



# MICHIGAN'S CHILD CARE LANDSCAPE

FY 2023 Accessibility, Affordability, and Quality

Pursuant to 2023 PA 119 Sec. 1007

## Introduction

The Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP), created by Executive Order 2023-6, is charged with adding capacity to Michigan's early learning system so that every child is ready for kindergarten; accelerating progress toward the state's Sixty by 30 goal, so that everyone can earn a skill certificate or degree after high school, tuition-free; and to prioritize community, regional and state partnerships that help students succeed. MiLEAP consists of three Offices: Early Childhood Education, Higher Education and Educational Partnerships. The Child Care and Development Fund (CCDF) work falls under the Office of Early Childhood Education, focused on child care licensing, early learning and care, family engagement, and Michigan's Tri-Share initiatives.

Access to high quality child care is essential to working families. MiLEAP has worked with a variety of partners to implement a strong, high-quality mixed delivery child care system to ensure access and options that work for every parent throughout the state. Those partners include, but are not limited to, the Early Childhood Investment Corporation (ECIC), the Early Childhood Support Networks (ECSN), the Great Start to Quality Resource Centers and the Michigan Association for the Education of Young Children (MiAEYC).

This report was prepared by the Michigan Department of Lifelong Education, Advancement, and Potential in consultation with the Michigan Department of Health and Human Services pursuant to Section 1007 of 2023 PA 119.

## Affordability of Child Care

In Fiscal Year 2023, the State of Michigan had 74,245 children who were eligible to participate in the child development and care program. Of these, 39,157 participated in the program. The chart below shows the number of children eligible for the program and those who participated in the program over the last five years.

Fiscal Year	Number of eligible children	Number of children who participated (payments made)
FY19	71,073	36,304
FY20	65,477	25,631
FY21	51,028	39,573
FY22	65,783	31,720
FY23	74,245	39,157

Under the Child Care Development Block Grant states must conduct a Market Rate Survey (MRS) every three years to establish subsidy payment rates that ensure equal access. The Department must collect and analyze statistically valid and reliable data that reflects variations in the price to parents of child care services by geographic area, type of provider, and age of child. The Market Rate Survey that was conducted in 2020-2021 can be found at [MICHIGAN'S CHILD CARE MARKET RATES](#).

The Department is currently in the process of finalizing the 2023-2024 Market Rate Survey with anticipated completion in June 2024, however preliminary data indicates that the differences between the base CDC subsidy rates and market rates have decreased significantly since the last market rate survey was conducted in 2020-2021. The average difference between the current base CDC subsidy rate and base market rate for full-time care across all age groups decreased by 41% (\$203 to \$119) among centers and decreased by 20% (\$88 to \$70) among home-based providers. Furthermore, for providers at higher quality levels, CDC subsidy reimbursement rates are now equal to or higher than market rates.

The following data is based on providers who responded to the MRS:

	2021 Data	2024 Preliminary Data
% of market that is child care centers	48%	57%
% of centers offering grant funded school readiness i.e. Great Start to Readiness or Head Start	20%	27%
% of licensed centers participating in Great Start to Quality	55%	50%
% of families with limited access to child care	75%	50%
Demographics with higher-than-average rates living in limited access areas	Black and Hispanic	Black and Hispanic
% of providers caring for children utilizing scholarships (subsidy)	41%	64%
% of providers who are willing to enroll children utilizing scholarships (subsidy)	89%	90%

## Availability of Childcare

Through the Caring for MI Future initiative, MiLEAP partnered with Michigan State University (MSU) to create child care maps that include data on program location, staff shortages, capacity, and child population to prioritize counties as urgent and high need in demand for child care. Utilizing this data, significant investments have been made to address start-up funding, staffing, space, and business sustainability supports. MSU will be utilizing the data that has been collected monthly over the past 24 months to demonstrate where new and expanded businesses are located, and the capacity increases that have resulted.

These maps indicate the availability of child care by age group, zip code and county. All maps are accessible here: [Child Care Desert Map | Community Evaluation Programs | University Outreach and Engagement \(msu.edu\)](#).

