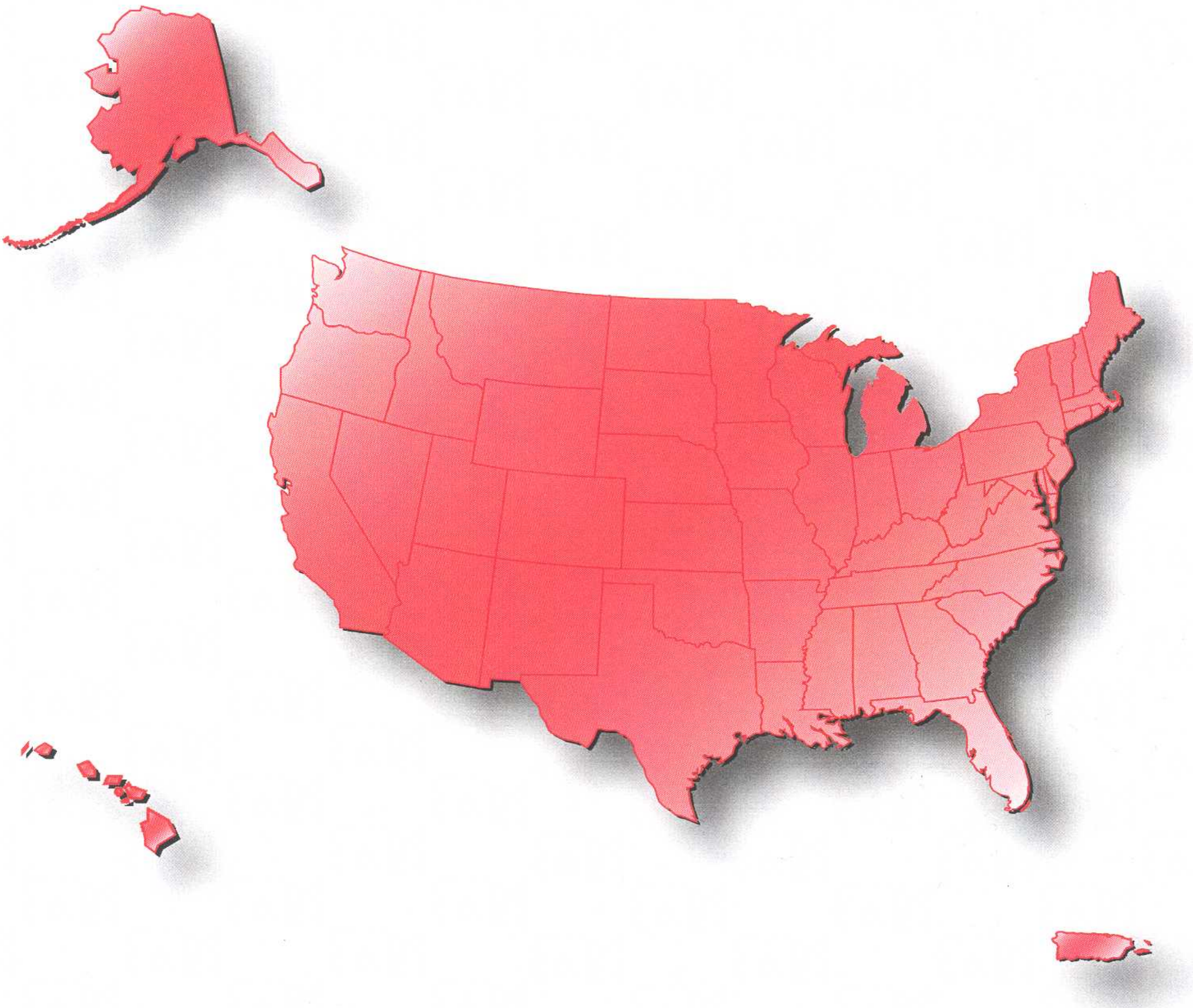
Child Care and Development Fund

Report of State Plans FY 2002-2003



December 2002

DEPARTMENT OF HEALTH & HUMAN SERVICES

Administration for Children and Families
Administration on Children, Youth and Families
330 C Street, S.W.
Washington, D.C. 20447

Dear Colleagues:

This *Child Care and Development Fund (CCDF) Report of State Plans FY 2002-2003* provides an overview of State policies and strategies to help low income families pay for child care and to improve the quality and supply of care. This report summarizes information in the biennial plans submitted by States and approved by the Administration for Children and Families (ACF) for the period FY 2002 to 2003. It describes models and approaches that States are implementing in key policy and program areas, as well as trends and changes that have occurred over time.

By highlighting State innovation, the report illustrates the flexibility that States have in administering subsidies and quality improvements under the Child Care and Development Fund (CCDF). States make decisions in key areas such as provider reimbursement rates, eligibility requirements for families, and parent co-payments. This flexibility is crucial because it allows States to develop policies and approaches that respond to their current circumstances and particular needs.

We hope that this report will be useful to a wide audience—including policymakers, administrators, and researchers. Most importantly, the report is designed to provide technical assistance to the State Child Care Lead Agencies by sharing strategies that other States are implementing. For example, the report describes a variety of State approaches for improving the quality of care—including professional development initiatives, consumer education, and collaborative efforts. This information may help States as they plan activities in support of President Bush's *Good Start, Grow Smart* initiative to help prepare children to read and succeed in school.

The Child Care Bureau, the ACF Regional Offices, and our technical assistance providers look forward to continuing to assist States with their efforts to support parents' success in the workplace and to promote child development.

Sincerely,

Wade F. Horn, Ph.D.
Assistant Secretary
for Children and Families

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EXECUTIVE SUMMARY

The Child Care and Development Fund (CCDF) supports early care and education services for more than 1.75 million children each month in the 50 States and the District of Columbia, four Territories, and among 256 Tribal CCDF grantees. By subsidizing child care services to parents who are entering the labor force or are in job training and education programs, CCDF has played an important role in welfare reform. CCDF has helped low-income families become self-reliant and has helped children become ready for school. In addition to supporting families on the road to economic self-sufficiency, CCDF also has supported the social, emotional, and cognitive development of children to age 13 in a variety of early care and education settings, helping prepare a pathway to future success.

These CCDF-supported services are described in the biennial State Plans that are summarized in this report. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) requires each State to submit a biennial Plan outlining how it will implement its share of the CCDF block grant. CCDF Lead Agencies prepare Plans using a Plan Preprint developed by the Administration for Children and Families (ACF), U.S. Department of Health and Human Services. This report is an analysis of the ACF-approved State Plans for the period of October 1, 2001 to September 30, 2003[1].

Administration

The Child Care and Development Fund (CCDF) State Plans for fiscal years 2002-2003 indicate that Lead Agencies are working in partnership with multiple Federal, State, Tribal, and local entities to administer the program. Many Lead Agencies assume primary responsibility for administering funds for child care services (e.g., funding child care certificates/vouchers and/or contracting with child care programs to serve families that are eligible for child care assistance). However, all of the Lead Agencies contract with at least one other entity to assist them in administering funds to improve the quality and availability of child care. Often these partners are private-sector entities. In some cases, States have devolved substantive administrative responsibility for CCDF to local jurisdictions. Two areas in which this trend has become more pronounced since the 2000-2001 Plan Period are eligibility determination for families receiving Temporary Assistance to Needy Families (TANF), and payment to providers.

In no State does the cost to administer the program exceed 5 percent—a statutory requirement—and three States estimated administrative costs at between 1 and 2 percent of the CCDF allocation. Increasingly, Lead Agencies are using State prekindergarten expenditures to meet a portion of the CCDF maintenance of effort and Matching Fund requirements.

[1] This analysis includes information from 48 of the 50 States, the District of Columbia and Puerto Rico. Approved plans for Florida and Michigan were not available at the time of this analysis; therefore, information from these States is not included in this report. The report does not include information from U.S. Territorial or Tribal CCDF Grantees. States submitted Plans on July 1, 2001.

Service Coordination and Planning

A review of States' descriptions of the State Plan development process, coordination efforts, and public-private partnership initiatives indicates that States are committed to improving child care for children and families through coordination and collaboration. As research shows, the physical, emotional, cognitive, and social development of a child directly impacts a child's readiness for school and success in later life. To that end, States increasingly are addressing all areas of children's development by forming new partnerships with health agencies, schools, mental health agencies, businesses, community-based agencies, pediatricians, and other partners.

States coordinate service delivery with a variety of agencies focused in the following areas: TANF, public education, health, Head Start, Tribal, labor, special needs and mental health, higher education, and child care resource and referral (CCR&R). For example, in the 2002-2003 Plans, 31 more States than in the previous period reported collaboration with departments of health and labor, reflecting renewed interest in the nationwide Healthy Child Care America (HCCA) initiative and increased attention to apprenticeship programs. Through collaboration, States are seeking ways not only to deliver integrated services to children and families, but also to increase resources through coordination efforts.

Advances in communication technology have enabled States to reach out and involve more people in the development of Plans. Increasingly, States are using video-conferencing in addition to traditional on-site public hearings. Many Lead Agencies also post the State Plans on and solicit input via their Web sites. Some States use television and radio to broadcast hearings.

Thirty-six States have established State and local coordinating councils or advisory boards that are instrumental in helping to develop the State Plans. Mechanisms to incorporate input from local communities to the Lead Agencies are common among the States. A number of States begin the Plan development process as much as a year before the formal public hearings by hosting community-based forums to gather local input.

Efforts to streamline processes among TANF, Head Start, and child care are described in many State Plans. For example, States are streamlining eligibility, aligning cross-program processes and information systems, and creating smoother transitions from one program into the next.

