from April 2020 – February 2021 due to CDC staff resources being dedicated to the CARES Act Grants. This activity resumed in March 2021.** **Results include the following:** **– Allows MDE the ability to correct CDC cases.** **– 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.**

[x]	v. Audit provider records. Describe the activities and the results of these activities: **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 MDE. These errors always trigger a PVN. A PVN is a written notice from MDE detailing the program violation. Provider IPV: An intentional act where the provider is billing for more hours than a child is in attendance or intentionally maintaining time & attendance records that do not accurately capture the actual attendance of a child and/or otherwise billing in such a way that they are intentionally receiving higher payments than they are entitled to. Examples include billing for children while they are in school, billing for children who are no longer in care, knowingly billing for children not in care or more hours than children were in care and maintaining records that do not accurately reflect the time children were in care. Suspected IPVs go through a thorough review process conducted by MDE's IRT. The purpose of the IRT review is to determine if the action of the provider was intentional. 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 MDE the ability to correct CDC cases.** **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.**

[x]	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: **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.**
[ ]	vii. Other. Describe the activities and the results of these activities:

8.1.6 Identify and recover misspent funds

The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what 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 and overpayments.

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. 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:

[x] 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:

No minimum. All amounts are recovered after being identified. This activity ensure funds are returned and managed as intended.

[x]ii. 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:

When application/eligibility information is determined by caseworkers to be questionable, or when findings of a billing and payment review are determined to be egregious by billing analysts within MDE CDC, a referral is made to MDHHS OIG for further investigation.

[x] iii. Recover through repayment plans. Describe the activities and the results of these activities

Voluntary agreement amount unless otherwise ordered by a court. This allows for repayment of over issued funds which are reasonable and affordable for the payer.

[x]iv. Reduce payments in subsequent months. Describe the activities and the results of these activities:

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 MDE, 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. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

[ ]vi. Recover through other means. Describe the activities and the results of these activities:

[x]vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities:

The lead agency unit consists of four time and attendance reviewers and a recoupment specialist. 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:

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

[ ] i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

[x] ii. 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:

No minimum. All amounts are recovered after being identified. This activity ensure funds are returned and managed as intended.

[ ] iii. 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:

[x] iv. Recover through repayment plans. Describe the activities and the results of these activities:

Voluntary agreement amounts or 20% of subsequent payments until the amount is fully repaid. This assist in reducing the stress of repayment of lump sum and give option of paying an affordable amount.

[x] v. Reduce payments in subsequent months. Describe the activities and the results of these activities:

20% of all future payments until the amounts is fully repaid. Keeps payment amounts consistent until the loan is paid off.

[ ] vi. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

[ ] vii. Recover through other means. Describe the activities and the results of these activities:

[x] viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities:

MDE has processes in place to ensure overpayments made to CDC providers are appropriately recouped. There are two processes for recoupment. MDE recoups overpayments from CDC providers. The provider may elect to pay the claim in cash or opt for standard recoupment (20% of subsequent CDC payments go towards the claim until repayment is made in full). MDHHS recoups overpayments from both CDC providers and CDC parents. The CDC provider may elect to pay the claim in cash or opt for standard recoupment (20% of subsequent CDC payments go towards the claim until

repayment is made in full). The lead agency has a recoupment unit, which consists of an Analyst and a Specialist, is responsible for investigating and collecting improper payments. OIG is responsible for investigating improper payments. They then turn them over to MDHHS accounting to pursue collection.

[ ] ix. Other. Describe the activities and the results of these activities:

d. 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. N/A. the Lead Agency does not recover misspent funds due to agency errors.

[x] ii. 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:

No minimum. All amounts are recovered after being identified. This activity ensure funds are returned and managed as intended.

[ ] iii. 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:

[x] iv. Recover through repayment plans. Describe the activities and the results of these activities:

Voluntary agreement for amount. This assists in reducing the stress of repayment of lump sum and give option of paying an affordable amount.

[x] v. Reduce payments in subsequent months. Describe the activities and the results of these activities:

20% of all future payments until the amounts is fully repaid. This keeps payment amounts consistent until the loan is paid off.

[ ] vi. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

[ ] vii. Recover through other means. Describe the activities and the results of these activities:

[x] viii. 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:

The lead agency has a recoupment unit, which consists of an analyst and a specialist, and is responsible for investigating and collecting improper payments. The result is to aid the agency in collecting over payments.

[ ] ix. Other. Describe the activities and the results of these activities:

8.1.7 Sanctions to reduce improper payments

What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

[x] a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities:

When it is determined by a court, an administrative law judge, or a signed repayment agreement that a client or adult group member intentionally violated a program rule, a program disqualification referral is made. Disqualifications enacted through the lead agency, are for periods of six months for the first occurrence, twelve months for the second occurrence, and lifetime for the third occurrence. A client has the right to contest the department's decision affecting eligibility or benefit levels whenever the client believes the decision is incorrect. The department, through MDHHS, provides an administrative hearing to review the decision and determine its appropriateness in accordance with policy. This item includes procedures to meet the minimum requirements for a fair hearing. Efforts to clarify and resolve the client's concerns must start when the hearing request is received and continue through the day of the hearing. Finally, the lead agency reviews all client disqualification referrals, as well as administrative hearing decisions.

The result of these activities is to prevent future fraudulent behaviors against the CDC program.

[x] b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities:

Providers who have been convicted of fraud are disqualified from program participation. Additionally, a provider who intentionally fails to cooperate with program rules will be determined ineligible for the CDC program for the following intervals: 6 months the first occurrence, 12 months for the second occurrence, and lifetime for the third occurrence. The removal of providers from programs who are not following program rules increases program integrity.

[x] c. Prosecute criminally. Describe the activities and the results of these activities:

When fraud is suspected, an individual may be criminally prosecuted. This activity increases the integrity of the CDC program.

[x] d. Other. Describe the activities and the results of these activities:

Provider errors are defined as unintentional errors made by the provider during the billing process. These types of errors will result in a PVN even if the error is found more than once. A PVN is written notice to the provider explaining the violation cited. Technical assistance is provided to the provider by one of our CDC analysts. Providers are strongly encouraged to complete training modules.

If a provider is suspected of intentionality, they are referred to the IRT. The IRT Coordinator reviews the issues and convenes the IRT on a weekly basis to review all referrals. These reviews include a review of the action and considers the following: were there extenuating circumstances, does the action warrant disqualification, is there another option available, provider history: has the provider done this before, if so, how many times, what other actions were taken in the past? If a disqualification referral (DR) has been submitted previously for this provider, the following will also be considered: time frame reviewed for the previous DR, reason for the previous DR. Based on the above, the IRT decides on a recommendation. If the IRT determines there appears to be no evidence of intentionality, then the recommendation is for

denial of intentionality and the provider is given a PVN. If the IRT concludes there appears to be evidence of intentionality, then the recommendation is for approval of intentionality. The CDC Director makes the final decision on whether to disqualify the provider. The IRT process has increased program integrity by increasing provider awareness of program billing rules and the penalties for not following program rules.

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

[ ] Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

[ ] Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.