The total number of childcare programs operating in the state of Michigan at the end of the FY23 was 8,081. This is an increase of 1,146 licensed child care programs since 2021. This number includes 4,592 center-based programs, 1,504 group homes, and 1,985 family child care programs across the state. Estimated total capacity or slots available by child care licensing region is listed below.

	Fiscal Year 2022	Fiscal Year 2023
Flint	52,595	54,181
Pontiac	69,683	70,982
Wayne	62,392	63,710
South Central	45,527	46,571
Southwest	37,063	37,184
Grand Rapids	47,766	46,746
Northwest	30,113	30,335
Northeast	30,099	31,277
	<b>375,238</b>	<b>384,207</b>

## Health and Safety of Child Care

The health and safety of the children enrolled in Michigan's child care programs is of the utmost importance. Monitoring programs health and safety is an ongoing process that is completed regularly by child care licensing consultants. Health and safety violations have been the cause of a licensing suspension or license revocation for 25 child care licenses during FY 2023. Seven of these occurred in center-based child care programs, twelve in group programs, and six occurred in family child care programs. Additionally, there were 25 programs that had incomplete health and safety or safe sleep training. Of these, seven violations occurred in center-based programs, 12 in group child care programs, and six in family child care programs.

Throughout the fiscal year, violations are tracked to identify patterns and trends to help identify needed training and technical assistance. The top ten most common rule violations this fiscal year relating to health and safety are below with the category and specific violation listed.

### The Top Ten Most Common Rule Violations

In licensed family and group homes:

1. R 400.1907(1)(a) Child's Record – Failure to complete child information card.
2. R 400.1905(9) Training – Failure to confirm completion of health and safety training.
3. R 400.1907(2) Child's Record – Failure to update information annually.
4. R 400.1945(4) Emergency; plan; drill – Failure to demonstrate fire drill completion.
5. R 400.1925(2)(b) Comprehensive background check; fingerprinting – Failure to provide copies of clearances.
6. R 400.1907(1)(b) Child's Record – Failure to provide statement of child in care.
7. R 400.1905(1) Training – Failure to ensure staff completion of at least 10 clock hours of training annually.
8. R 400.1945(5) Emergency; plan; drill – Failure to demonstrate tornado drill completion.
9. R 400.1932(2) Home maintenance and safety – Failure to securely store cleaning products.
10. R 400.1933(4) Water supply; sewage disposal; water temperature – Inadequate water temperature.

In licensed centers:

1. R 400.8125(1) Staff and volunteer requirements – Failure to provide appropriate supervision.
2. R 400.8143(1) Children's records – Failure to provide child information cards upon enrollment.
3. R 400.8131(12) Professional development – Failure to acknowledge and complete new notice of health and safety updates within 6 months.
4. R 400.8131(5) Professional development – Failure to demonstrate completion of trainings upon hire for materials covering administration of medication, prevention of and response to emergencies due to food and allergic reactions building and physical premises safety, emergency preparedness and response planning, handling and storage of hazardous materials, precautions in transporting children, and child development.
5. R 400.8131(3) Professional development - Failure to demonstrate completion of training upon hire for materials covering shaken baby syndrome, abusive head trauma and child maltreatment, and recognition of and report child abuse and neglect.

6. R 400.8131(4) Professional development – Failure to demonstrate before unsupervised contact with children training covering prevention and control of infectious disease, including immunizations.
7. R 400.8125(5) Staff; volunteer; requirements – Failure to document written and signed statement that abuse is against the law, document centers’ policy on abuse and neglect, or follow requirement to immediately report suspected abuse and neglect to protective services.
8. R 400.8128 Staff; volunteer; tuberculosis – Failure to provide verification of negative TB test.
9. R 400.8140(2)(a) Discipline – Utilizing hitting, spanking, biting, pinching, or inflicting other forms of corporal punishment.
10. R 400.8131(6) Professional development – Failure to demonstrate completion of 16 clock hours of professional development annually.

## Strengthening the Health and Safety of Programs

To strengthen health and safety of care in Michigan’s child care programs, the child care licensing bureau employs 90 licensing consultants with average caseloads of 88 programs per consultant. Consultant’s complete visits for several reasons. Those reasons include visits for licensing renewals, follow up re-inspections, interim or AFC follow up, license modifications, original licenses, and special investigations.