In addition to coordination with public entities, most States have developed or are in the process of developing public-private partnerships. Many States believe these partnerships add valuable resources to improving child care service delivery. States describe successful partnerships with foundations and businesses in such areas as raising public awareness, increasing the availability of providers, improving quality and professional development, and supporting facility start-up and enhancements.

Certificates, Grants and Contracts

In most States, the bulk of CCDF funds are administered through certificates or vouchers for direct services. However, 25 States reported that they also administer grants or contracts for child care slots. These grants and contracts support Head Start "wrap-around" initiatives, school-age child care, or programs that target specialized populations or services such as care for migrant or teen-parent populations or care during nontraditional hours.

Continuing a trend observed in the *Child Care and Development Fund Report of State Plans for the period 10/01/99 to 9/30/01*[2], States also are using grants and contracts to expand and improve the quality of care for infants and toddlers as well as to address issues of compensation and professional development funded with the CCDF quality set-aside, earmarks, and other funds.

Payment Rates

States establish subsidy reimbursement rate ceilings informed by data compiled through biennial market rate surveys. Most often, States implement new rate schedules within six months of the market rate survey; however, in nearly one-fifth of the States the process takes 12 months or longer, and more than a quarter of the States reported rate schedules that predated the market rate survey. To ensure that families who receive child care assistance have equal access to comparable child care services, 27 States reported that they capped reimbursement at levels equal to or higher than the 75th percentile of the local market rate.

On average, across all States and all age ranges, center-based rate ceilings increased 10 percent over the 2000-2001 levels. However, in some States and for certain age ranges, subsidy ceilings remained constant or declined since the previous Plan Period. Quite a few States are adjusting rates to reflect differences in quality. Thirteen States indicated that they have established tiered reimbursement schedules.

Eligibility Criteria

Most States continue to set income eligibility limits well below the Federal maximum—85 percent of State Median Income (SMI). In fact, the number of States that provide child care assistance to families with incomes up to 85 percent of SMI dropped from nine in the 2000-2001 Plan Period to five in the 2002-2003 Plan Period. Although 12 States reported higher eligibility ceilings expressed as a percentage of SMI, in nearly half of the States the income eligibility ceilings have declined as a percentage of SMI since the 2000-2001 Plan Period.

States typically set income eligibility ceilings below 85 percent of SMI in order to target limited funds to the lowest-income families. But even when the State ceiling is used as a benchmark, only three States report that they are currently able to serve all eligible families

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[2] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, *Child Care and Development Fund Report of State Plans for the period 10/01/99 to 9/30/01* (2001). This report is available on the Web at *http://nccic.org/pubs/CCDFStat.pdf*.

who apply, down from 14 so reporting in the 2000-2001 CCDF Plans. Twenty-four States make TANF recipients their top priority and are able to serve only a portion of income-eligible non-TANF families.

The 2002-2003 Preprint introduced a question about how States define income for purposes of eligibility. Most CCDF Lead Agencies reported using gross income, usually expressed in monthly terms, when they determine if a family is eligible for child care assistance. However, 39 States exclude or exempt certain income, or allow deductions from income for certain expenses. Most commonly, States exclude or exempt income received from one or more public assistance or income security programs such as TANF, Supplemental Security Income, energy assistance benefits, or the value of public housing allotments. Nearly half of States reported that they count the income of all family members in the household.

Processes with Parents

Increasingly, Lead Agencies are responding to the needs of families by making it easier to apply for child care. States use the Internet, e-mail and other information systems to disseminate child care information, to allow parents or providers to estimate eligibility, and to request and/or complete an application for child care services without an in-person interview. In five States, for example, parents or providers can use an online tool to estimate eligibility. Eleven States reported that they contract with a community-based voucher management agency to determine eligibility for child care assistance.

Some States are supporting families enrolled in full-day, full-year programs—including Head Start–child care collaborations—by simplifying the eligibility determination process and lengthening the period of child care subsidy authorization. Some Lead Agencies permit children who meet child care eligibility requirements upon initial registration to be considered eligible until they reach kindergarten age or complete the Head Start school year.

States also have increased their capacity to track and report on complaints filed against child care programs. A growing number of States use a toll-free telephone number, and three States use the Internet, to allow parents to register complaints or receive complaint information about a particular provider. The number of States that have developed automated systems to track these complaints and ensure that staff—and in some cases parents—have access to up-to-date information remains unchanged from the 2000-2001 Plan Period at eight.

Improving the Quality of Early Childhood Services

By statute, States must spend no less than 4 percent of their CCDF allocation for quality activities. States may use these funds for a variety of quality initiatives discussed in the following pages.[3] On average, Lead Agencies estimated that 8.6 percent of their CCDF

[3] Quality activities that count toward the set-aside include those that target infants and toddlers, CCR&R services, school-age child care, comprehensive consumer education, grants or loans to providers to assist in meeting State and local standards, monitoring compliance with licensing and regulatory requirements, training

allocation will be set aside for quality activities. In addition, Congress has earmarked portions of CCDF to be spent on quality and to improve services for infants and toddlers, child care resource and referral, and school-age care.

Child Care Services for Infants and Toddlers. Increasingly, States are using CCDF funds to help improve the quality of care provided to infants and toddlers, and they are doing so in ways that promote systemic change. For example, twice as many States in this CCDF Plan Period reported that they have developed a special infant/toddler credential as compared to the 2000-2001 Plan Period. Many States also described multi-faceted initiatives that link caregiver credentials, compensation, and program assessment. More Lead Agencies have launched planning efforts that target infant/toddler care and nearly 25 percent of States, often in collaboration with Healthy Child Care America, fund infant/toddler specialists or health consultants focused on infant/toddler issues.

Resource and Referral. All of the States reported that they provide some type of CCR&R services, which include dissemination of consumer information and referrals, development of new child care homes and centers, training and/or technical assistance to child care providers, and other quality enhancement initiatives. These services are typically provided via contract with a nonprofit, community-based organization, although three States provide CCR&R services directly and some use State or local public agencies. Several States described unique initiatives that use CCR&R agencies as coordinating bodies to support a range of services for parents and providers, including infant/toddler training programs.

School-Age Child Care (SACC). Most States make funds available to support school-age child care programs and services. While the most common use of SACC set-aside funds had been to support program start-up, quality improvement emerged as a priority in the 2002-2003 CCDF Plans. Twenty-six States reported that they use set-aside funds for school-age child care provider training. In addition to providing scholarships and other training resources, three States are developing SACC credentials, special mentor programs, and targeted distance-learning courses.

Consumer Education. All States reported that they support CCR&R services that include, among other activities, consumer education. Eighteen States also conduct a consumer education campaign that includes, at a minimum, written information about child care subsidies and services (via brochures and pamphlets). Some States also utilize broadcast and print media in their public education campaigns. A few States also have dedicated staff or established regional teams to focus on consumer education.

Grants and Loans to Providers. The number of States that reported using CCDF funds for a child care facility/home loan program more than tripled, from three to 10, since the 2000-2001 Plan Period. In some cases, loans are linked to grants, specialized technical assistance, or quality improvement initiatives. States also continue to support child care programs by making start-up grants and loans available to providers, including school districts and community-based organizations. Thirteen States target grants to programs that need funds to

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and technical assistance, compensation of child care providers, and other activities that increase parental choice and/or improve the quality and availability of child care.

maintain compliance with health and safety standards; 15 States target funds for quality improvement.

Monitoring Compliance with Regulatory Requirements. CCDF funds are an important source of support for monitoring compliance with State child care licensing and regulatory requirements. Twenty-nine States—up from 25 in 2000-2001—reported using CCDF to lower caseloads for licensing staff. In addition, eight Lead Agencies reported that they use CCDF quality funds to support training initiatives for licensing staff, with emphasis on improved observation and interaction skills as well as regulatory knowledge. Seven States also use quality set-aside funds to help pay for new or upgraded automation systems to track compliance with licensing standards.

Training and Technical Assistance. The number of States that reported using CCDF quality funds to help build or support a career development system for early care and education practitioners continues to climb, from 17 States in the 2000-2001 Plan Period to 28 in the current period. In many States, these systems serve as a framework for a host of training, technical assistance, and other quality improvement initiatives. Nearly twice as many States reported spending CCDF funds for T.E.A.C.H.®, a scholarship program that links increased education with increased compensation, and 14 States reported developing early care and education mentoring initiatives, which typically compensate skilled early childhood teachers who provide leadership and support to new staff entering the field. Moved by concerns about the effectiveness of quality improvement initiatives, many States have begun to require that participants conduct a program assessment, using a rating scale such as the Harms and Clifford Infant/Toddler Environmental Rating Scale (ITERS).[4] Five States reported spending CCDF funds to increase the number of trainers who are able to effectively administer the ITERS.

Compensation of Child Care Providers. As the number of States involved in career development efforts has grown, the importance of having a direct impact on practitioner compensation has become more recognized. States described initiatives including wage supplements, mentoring programs, and one-time bonuses or quality awards. Several States have multiple compensation initiatives. Twelve States reported that they use CCDF monies to support wage and/or benefit initiatives for the early care and education workforce, up from eight States reporting the same in the 2000-2001 CCDF Plans.

Health and Safety Requirements in Child Care

Establishing and monitoring health and safety requirements are important functions that States are taking seriously. In order to increase the health and safety of children in child care settings, many States revise requirements on a periodic basis. In the 2002-2003 Preprint, a new question was introduced to identify States that changed licensing requirements related to

[4] Thelma Harms, Richard Clifford, and others at the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill have developed a series of four early childhood environmental rating scales. The scales can be used to evaluate such program features as Physical Environment; Basic Care; Curriculum; Interaction; Schedule and Program Structure; and Parent and Staff Education. Additional information on these scales can be found on the Web at *http://www.fpg.unc.edu/~ecers/index.htm*.

staff-child ratios, group size, or staff training. Close to one-third of all States reported changes to licensing requirements since the last State Plan. States also have increased the number of licensing staff to intensify their monitoring efforts and thereby assure a higher compliance level with health and safety requirements.

Increasingly, States are making the connection between monitoring compliance with regulatory requirements and quality outcomes for children. This is evident in a number of areas: 1) training requirements for both center staff and home providers have increased; 2) some States have implemented center director and infant/toddler credentials; 3) States are implementing quality rating strategies and professional development initiatives that are tied to licensing requirements; and 4) in the last several years the number of apprenticeship programs has increased, as yet another strategy to tie staff training, professional development, and compensation to quality and to a more stable workforce.

While nearly all States conduct unannounced on-site monitoring visits, many States also provide technical assistance, training, and orientation sessions in their efforts to increase compliance with regulatory requirements. In addition, many States coordinate their monitoring activities with other agencies, such as health and fire departments, to increase the health and safety of children.

This brief Executive Summary only suggests the efforts Lead Agencies are undertaking with CCDF. The full *Report of State Plans* describes in greater detail how States are working to make high-quality, affordable child care accessible to America's low-income families.

Introduction

The Child Care and Development Fund (CCDF) supports early care and education services for more than 1.75 million children each month in the 50 States and the District of Columbia, four Territories, and among 256 Tribal CCDF grantees. By subsidizing child care services to parents who are entering the labor force or are in job training and education programs, CCDF has played an important role in welfare reform. CCDF has helped low-income families become self-reliant and has helped children become ready for school. In addition to supporting families on the road to economic self-sufficiency, CCDF also has supported the social, emotional, and cognitive development of children to age 13 in a variety of early care and education settings, helping prepare a pathway to future success.

These CCDF-supported services are described in the biennial State Plans that are summarized in this report. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) requires each State to submit a biennial Plan outlining how it will implement its share of the CCDF block grant. CCDF Lead Agencies prepare Plans using a Plan Preprint developed by the Administration for Children and Families (ACF), U.S. Department of Health and Human Services. This report is an analysis of the ACF-approved State Plans for the period of October 1, 2001 to September 30, 2003[5].

Report Format

The report is organized to follow the approved State Plan Preprint format (Form ACF-118). The Plan is divided into six parts, and each part is divided into sections. Within the sections are specific questions, based on the statute and the regulations. States are required to respond to questions based on guidance in the accompanying Program Instruction (ACYF-PI-CC-01-03). Both the Preprint and Program Instruction are available on the Child Care Bureau's Web site at *http://www.acf.hhs.gov/programs/ccb*. In this report, the questions from the Preprint are provided in italics for the benefit of the reader.

The information presented in the report reflects the submission from each Lead Agency. The report is not an evaluation of the policies developed by the States; instead, it provides a general overview of the strategies States intended to use as they administered funds for child care services as well as for activities that expand the supply and improve the quality of child care in the States.

It is important to remember that the CCDF Plans represent State intentions at a specific point in time. States have considerable flexibility in their administration of CCDF funds and may, at any time in the Plan Period, amend their approved Plan to reflect substantial changes to the CCDF program. This report does not reflect amendments to the State Plans after initial

[5] This analysis includes information from 48 of the 50 States, the District of Columbia and Puerto Rico. Approved plans for Florida and Michigan were not available at the time of this analysis; therefore, information from these States is not included in this report. The report does not include information from U.S. Territorial or Tribal CCDF Grantees. States submitted Plans on July 1, 2001.

submission and Plan approval and therefore should be considered a "snapshot" of State efforts at the beginning of Federal Fiscal Year 2002. Similarly, information and activities not reported by the States are not included in this report.

Where possible, the language used by the Lead Agency to respond to a question in the Plan has been used in the report. No additional information has been added to that supplied by the Lead Agency. In many cases, examples were taken from the State Plans to highlight a particular topic. These are intended as samples of the wide variety of activities undertaken by the Lead Agencies, and are not meant to serve as best practices or models. In each section, examples are included in alphabetic order by State. Omissions were made based on space constraints only and do not imply a qualitative evaluation of State efforts. The information presented in each section of the report represents the National Child Care Information Center's best understanding of the State Plans. Any errors or inaccuracies are the sole responsibility of the National Child Care Information Center.

State Plans are public information and are part of the public record. Lead Agency contact information is included in the Appendix.

PART I – ADMINISTRATION

Sections 1.1 and 1.2 – Child Care and Development Fund Lead Agency

The State Plan Preprint requests that States identify the State's Child Care and Development Fund (CCDF) Lead Agency, the agency that "has been designated by the Chief Executive Officer of the State (or Territory), 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)" An updated list of the State Lead Agency contacts is provided as an Appendix to this report.

Section 1.3 – Estimated Funding for Child Care

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the one-year period: October 1, 2001 through September 30, 2002. (§98.13(a))

The purpose of this question is to provide the public with information on the amount of funds available for child care activities using CCDF. The amounts listed are for informational purposes only and are only for the first year of the fiscal year 2002-2003 Plan Period—October 1, 2001 through September 30, 2002. Table 1.3 below lists the following estimated amounts: Federal Child Care and Development Fund; Federal Temporary Assistance to Needy Families (TANF) transfer to CCDF; direct Federal TANF spending on child care; State maintenance of effort funds; and State Matching Funds:

TABLE 1.3 – ESTIMATED FUNDING FOR CHILD CARE SERVICES, FEDERAL CHILD CARE AND DEVELOPMENT FUND (CCDF), TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF), AND STATE MONIES, FFY 2002

State	CCDF	TANF Transfer to CCDF	Direct Federal TANF Spending	State Maintenance of Effort Funds	State Matching Funds
Alabama	$79,954,266	$18,600,000	$0	$6,896,417	$5,793,890
Alaska	$12,109,015	$18,357,000	$8,500,000	$3,544,811	$4,092,559
Arizona	$83,487,700	$0	$59,469,000	$10,032,900	$11,111,300
Arkansas	$42,367,489	$3,900,000-6,000,000	$130,000	$1,886,543	$4,549,212
California	$512,997,657	$271,870,000	$574,100,000	$85,593,217	$184,700,000
Colorado	$60,000,000	$28,000,000	Unknown	$8,900,000	$21,000,000
Connecticut	$52,803,290	$0	$18,000,000	$18,738,357	$17,605,380
Delaware [1]			$0	$5,179,330	$21,359,500
District of Columbia	$10,378,065	$22,000,000	$15,000,000	$4,566,974	$2,147,117
Florida					

TABLE 1.3 – ESTIMATED FUNDING FOR CHILD CARE SERVICES, FEDERAL CHILD CARE AND DEVELOPMENT FUND (CCDF), TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF), AND STATE MONIES, FY 2002					
State	**CCDF**	**TANF Transfer to CCDF**	**Direct Federal TANF Spending**	**State Maintenance of Effort Funds**	**State Matching Funds**
Georgia	$141,998,921	$40,000,000	$1,000,000	$22,182,651	$26,616,625
Hawaii	$19,959,611	$13,258,835	$0	$4,971,633	$13,169,657
Idaho	$21,995,845	$7,481,191	$4,000,000	$4,085,661	$0
Illinois	$206,229,531	$0	$0	$56,873,825	$67,644,141
Indiana	$92,196,014	$53,250,771	$10,000,000	$15,356,949	$18,313,807
Iowa	$42,699,802	$26,085,064	$26,085,064	$5,220,891	$8,602,689
Kansas	$43,638,969	$18,300,000	$0	$0	$9,458,900
Kentucky	$72,500,000	$36,200,000	Up to $18,000,000	$7,275,000	$8,651,200
Louisiana	$93,128,516	$49,191,595	$30,019,000	$5,219,488	$10,305,538
Maine	$16,000,000	$7,250,000	$6,400,000	$2,000,000	$2,100,000
Maryland	$80,165,676	$38,820,000	Unknown	$23,301,407	$27,745,161
Massachusetts	$106,315,965	$91,874,224	$168,007,999	$44,973,373	$31,225,400
Michigan					
Minnesota	$49,000,000	$19,700,000	$0	$19,700,000	$25,900,000
Mississippi	$59,392,841	Unknown	Unknown	$1,715,430	$1,500,000
Missouri	$24,668,568	$0	$0	$16,548,755	$28,835,204
Montana	$14,116,691	$7,612,239	$2,000,000	$1,313,990	$1,332,417
Nebraska	$29,836,053	$0	$9,000,000	$6,498,998	$5,336,195
Nevada	$24,258,688	$0	$1,450,697	$2,580,421	$10,608,839
New Hampshire	$13,000,000	$0	$0	$4,500,000	$5,600,000
New Jersey	$103,200,000	$0	$35,100,000	$26,400,000	$38,700,000
New Mexico	$36,705,111	$28,751,300	$0	$2,895,259	$3,790,983
New York	$320,000,000	$0	$0	$102,000,000	$95,000,000
North Carolina	$144,777,863	$76,675,000	$26,621,241	$37,927,282	$22,359,176
North Dakota	$9,798,071	$0	$0	$1,017,036	$1,232,570
Ohio	$196,166,687	$131,398,336	$60,630,789	$45,403,943	$38,716,663
Oklahoma	$72,244,829	$29,519,222	$56,711,411	$10,630,233	$6,750,621
Oregon	$59,129,269	$0	$2,400,000	$11,714,966	$11,763,114
Pennsylvania	$150,544,451	$75,488,000	$43,408,000	$46,629,051	$48,127,101
Puerto Rico	$50,000,000	$1,000,000	$1,000,000	$0	$0
Rhode Island	$16,457,979	$0	$0	$5,321,126	$4,157,922
South Carolina	$63,892,768	$1,050,000	$0	$4,085,269	$7,558,845
South Dakota	$11,237,702	$3,100,000	$0	$802,914	$1,667,492
Tennessee	$113,342,750	$50,600,000	$21,770,917	$18,975,782	$33,375,000