The total number of visits completed by region, are listed below.

	Total Visits by Region
Flint	1,515
Pontiac	1,350
Wayne	1,473
Southcentral	1,422
Southwest	1,409
Grand Rapids	1,228
Northwest	1,315
Northeast (upper peninsula)	1,306

Activities completed by the consultants, intended to improve health and safety of programs include the following:

- In-Service Trainings
- Child Care Center Orientations
- Trainings Provided at Conferences
- Committees Established to Improve Quality
- Training New Licensing Consultants

Consultants completed these activities 750 times during this fiscal year. Technical assistance and consultation are offered at each of the on-site visits and as requested or needed outside of the visits.

## Quality of Care:

Great Start to Quality (GSQ) is Michigan’s Quality Recognition and Improvement System, which sets the quality standards and evaluates the quality of licensed early care and education programs. The ECIC manages the day-to-day implementation of GSQ. In addition, Michigan has ten Great Start to Quality Resource Centers across the state that work with programs taking steps to improve their quality. Great Start to Quality also shares information about programs with families and helps families select the right program that meets their needs. In February 2023, MiLEAP launched a reimagined GSQ process ([Welcome Providers - Great Start to Quality](#)), focusing on quality improvement vs star ratings based on points. Previously, participation in GSQ was defined as those with a 1-star rating or higher. In the new process, participation is defined as programs at the Reflecting on Quality level or higher. This and the change in process warrant caution when comparing ratings to quality levels over time.

In FY23, there were a total of 3,979 licensed providers participating in GSQ. This is an increase of 238 new programs since FY22. These programs are estimated to serve 24,277 children. At the end of FY23 there were 73,482 active (taken training and/or updated their profile during the year) account holders in MiRegistry.

Since 2019, participation in the GSQ program has fluctuated over time. Participation data, and the changes over time, are listed below.

	Eligible Programs Statewide	Maintaining Health and Safety		Reflecting on Quality	Enhancing Quality	Enhancing Quality Validated	Demonstrating Quality	Percent Participating
		Empty Star	1	2	3	4	5	
FY 19	7814	3757	82	364	1919	1399	293	51.92%
FY 20	8292	4669	58	363	1849	1128	225	46.69%
FY 21	7936	4100	54	279	1918	1263	331	48.34%
FY 22	7912	3991	95	293	1974	1240	319	49.56%
FY 23	7922	3943	N/A	502	2044	1088	345	50.23%

Sixty percent of the children participating in the child development and care program at the end of FY23 who were enrolled in a program that is at a quality level of enhancing quality level or higher program.

Quality Rating	Total CDC Providers	CDC Providers Serving Children 0-8	CDC Children 0-8 Served
Enhancing Quality	1,444	1,415	14,722
Enhancing Quality-Validated	398	388	4,032
Demonstrating Quality	141	138	1,430
Grand Total	1,983	1941	20,184

## Improving Child Care Quality

The Department prioritizes the quality and continual improvement of quality in child care programs. Throughout the state, there are ten GSQ Resource Centers with 78 quality consultants. Each consultant's caseload varies, but they are all focused on conducting onsite visits to assist programs in improving the quality of care that they are providing. The average case load and number of visits conducted is listed below by GSQ service area/ECSN region.

	Northern	Southeast	Eastern	Western
Average Case Load	109	63	62	36
Number of Visits	704	2068	1381	1082

The types and number of activities complete during these on-site visits include,

- Resource Sharing: 4,564
- Support with GSQ Level Rating: 3,826
- Support with GSQ Indicators: 2,485
- Support with Quality Improvement Plan: 852
- Support with MiRegistry: 1,963
- Support with Childcare Licensing: 363
- Technical Assistance: 3,421

To ensure quality in child care programs it is vital to not only track the centers and homes that are taking part in the Great Start to Quality program, but also those that are making improvements and increasing their level of quality. Since the beginning of FY23, 534 programs have improved their quality level from the previous fiscal year. A breakdown by GSQ Resource Center service area is below:

GSQ Resource Center Service Area	Improved Programs
<b>Central</b>	<b>40</b>
Child care Center	24
Family Child Care	7
Group Child Care	9
<b>Eastern</b>	<b>60</b>
Child care Center	36
Family Child Care	12
Group Child Care	12
<b>Kent</b>	<b>47</b>
Child care Center	29
Family Child Care	13
Group Child Care	4
OST	1

GSQ Resource Center Service Area	Improved Programs
<b>Southeast</b>	<b>32</b>
Child care Center	21
Family Child Care	6
Group Child Care	4
OST	1
<b>Southwest</b>	<b>52</b>
Child care Center	33
Family Child Care	9
Group Child Care	9
OST	1
<b>Upper Peninsula</b>	<b>19</b>
Child care Center	13
Family Child Care	2
Group Child Care	4



<b>Northeast</b>	<b>11</b>
Child care Center	6
Family Child Care	1
Group Child Care	4
<b>Northwest</b>	<b>30</b>
Child care Center	22
Family Child Care	3
Group Child Care	4
OST	1

<b>Wayne-Oakland-Macomb</b>	<b>191</b>
Child care Center	114
Family Child Care	24
Group Child Care	19
<b>Western</b>	<b>52</b>
Child care Center	13
Family Child Care	14
Group Child Care	6

## Child Care Workforce

Ensuring that the state's early childhood programs are staffed with educated and dedicated staff is vital to ensuring the success of Michigan's earliest learners. The most current data from the state's MiRegistry shows that there are 73,482 early childhood education professionals (this includes licensed and license exempt providers) throughout the state of Michigan who have taken training and/or updated their profile during the previous year. Since creating a record in MiRegistry is not mandatory for providers this number is not an actual count of child care professionals, but we estimate that we have between 50,000 and 60,000 across the state via the completion records of required training courses.

Wages are also voluntarily collected for those who have a record in MiRegistry. While wage information is voluntary, the wage data included in the report is limited to those with a verified employment record with a licensed child care program. The wage indicated by the employee must be verified by the employer to be included in the report.

According to *State of Michigan MiRegistry Demographic and Data Report*, the following represents the average verified wage per hour for child care workers in the State of Michigan both by setting and position title.

<b>Verified Wage Distribution by Setting</b>		
Setting	Avg. Hourly Wage	Response Count
Child Care Center	\$16.19	16,039
Family Child Care	\$14.19	93
Group Child Care	\$12.62	512
Tribal Center	\$16.13	24
<b>Grand Total</b>		<b>16,668</b>

<b>Verified Wage Distribution by Position Title</b>		
Position Title	Avg. Hourly Wage	Response Count
Administrator/Program Director/ Schoolage Site Supervisor	\$24.37	1,227
Assistant Director	\$18.15	242
Assistant Teacher/Family Child Care Assistant	\$13.42	9,579
Lead Caregiver/Teacher	\$18.69	5,504
Owner Operator	\$18.66	116
<b>Grand Total</b>		<b>16,668</b>

To ensure the ongoing education of early childhood staff and to increase the numbers of the workforce who meet requirements, the State supports the T.E.A.C.H program ([T.E.A.C.H. Early Childhood® Michigan Scholarship Program - MIAEYC](#)). T.E.A.C.H. offers scholarships and professional development opportunities for individuals currently working within the field of early childhood education. In Fiscal Year 2023, through the T.E.A.C.H program, 1,800 scholarships were awarded to educators serving 67,487 children throughout the State. In addition to scholarships, early childhood educators completed 9,558 credit hours (7% family/group home, 19% public school, 2% other, 72% centers) towards their professional development goals through T.E.A.C.H opportunities. T.E.A.C.H also awarded 40 scholarships to support high school students with their Child Development Associates Degree (CDA)/Michigan Youth Development Associate Certification (MiYDA) credential.

The Department does not currently collect information on the level of staff demand, however, we know from anecdotal accounts that staffing remains challenging as it is difficult to fill vacancies. The staffing vacancies can cause programs to operate fewer hours and serve fewer children.