TABLE 1.3 – ESTIMATED FUNDING FOR CHILD CARE SERVICES, FEDERAL CHILD CARE AND DEVELOPMENT FUND (CCDF), TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF), AND STATE MONIES, FY 2002					
State	**CCDF**	**TANF Transfer to CCDF**	**Direct Federal TANF Spending**	**State Maintenance of Effort Funds**	**State Matching Funds**
Texas [2]	$390,431,247	$0	$0	$34,681,426	$80,392,194
Utah	$48,701,000	Unknown	Unknown	$4,474,923	$3,367,277
Vermont	$10,297,554	$8,674,658	$2,769,235	$2,666,323	$1,630,983
Virginia	$91,576,596	$29,157,034	$0	$21,328,762	$29,377,623
Washington [3]	$108,917,439	$110,000,000	Unknown	$38,707,605	$17,612,056
West Virginia	$33,386,089	$0	$22,000,000	$2,971,392	$2,675,910
Wisconsin	$78,114,084	$61,500,000	$131,372,846	$16,449,406	$16,840,972
Wyoming	$8,785,904	$3,700,000	$0	$1,553,707	$1,518,716

Source: Information compiled from State CCDF Plans, FFY 2002-2003.
[1] Delaware did not report CCDF or TANF transfers to CCDF.
[2] Texas transferred $2,000,000 to Title XX for Child Care.
[3] Federal CCDF funds shown include the entire amount of allocated Matching Funds. Actual Federal Matching Funds may be less than the full amount shown based on availability of State funds.

Section 1.4 – Estimated Costs of Administration

The Lead Agency estimates that the following amount (and percentage) of the CCDF will be used to administer the program (not to exceed 5 percent). (658E(c)(3), §§98.13(a), 98.52)

By rule, administrative costs are capped at 5 percent of the State's CCDF allocation. Table 1.4 below identifies the amounts and percentages States estimated they spend on administration of the block grant. These figures are for informational purposes only.

TABLE 1.4 – ESTIMATED COSTS OF ADMINISTRATION OF THE CHILD CARE AND DEVELOPMENT FUND (CCDF)		
State	**Estimated Amount of CCDF**	**Estimated Percent of CCDF**
Alabama	$5,217,408	5%
Alaska	$1,727,928	5%
Arizona	$4,730,600	5%
Arkansas	$2,118,374	5%
California	$9,552,000	1.12%
Colorado	$4,103,646	4%
Connecticut	$2,112,260	3%
Delaware	$814,747	5%
District of Columbia	$518,000	5%
Florida		
Georgia	$8,430,277	5%
Hawaii[1]	$2,567,987	
Idaho	$654,700	3%

TABLE 1.4 – ESTIMATED COSTS OF ADMINISTRATION OF THE CHILD CARE AND DEVELOPMENT FUND (CCDF)		
State	**Estimated Amount of CCDF**	**Estimated Percent of CCDF**
Illinois	$7,000,000	Not more than 5%
Indiana	$5,700,000	2.59%
Iowa	$2,052,100	4%
Kansas	$1,760,000	3%
Kentucky	$3,624,590	Up to 5%
Louisiana	$1,900,000	2.3%
Maine	$600,000	5%
Maryland	$4,008,284	5%
Massachusetts	$3,684,865	1.9%
Michigan		
Minnesota[2]	$3,800,000	4.3%
Mississippi	$1,700,000	2.8%
Missouri	$5,619,911	5%
Montana	$1,153,067	5%
Nebraska	$1,491,803	5%
Nevada	$1,212,934	5%
New Hampshire	$1,155,000	5%
New Jersey	$5,100,000	5%
New Mexico	$1,835,255	5%
New York	$20,700,000	5%
North Carolina	$8,172,485	3%
North Dakota	$428,111	4%
Ohio	$9,808,334	5%
Oklahoma	$3,452,730	3%
Oregon	$2,956,463	5%
Pennsylvania	$2,576,000	1.05%
Puerto Rico	$2,500,000	5%
Rhode Island	$1,030,795	5%
South Carolina	$3,572,581	5%
South Dakota	$846,059	5%
Tennessee	$5,600,000	5%
Texas	$23,541,172	5%
Utah	$1,704,000	3.5%
Vermont	$948,611	5%
Virginia	$7,505,562	5%
Washington	$11,826,000	5%
West Virginia	$1,669,304	5%
Wisconsin	$7,822,752	5%
Wyoming	$777,916	5%

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

[1]Hawaii did not provide an estimated percentage for 2002-2003.

[2]When transfers to CCDF are included, Minnesota's total administration is 2.9%.

Section 1.5 – Administration and Implementation

Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part V – Activities & Services to Improve the Quality and Availability of Child Care?

Nine States (AR, DC, ID, IA, KY, LA, NM, OK, SD) responded that the Lead Agency directly administers and implements all services, programs, and activities funded under the CCDF Act.

While many Lead Agencies assume primary responsibility for administering funds for child care and related services, all States reported contracting with at least one other entity to administer funds to improve the quality and availability of child care. The other entities identified by the Lead Agencies as participating in the administration and implementation of CCDF-funded programs include such agencies as: child care resource and referral agencies (CCR&Rs); State TANF agencies; State Departments of Education and other State agencies; child care providers and family child care networks; universities and colleges; Tribal agencies and organizations; and other entities. A list of examples of entities that assist States in administering CCDF funds is included in Table 1.5 below: (658D(b)(1)(A), §98.11)

TABLE 1.5 – OTHER AGENCIES THAT ADMINISTER AND IMPLEMENT CCDF PROGRAMS AND ACTIVITIES

State	Agency
Alabama	Regional Child Care Management Agencies (CMAs)
Alaska	Education and Early Development (EED) The Division of Public Assistance (DPA) (for TANF families)
Arizona	MAXIMUS, Inc (in a specified portion of Maricopa County) Other State agencies
California	Other State agencies
Colorado	Colorado Board of Human Services Colorado Child Care Assistance Program
Connecticut	Governmental, private and not-for-profit community-based organizations Other State agencies
Delaware	Department of Services for Children, Youth and Their Families (DSCYF) Interagency Resource Management Committee (IRMC)
Florida	
Georgia	The Georgia Child Care Council Child Care and Parent Services (CAPS) Local County Departments of Family and Children Services
Hawaii	Contract agencies
Illinois	Governmental agencies Child care agencies Child Care Resource and Referral Agencies Professional organizations Colleges and universities

TABLE 1.5 – OTHER AGENCIES THAT ADMINISTER AND IMPLEMENT CCDF PROGRAMS AND ACTIVITIES	
State	**Agency**
Indiana	Division of Family and Children Contracting directly with the local entity chosen to administer the CCDF fund Step Ahead Planning Councils
Kansas	Kansas Department of Health and Environment (KDHE) Kansas Association of Child Care Resource and Referral Agencies (KACCRRA)
Maine	The Community Services Center, Division of Contracted Community Services Community-based, private, nonprofit organizations
Maryland	The Department of Business and Economic Development (DBED)
Massachusetts	Child Care Resource and Referral Agencies Department of Transitional Assistance (DTA) Department of Social Services (DSS)
Michigan	
Minnesota	County Social Services Agencies Human Services System
Mississippi	Office for Children and Youth Head Start Organizations Mississippi Planning and Development Districts Municipalities Local businesses Public and nonprofit agencies Institutions of higher learning
Missouri	Department of Health (DOH) Department of Elementary and Secondary Education (DESE)
Montana	The Early Childhood Services Bureau of the Human Community Services Division, Montana Early Childhood Advisory Council
Nebraska	Nebraska Department of Education
Nevada	Unspecified not-for-profit agencies Other State agencies
New Hampshire	Other agencies
New Jersey	Division of Youth and Family Services (DYFS) Child Care Resource and Referral Agencies Unified Child Care Agencies (UCCAs)
New York	Local departments of social services State University of New York and the City University of New York New York State Department of Agriculture and Markets Office of Children and Family Services contracts
North Carolina	Other agencies
North Dakota	The Public Assistance Regional Representatives Child Care Resource and Referral Agencies
Ohio	County departments of job and family services
Oregon	The Oregon Department of Human Services (DHS) The Center for Career Development in Childhood Care and Education The Commission for Children and Families The Department of Education
Puerto Rico	Other agencies
Rhode Island	Other agencies
South Carolina	State Department of Education (SDE)
Tennessee	Department of Finance and Administration staff
Texas	Local Workforce Development Boards

TABLE 1.5 – OTHER AGENCIES THAT ADMINISTER AND IMPLEMENT CCDF PROGRAMS AND ACTIVITIES	
State	**Agency**
Utah	State and nonprofit agencies
Vermont	The Child Care Services Division Community-based, private, nonprofit organizations
Virginia	Other State agencies
Washington	Other agencies
West Virginia	Child Care Resource and Referral Agencies Office of Social Services, Child Care Division
Wisconsin	Local Wisconsin Works (W-2) agencies Wisconsin Early Childhood Association Wisconsin Child Care Improvement Project (WCCIP) The Registry Child Care Information Center
Wyoming	Other agencies and organizations

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Sections 1.6 and 1.7 – Specific Eligibility, Referral and Payment Functions

For child care services funded under §98.50 (i.e., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself: (§98.11)

Determine eligibility for non-TANF families?

- Nineteen Lead Agencies (AK, DE, DC, GA, HI, IA, KS, LA, MD, MO, NE, NH, NM, ND, RI, SC, UT, VA,WY) indicated that they determine eligibility of non-TANF families.

- Twenty-six Lead Agencies (AL, AZ, CA, CO, CT, IL, IN, ME, MA, MN, MS, MT, NV, NJ, NY, NC, OH, OR, PA, PR, TN, TX, VT, WA, WV, WI) indicated that they *do not* determine eligibility of non-TANF families.

Determine individual eligibility of TANF families?

- Twenty-two Lead Agencies (AL, DE, DC, GA, IN, IA, KS, LA, ME, MD, MS, MO, MT, NE, NV, NH, RI, TN, UT, VA, WA, WY) reported that they determine eligibility for TANF families.

- Twenty-three Lead Agencies (AK, AZ, CA, CO, CT, HI, IL, MA, MN, NJ, NM, NY, NC, ND, OH, OR, PA, PR, SC, TX, VT, WV, WI) reported that they *do not* determine eligibility for TANF families.

Assist parents in locating child care?

- Sixteen Lead Agencies (AZ, DE, DC, GA, HI, KS, MA, MS, NE, MN, PA, PR, RI, SC, TN, VA) indicated that they directly assist parents with locating child care.

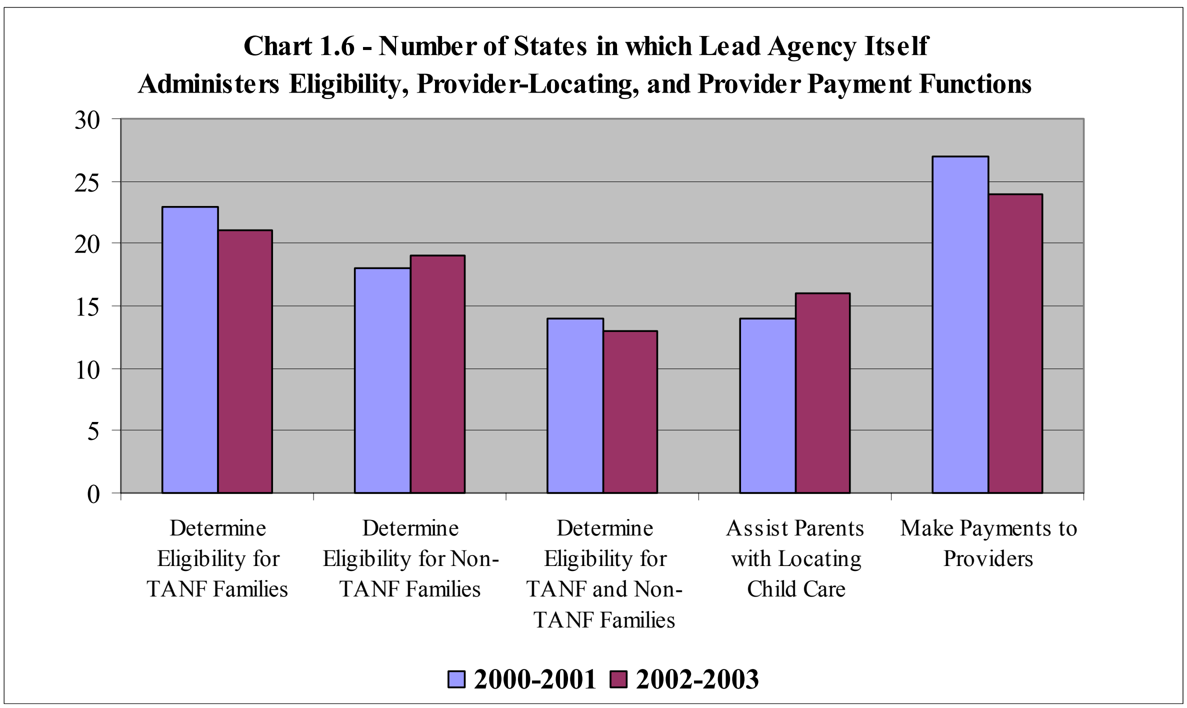
- Twenty-eight Lead Agencies (AL, AK, CA, CO, CT, IL, IN, LA, ME, MD, MN, MO, MT, NV, NH, NJ, NY, NC, ND, OH, OR, TX, UT, VT, WA, WV, WI, WY) indicated that they *do not* themselves assist parents with locating child care.

Make payments to providers?

- Twenty-four Lead Agencies (AK, DE, DC, GA, HI, IL, KS, LA, ME, MD, MA, MS, MO, NE, NH, NM, ND, PR, RI, SC, VT, WA, WV, WY) reported that they make payments to child care providers.

- Nineteen Lead Agencies (AL, CA, CO, CT, IN, MN, MT, NV, NJ, NY, NC, OH, OR, PA, TN, TX, UT, VA, WI) reported that the provider payment function is performed by another agency.

As shown in Chart 1.6 below, in the 2002-2003 CCDF Plans, fewer States reported that eligibility determination and provider payment are functions they perform directly.



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Is any entity named in response to Section 1.6 a non-governmental entity? (658D(b), §§98.10(a), 98.11(a))

Most States reported that they delegate one or more of the CCDF-funded tasks outlined in Section 1.6 to a nongovernmental agency, such as a contracted voucher management agency or a child care resource and referral agency (CCR&R). Six States, (DE, DC, GA, KS, NE, RI) indicated that none of the agencies determining eligibility, assisting parents with locating child care, or making payments to providers under §98.50 are nongovernmental agencies.

Section 1.8 – Use of Private Donated Funds

Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2) and (f)?

Five States (MA, NV, NY, SD, TX) indicate that they use private, donated funds to meet a part of their matching requirement of the CCDF pursuant to §98.53. **Nevada** designates a nongovernmental agency to receive those funds.

Section 1.9 – Use of State Prekindergarten Expenditures

During this Plan Period, will State expenditures for pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

During this Plan Period, will State expenditures for pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

Will the State use pre-K expenditures to meet more than 10 percent of the maintenance of effort or Matching Fund requirement?

- Eleven States (AL, AR, GA, NJ, OK, OR, SC, TX, VA, WA, WI) reported that they will use State expenditures for prekindergarten programs to meet a portion of the CCDF maintenance of effort (MOE) requirement. These States assure that their level of effort in full-day, full-year child care services will not be reduced, pursuant to §98.53(h)(1). **Texas** and **Wisconsin** reported that more than 10 percent of the MOE will be met with prekindergarten expenditures. In the 2000-2001 Plan Period, seven States (AR, HI, MI, NJ, OR, TX, WA) reported using State pre-K expenditures to meet the MOE requirement.

- Twelve States (AL, AR, CO, HI, MD, MA, NV, NJ, OR, SC, TX, WI) reported that they will use State expenditures for prekindergarten programs to meet a portion of the CCDF Matching Fund requirement and that prekindergarten programs will meet the needs of the working parents in their States, pursuant to (§98.53(h)(2)). **Texas** reported that more than 10 percent of the Matching Fund requirement will be met with prekindergarten expenditures. In the 2000-2001 Plan Period, nine States (AR, FL, HI, MD, MA, MI, NJ, OR, TX) reported counting State pre-K dollars as match for CCDF, with four of those States (MA, MI, NJ, TX) meeting more than 10 percent of the Matching Fund requirement from this source.

  The State-funded **Colorado** Preschool Program requires that local programs and parents create an agreement on how family needs will be met. Recent legislation allows two slots to be used per child if needed to provide full-day care.

  The State of **Hawaii** has proposed a new pre-K program titled Pre-Plus. This program will be offered on the grounds of various Department of Education Elementary School campuses. The State has appropriated $2.5 million annually for capital improvements (i.e., to construct portable units) for this program. Although school ends at 2:30 p.m. most days, the State has requested that all Pre-Plus Programs operate until 5:30-6:00 p.m. This will assist parents with their work efforts. The State's primary interest is to offer more access to high-quality preschool programs for low-income 3- and 4-year-olds.

In 2001, the Commissioner of the **Massachusetts** Office of Child Care Services (OCCS) was appointed co-chair of the Governor's Commission on School Readiness. By focusing on school readiness, the Commission will further enable OCCS to ensure that pre-K programs meet the needs of working parents.

Nevada is in the process of developing a Statewide system for collaboration that will bring all funding and program sources together to provide accessible, affordable and quality early care and education programs. As part of this effort, the Lead Agency will be working with regional collaboratives such as the Washoe County School District Early Education Committee to establish preschool programs with wrap-around child care services in low-income communities with inadequate child care services.

Texas coordinates its pre-K and child care services to expand the availability of child care, at both the State and local levels. At the State level, the Texas Education Agency (TEA) and the Commission have designated staff to coordinate individual and joint efforts. Matching funds are targeted to prekindergarten programs providing full-day, full-year programs to meet the needs of working parents. An interagency agreement documents coordination strategies. At the local level, Workforce Development Boards and child care contractors coordinate with local independent school districts.

In the State of **Washington**, 23 percent of the prekindergarten programs are either wrap-around or integrated with child care programs. Efforts are under way at both the State and program level to expand the pre-K program to provide full-day services. Through the Governor's Head Start Collaboration, the State is developing a set of guiding principles to identify target programs, roadblocks, and resolutions.

In **Wisconsin**, the Department of Workforce is using State expenditures for pre-K programs to meet part of the CCDF Matching Fund requirement. Additionally, the Department has encouraged local collaborative efforts to school districts, county and Tribal governments, technical colleges and others to develop full-day kindergarten and 4-year-old kindergarten programs. The Department is a full participant in Wisconsin Early Childhood Collaborating Partners, a Statewide collaborative group, which encourages blending of funding to meet the full-day needs of working families.

Part II – Developing the Child Care Program

Section 2.1 – Consultation and Results of Coordination

Describe the consultations the Lead Agency held in developing this Plan. At a minimum, the description must include the following: 1) the representatives of local governments (including Tribal organizations when such organizations exist within the boundaries of the State) that were consulted (658D(b)(2), §§98.12(b)); and 2) the results of coordination with other Federal, State, local and Tribal (if applicable) agencies and programs including those involved with public health, employment, public education, and Temporary Assistance to Needy Families (TANF).(658D(b)(1)(D), §§98.12(a), 98.14(a)(1)&(2))

Coordination and Consultation Partners Reflect Changing Priorities

More States reported consultation and collaboration efforts in the design and implementation of their child care subsidy programs. In particular, coordination of service delivery with TANF agencies, State health departments, and the Department of Labor reflect prioritization of welfare reform, children's physical health, and apprenticeship, respectively.

Lead Agencies work with many Federal, State, local, and Tribal entities in developing State Plans. Many States have established State and local coordinating councils or advisory boards that meet regularly to provide input and direction on CCDF-funded programs. Table 2.1 on pages 24-26 compares coordination and consultation partners engaged by States in 2000-2001 and 2002-2003. A description of some of the approaches States reported in 2002-2003 CCDF Plans follows.

- Forty-four States (AL, AK, AZ, CA, CO, CT, DE, DC, GA, HI, ID, IN, KS, LA, ME, MD, MA, MN, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) reported that their Lead Agencies coordinate with their **Temporary Assistance to Needy Families (TANF)** programs in the delivery of child care services.

  In **Alabama**, the Lead Agency administers both CCDF and TANF programs. The two programs also closely coordinate with workforce development programs through the Department of Labor. This collaboration has resulted in a more effective and seamless delivery of services to families.

  In **Delaware**, the Lead Agency administers both CCDF and TANF programs. This has resulted in closely coordinated programs to ensure that child care is available to TANF participants. For example, the State's transportation program provides, at minimal costs, access to transportation for both employment- and child care-related needs.

  In **Pennsylvania**, the Lead Agency, together with the TANF program, collaborated in developing a streamlined delivery system of child care assistance to TANF and non-

TANF families. The collaboration jointly developed forms, mailings, training modules, and a jointly designed child care automated management information system to assist families in making a smooth transition from TANF to non-TANF child care assistance.

In **Puerto Rico**, coordination with TANF has resulted in $1.5 million transferred into child care. The TANF program contracts with case management agencies to manage TANF caseloads and refer families for child care assistance.

In **Texas**, coordination with the TANF agency has resulted in uniform procedures in referring TANF applicants into workforce orientations and in assisting families to make informed choices about child care arrangements.

- Twenty States (AL, AZ, CA, GA, HI, KS, IL, MA, MN, NV, NH, NC, ND, OR, PR, RI, SC, SD, UT, WV) collaborate with the **State Department of Education** or other public or private entity to expand services for **school-age children**.

California's After School Learning and Safe Neighborhoods Partnerships Program links schools with communities to provide literacy, academic enrichment, and safe, constructive alternatives for children from kindergarten through ninth grade. This initiative includes collaboration with parents, youth, schools, government agencies, community-based organizations, and the private sector. The funding for this program has increased significantly in recent years.

Hawaii provides financial assistance for TANF children in the After School Plus Program through a Memorandum of Agreement with the Department of Education. The Lead Agency pays a portion of the monthly costs associated with after-school activities. This initiative is a way to reach the State's earmarks for after-school participation in FY 2002.

In **North Carolina**, the Lead Agency collaborates with the Department of Public Instruction and 4-H Youth Development to increase the availability and quality of school-age care. An availability grant made it possible for an additional 2,053 school-age children to receive services during a nine-month period.

North Dakota works with schools to implement school-age programs and provides technical assistance. Over 100 programs have been developed Statewide, and every year new programs are added.

South Dakota established the Out-of-School Time program to meet communities' needs for school-age care. The Governor's Office held a Statewide conference to support communities in their efforts to develop out-of-school programs. The Lead Agency and out-of-school time programs established an affiliate of the National School-Age Care Alliance and together sponsored conferences and events at the Capitol.

In **West Virginia**, the Lead Agency and Department of Education developed the School Day Plus program. CCDF funds are provided to the Department of Education for grants to school-age programs for start-up and supporting programs in low-income neighborhoods. Child care centers and schools must work together to provide services either at schools or off-site.

- Twenty States (AZ, AR, DE, CO, CT, GA, HI, KS, ME, MA, MS, MT, NY, OH, PR, SC, SD, TX, WA, WV) reported that they collaborate with the **Department of Education** or other educational entities on **preschool projects**.

  Colorado partners with the Department of Education in administering the Consolidated Child Care Pilots in 18 communities. The Pilots target children under age 5 in an extensive, collaborative effort between the Colorado Preschool Program, the CCDF child care assistance program, Head Start grantees, and multiple members on local early childhood councils. The goal is to meet families' full-time, full-year care needs and increase the quality of child care. Pilots are authorized to seek waivers from any State regulation or statute that hinders their ability to consolidate early childhood programs to meet the needs of families. New initiatives undertaken by the pilots are implementation of a credentialing system, development of outcomes-based licensing models, and programs for children with emotional/behavioral problems.

  In **Connecticut**, the Lead Agency has partnered with the Department of Education—which includes early childhood education, Head Start, and State-funded family resource and preschool programs—to manage the State's School Readiness preschool initiative.

  Delaware developed a comprehensive plan to meet early care and education needs for the next 10 years. A newly created Office of Early Care and Education was established in the spring of 2000, with three State departments contributing to the funding of staff positions. The Early Success initiative is an interagency effort between the Departments of Education; Services for Children, Youth and their Families; and Health and Social Services.

  In **Georgia**, extended-day services for children enrolled in the prekindergarten program are made available through an agreement between the Lead Agency and the Office of School Readiness.

  In **Kansas**, discussions have been initiated between the Lead Agency and the Department of Education on funding preschool programs.

  New York is expecting its Universal Pre-kindergarten Education Program to expand and become universal within the next three years. The Lead Agency collaborates with the State Education Department on policy and standards and actively participates on the interagency advisory board. At least 10 percent of the funding to school districts must be dedicated to contracts with other agencies.

  Washington implemented a Statewide transition system in early childhood, affiliated with the Sequenced Transition to Education in the Public Schools national project. Effective planning and community involvement prepare children to enter school ready for success. The Lead Agency and the Office of Superintendent of Public Instruction plus four other State entities work in conjunction with the Washington State Project Steps Team on this project.

- Forty-seven States (AL, AK, AZ, AR, CA, CO, CT, DE, DC, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MA, MN, MS, MO, MT, NE, NV, NH, NJ, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, UT, VT, VA, WA, WV, WI, WY) reported collaboration with the **Department of Health.** Sixteen States described Healthy Child Care America initiatives (AL, AZ, AR, CA, CO, CT, DE, GA, IL, MD, MN, MT, NY, PA, SD, WV) involving the health departments and other health-related partners.

  Arizona's Healthy Child Care America project is administered by the Arizona Chapter of the American Academy of Pediatrics (AAP). The advisory board has a diverse membership and works on the following goals: to link child care providers with health care consultants, to link families with access to children's health insurance through child care providers, and to enhance health and safety standards in child care settings through recommendations published by the AAP and the American Public Health Association.

  Delaware is implementing a comprehensive child care health consultant program including consultants from child care licensing; Women, Infants and Children (WIC); Family and Workplace Connection; public health nurses; health educators; environmental health inspectors; social workers; early childhood specialist and educators; pediatricians; and college nursing professors and graduate nursing students. Providers are linked with consultants to meet their needs. The Public Health agency is developing and managing the database. Once established, the Family and Workplace Connection will maintain the database.

  In the **District of Columbia**, a collaborative agreement with the Department of Health has resulted in expedited health exams for TANF families entering the workforce.

  Georgia's Lead Agency collaborates with Public Health on a grant from the Federal Maternal and Child Health Bureau to focus on health service delivery in child care by integrating health care, child care, and social support services at the State and community levels. A State-level network has been established that developed information to assist child care providers in finding resources, developed and updated a train-the-trainer program, and provides child care health consultant training.

  Idaho contracts with regional district health offices to monitor child care providers in compliance with health and safety standards. The health districts also provide health consultation and technical assistance to providers.

  Massachusetts shares data with the Women, Infants and Children (WIC) program to identify families eligible for WIC and child care assistance.

  In **North Carolina**, collaboration with the Division of Public Health has enhanced health care by increasing outreach for the children's health insurance program, providing training on lead abatement, increasing the number of children receiving immunizations and health screenings, continuing a toll-free telephone number for child care providers to call for health and safety information, funding a newsletter in English and Spanish, and implementing child care health consultant services funded by the Infant/Toddler project.

Pennsylvania collaborates with the Pennsylvania Chapter of the American Academy of Pediatrics and its Early Childhood Education Linkage System. This system created linkages to over 8,700 child care facilities. In addition, health and safety information is distributed to child care providers on the Web and through a quarterly newsletter, and child health record checks are conducted on 10 percent of the children enrolled in the Lead Agency's 3,900 licensed child care centers.

Wisconsin collaborates with the Health Department, child care health consultants, and the Healthy Child Care America work group to focus on children's health issues in designing quality improvement programs.

- Forty-five States reported consultation and/or collaborative efforts with **Head Start** programs (AL, AK, AZ, AR, CA, CO, CT, DE, DC, GA, HI, ID, IL, IN, LA, ME, MD, MA, MN, MS, MO, MT, NE, NV, NH, NJ, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TX, UT, VT, VA, WA, WV, WI, WY).

Alaska began the State Planning process with a Statewide Child Care–Head Start collaborative meeting. Over 100 people, representing Tribal, child care and Head Start entities attended the meeting.

In **Illinois**, the Governor's budget includes $10 million for Head Start collaboration with child care serving more than 1,900 children from working families with all-day comprehensive Head Start services. Three policy changes have improved services to families: annual redetermination of eligibility, 90-day job-loss grace periods, and indefinite eligibility for families whose participation is part of their Responsibilities and Service Plan.

Montana's Head Start and Head Start Collaboration representatives identified challenges in serving children under Head Start–Child Care partnership facilities. This resulted in recommended changes in State eligibility to help stabilize payments to partnership facilities.

Pennsylvania's Head Start State Collaboration Project has prioritized child care and education and job training for families transitioning from welfare to work. Increased awareness, resources, and technical assistance have supported development of full-day, full-year services through Head Start–Child Care partnerships.

In **West Virginia**, Head Start Collaboration Supplement Grants are used to promote the development of an early education professional development system.

- Twenty-five States reported collaborations with **Tribal organizations** (AK, AZ, CA, CO, ID, KS, LA, ME, MN, MS, MT, NE, NV, NM, NY, NC, ND, OK, OR, RI, SD, TN, TX, WA, WI).

  Minnesota's counties collaborate with Tribes to ensure equal access into child care assistance programs. Tribal programs also apply for State and regional grants to support coordinated community planning to increase the availability and quality of child care.

  Montana collaborates with Tribal programs through the Montana Early Childhood Advisory Council. The council is the State's forum to raise concerns and recommendations from the seven Tribes. Tribal families are dually eligible for assistance under both the State and Tribal State Plans. Montana's automated child care computer system was updated to include Tribal TANF families.

  In **North Carolina**, collaboration between local agencies administering child care assistance and the Cherokee Center for Family Services ensures effective use of State and Tribal CCDF funds for families. Also, partnerships with local Smart Start and Head Start agencies increase access to high-quality child care and family services for Tribal families.

  North Dakota convenes several meetings with Tribal programs annually. An ongoing exchange of information about changes in child care assistance programs and families receiving assistance is shared between the Lead Agency and Tribal programs.

  Oklahoma works cooperatively with Tribes in establishing licensing requirements and child care assistance programs, and in monitoring licensed facilities. In addition, the Lead Agency contracts with the Cherokee Tribe to provide resource and referral services, and together with the Delaware Tribe, the two Tribes administer a family child care home network.

  Washington convened a Tribal-State work group of all 26 Indian Tribes to resolve issues related to dual eligibility, accessibility of child care assistance programs, State certification for payments in Tribes' licensed facilities, improved communication, policy interpretation, and Statewide health and safety standards for facilities licensed by Tribes.

- Twenty-nine States reported consultation and/or collaboration efforts with the **Department of Labor** (AL, AZ, AR, CA, CO, CT, DC, GA, ID, IN, KS, LA, MA, MN, MT, NE, NJ, NM, NY, NC, ND, OH, OK, OR, RI, SD, TX, WA, WV). One of the more common collaborative efforts has resulted in the implementation of Apprenticeship Programs for the child care workforce.

  Arkansas partnered with the Department of Workforce Education in a recently implemented apprenticeship project.

  New Jersey's county-based advisory councils completed a comprehensive planning process to identify child care needs for working families. This effort was coordinated in conjunction with workforce boards and welfare-to-work committees.

Ohio merged the Department of Human Services and the Bureau of Employment Services to form the Ohio Department of Job and Family Services. This merger strengthens the connection between employment services and child care for consumers.

In **Rhode Island**, the apprenticeship project is a cross-agency effort supported by the Lead Agency, and the Departments of Labor and Training, Education, Health, and Children, Youth and Families.

- Thirty-six States (AZ, AR, CA, CO, CT, DC, GA, IL, KS, KY, ME, MD, MA, MN, MS, MT, NE, NH, NJ, NM, NY, NC, OH, OK, OR, PA, PR, RI, SD, TN, TX, UT, VT, WA, WV, WY) indicated that consultation with **parents** occurs in developing State Plans. In most of these States, parents are involved by participating on existing State and local councils and committees. A few States intensified their efforts to solicit input from parents:

In **New York**, the Commissioner of the Lead Agency convened a series of Statewide parent forums. The purpose of the forums was to share child care information and to give parents an opportunity to voice their issues and concerns.

Rhode Island conducted an intensive outreach effort to solicit consultation from parents over an eight-month period. The Lead Agency conducted 16 focus groups with 12-20 participants in each. The groups consisted of TANF and income-eligible child care parents. Participants were offered a stipend of $30 to cover child care and transportation costs. Three groups were held in Spanish, Cape Verdean, and South East Asian languages. The input from families resulted in a redesign of the child care assistance program as reflected in the State Plan.

In **Washington**, a Statewide survey was sent to approximately 27,000 providers and parents to solicit input on child care issues.

- Twenty-three States (CO, CT, DC, GA, IL, IN, MA, ME, MN, MS, MT, NE, NV, NJ, NY, NC, PR, RI, SC, SD, UT, VT, WV) reported collaborations with **developmental disabilities, mental health,** and **early intervention entities** to increase quality child care for children with **special needs**.

Colorado's Map to Inclusive Child Care Team continues to increase the quality and availability of inclusive child care through collaborative efforts with community developmental disabilities boards and child care providers.

Illinois continues its Map to Inclusive Child Care initiative by combining efforts with the Birth to Three on Unmet Needs Project to implement provider training and community support for serving children with special needs.

Maine, as a result of a caucus meeting, has changed its CCDF Plan to include identification of special needs referrals.

In **Massachusetts**, the Lead Agency and Department of Public Health have collaborated to help providers, families and resource and referral agencies provide better services for children with disabilities by developing regional consultation teams. The teams assist in referrals and provide training and support to programs.

In another effort, the Lead Agency and Department of Public Health recently began a pilot collaboration in which vouchers for infants and toddlers with disabilities are provided by the Lead Agency for the health department's early intervention program. The Lead Agency also is addressing mental health needs by conducting a training session to explain what types of mental health services are available to child care providers, and contributing funds (along with the Division of Medical Assistance) to begin several pilot programs to provide a mental health social worker on child care facility sites.

Minnesota developed Project EXCEPTIONAL to increase the availability of care for children with special needs. Local training teams representing early childhood special education, child care, Head Start, and parents of children with disabilities provided training in communities.

New York's Lead Agency is working collaboratively with the Department of Education to integrate child care and special education preschools in providing inclusive programs for children with special needs. Approved special education preschools will become licensed as child care center programs. Also, a video-conference training session on working with children with special needs was conducted for child care providers.

South Dakota implemented an Inclusion Workgroup made of 19 representatives from State, public, private, nonprofit, and higher education sectors. Results of this effort include increased training requirements for regulated child care providers, provision of inclusion training for child care providers, incentives for providers who increase capacity to serve children with special needs, creation of a resource directory, and increased reimbursement rates for providers caring for children with special needs.

In **Vermont**, interagency agreements to assure access to services for children with special needs have been implemented. Grants for early childhood mental health services support consultation and direct services to child care programs.

- Thirty-six States (AL, AZ, CA, CO, CT, DC, HI, ID, IL, IN, KS, KY, ME, MD, MA, MS, MT, NE, NV, NH, NJ, NY, NC, OH, OK, OR, PA, RI, SD, TN, TX, UT, VT, WA, WV, WI) reported that planning and collaboration efforts are directed by State and/or local **councils, committees,** and **advisory boards** that are established by the State or through legislation. Typically, the representative composition of these entities is diverse, meetings are scheduled regularly, and the entities are responsible for making recommendations and reviewing child care policies and programs to a State Department, the Governor, or the Legislature.

Alabama established the Governor's Early Learning Commission, which is charged with making recommendations to enhance programs for children ages 0-6 and their families.

California implemented the CalWORKs Principals Group at the State level to address funding, program, and quality issues. In addition, the Child Development Policy Advisory Committee is a statutorily created entity under the Governor. At the local level, Child Care and Development Planning Councils in 58 counties conduct child care needs assessments, identify local needs, and prepare plans.

In **Colorado**, the statutorily created Child Care Commission is made up of legislators and Governor appointees to study and make recommendations on child care issues.

Indiana established the State Step Ahead Panel in statute to encourage collaborations for early childhood programs. This effort is active at both the State and local county levels, with local county coordinators meeting regularly with State members.

Kentucky established the Governor's Early Childhood Initiative to enhance early childhood care, education, and development. This initiative generated a high level of public participation at early childhood issues forums.

Maryland established the Child Care Administration Advisory Council, which coordinates and reviews the State Plan and regulations, and is the recipient of child care initiatives such as the Healthy Child Care America grant.

Mississippi recently created the Early Childhood Services Interagency Coordinating Council through legislation. The purpose of the council is to ensure coordination among agencies serving preschool children for the purpose of achieving the school readiness goal, and to facilitate communication and maximize resources to promote high standards for preschool children and their families.

Oregon established the State Childhood Care and Education Coordinating Council, which advises the Lead Agency on developing the State Plan, building a child care infrastructure, coordinating programs and service delivery, and creating and prioritizing new projects.

In **Tennessee**, the Lead Agency's Intradepartmental Child Care Committee collaborates with the Child Care Resource Centers Advisory Committee to review and make recommendations on child care programs.

- Twelve States (AR, CA, DC, CO, CT, GA, ID, MA, MT, NC, PR, WV) reported collaboration with **higher education** in child care initiatives.

In **Arkansas**, the Lead Agency collaborates with three university entities to provide orientation, certification, and endorsement training for child care providers.

In **Montana**, collaboration between the Lead Agency and the University of Montana and Western Montana College has resulted in implementation of the apprenticeship program, an online 24-credit CDA course, an infant/toddler curriculum offered on weekends and in the summer, availability of college credits for a business practices course for child care providers, and a collaborative application that was awarded for the Map to Inclusion Project.

Puerto Rico collaborates with the University of Puerto Rico Medical Sciences College, which has produced and published a curriculum for infant/toddler care and provides technical assistance to child care providers.

- Thirty-five States (AL, AK, CA, CO, HI, ID, IL, IN, KS, LA, ME, MD, MA, MN, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SD, TX, UT, VT, VA, WA, WV, WI) coordinate with **resource and referral agencies**. Resource and referral agencies are involved in a multitude of different initiatives.

  Idaho's resource and referral agencies coordinate training with higher education and vocational education, provide services to the Tribes, and provide consumer education.

  Minnesota's resource and referral agencies administer grants to child care providers for start-up and improvement activities. The agencies engage businesses by developing options for employers.

  In **North Carolina**, the resource and referral agencies publicize CCDF-funded services and provide the Lead Agency with feedback on CCDF initiatives.

  In **North Dakota,** nurses—who are located in resource and referral agencies—work with child care providers by providing on-site training.

  West Virginia's resource and referral agencies deliver core competency professional development training, are part of the Healthy Child Care America initiative, and increase participation in the Children's Health Insurance Program.

- **Additional collaborative efforts** reported by States include:

  Kansas collaborates with the Juvenile Justice Authority in adapting an intervention curriculum for school-age children and coordinating funding in communities for prevention and school-age activities.

  Massachusetts works with the Latino Family Child Care Association to identify and accommodate the needs of Latino child care providers. Also, the State has developed developmentally appropriate drop-in child care programs for children who accompany their parents to Massachusetts' trial courts.

  Massachusetts, Connecticut, Maine, New Hampshire, Rhode Island and **Vermont** are part of a grant-funded initiative made up of a coalition of public and private agencies.

The coalition's purpose is to compile and analyze data on the child care workforce in New England.

Minnesota's Lead Agency is collaborating with the Departments of Human Services and Economic Security to conduct a Statewide longitudinal study of TANF families. The study will examine the relationship between availability of appropriate child care and families' transition to self-sufficiency. A second collaboration is with the Department of Revenue to provide assistance to employers in increasing pre-tax child care accounts and supporting parent choice in child care.

In **Nebraska**, the Department of Economic Development assists in identifying child care needs from local government, chambers of commerce, and colleges and universities.

North Carolina is embarking on a Business Process Implementation Project to provide a family-centered, seamless service delivery system between TANF, Medicaid, the Children's Health Insurance Program, the food stamp program and child care, with links to child support, child welfare, and adult and family services.

Pennsylvania is collaborating with the Department of Education on a family literacy initiative. Evaluation tools, including a self-assessment for family literacy providers, were jointly developed. In another project, the Lead Agency along with the Department of Community and Economic Development is implementing the Governor's CyberStart Initiative. This initiative will provide computers and training to 1,600 child care centers.

TABLE 2.1 – STATE CONSULTATION AND COORDINATION						
State	Consultation and Coordination with TANF	Consultation and Coordination with Labor/Employment	Consultation and Coordination with Head Start	Consultation and Coordination with Health Departments	Consultation and Coordination with Public Education	Consultation and Coordination with Tribal Organizations
Alabama	✓	✓	✓	✓	✓	
Alaska	✓		✓	✓		✓
Arizona	✓	✓	✓	✓	✓	✓
Arkansas		✓	✓	✓	✓	
California	✓	✓	✓	✓	✓	✓
Colorado	✓	✓	✓	✓	✓	✓
Connecticut	✓	✓	✓	✓	✓	
Delaware	✓		✓	✓	✓	
District of Columbia	✓	✓	✓	✓		
Florida						
Georgia	✓	✓	✓	✓	✓	
Hawaii	✓		✓	✓	✓	
Idaho	✓	✓	✓	✓		✓
Illinois			✓	✓	✓	
Indiana	✓	✓	✓	✓		
Iowa						
Kansas	✓	✓		✓	✓	✓
Kentucky				✓		
Louisiana	✓	✓	✓	✓		✓
Maine	✓		✓	✓	✓	✓
Maryland	✓		✓	✓		
Massachusetts	✓	✓	✓	✓	✓	
Michigan						
Minnesota	✓	✓	✓	✓	✓	✓

TABLE 2.1 – STATE CONSULTATION AND COORDINATION						
State	**Consultation and Coordination with TANF**	**Consultation and Coordination with Labor/Employment**	**Consultation and Coordination with Head Start**	**Consultation and Coordination with Health Departments**	**Consultation and Coordination with Public Education**	**Consultation and Coordination with Tribal Organizations**
Mississippi			✓	✓		✓
Missouri	✓		✓	✓		
Montana	✓	✓	✓	✓	✓	✓
Nebraska	✓	✓	✓	✓		✓
Nevada	✓		✓	✓	✓	✓
New Hampshire			✓	✓	✓	
New Jersey	✓	✓	✓	✓		
New Mexico	✓	✓				✓
New York	✓	✓	✓	✓	✓	✓
North Carolina	✓	✓	✓	✓	✓	✓
North Dakota	✓	✓	✓	✓	✓	
Ohio	✓	✓	✓	✓		
Oklahoma	✓	✓	✓	✓		✓
Oregon	✓	✓	✓	✓	✓	✓
Pennsylvania	✓		✓	✓		
Puerto Rico	✓		✓	✓	✓	
Rhode Island	✓	✓	✓	✓	✓	✓
South Carolina	✓		✓	✓	✓	
South Dakota	✓	✓	✓	✓	✓	✓
Tennessee	✓			✓		✓
Texas	✓	✓	✓		✓	✓
Utah	✓		✓	✓	✓	
Vermont	✓		✓	✓		

TABLE 2.1 – STATE CONSULTATION AND COORDINATION						
State	**Consultation and Coordination with TANF**	**Consultation and Coordination with Labor/Employment**	**Consultation and Coordination with Head Start**	**Consultation and Coordination with Health Departments**	**Consultation and Coordination with Public Education**	**Consultation and Coordination with Tribal Organizations**
Virginia	✓		✓	✓		
Washington	✓	✓	✓	✓	✓	✓
West Virginia	✓	✓	✓	✓	✓	✓
Wisconsin	✓		✓	✓		✓
Wyoming	✓		✓	✓		

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Section 2.2 – Public Hearing Process

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. At a minimum, the description must include the date(s) of the hearing(s), how and when the public was notified Statewide of the hearing(s), the hearing site(s), and how the content of the Plan was made available to the public in advance of the hearing. (658D(b)(1)(C), §98.14(c))

Section 658D(b) of the CCDBG Act requires the Lead Agency to hold at least one hearing in the State with sufficient time and Statewide notification to provide an opportunity for the public to comment on the provision of child care services. Plans were required to be sent to the U.S. Department of Health and Human Services by July 1, 2001.

Public Hearing Dates and Locations Summary

- States held an average of 2.8 public hearings, slightly lower than the 2.92 average reported in the 2000-2001 Plans:
    - 16 States held 1 hearing
    - 2 States held 1 video conference hearing that was accessed by multiple sites
    - 9 States held 2 hearings
    - 10 States held 3 hearings
    - 13 States held 4 or more hearings

- States held public hearings in an average of 4.22 different meeting locations, again slightly lower than the 4.4 average reported in 2000-2001:
    - 16 States held hearings in 1 location
    - 7 States held hearings in 2 locations
    - 9 States held hearings in 3 locations
    - 18 States held hearings in 4 or more locations

- Seven States (KS, NM, RI, UT, VT, WA, WY) held community forums or focus groups preceding the official public hearings to solicit input in developing the Plans.

  Kansas held a public forum as part of the Statewide Child Care and Early Education Advisory Committee meeting six weeks before the public hearings.

  New Mexico held town hall meetings and presented components of the child care program at the Interim Legislative Committee Hearings, where input was received from legislators, citizens, providers, and others.

  Rhode Island held the first public hearing nearly four months before the second to review proposed regulatory changes to the child care assistance program.

Utah held seven public forums several months before the public hearings to gather community input on developing the Plan.

Vermont held community forums in 11 regions beginning eight months prior to the public hearing.

Washington sponsored a stakeholder meeting several months previous to the public hearings.

Wyoming held 26 town meetings in the year previous to the public hearing. In addition, four months before the public hearing, the Lead Agency met with associations, parents, and partners to solicit input on development of the Plan.

- Nine States (AK, AR, DC, IA, MT, NV, ND, SD, VT) conducted the public hearings through video-conferencing.

  In addition to six public hearings, **Alaska** held a Statewide audio conference.

  Arkansas held a hearing via satellite at eight locations.

  In the **District of Columbia**, a cable television station recorded and aired the public hearings several times a day.

  In **Iowa**, public hearings were held through the Iowa Communications Network at 38 sites.

  In **Nevada**, the second public hearing was teleconferenced to increase participation in the southern part of the State.

  North Dakota reached eight sites through the North Dakota Video Network.

  South Dakota's public hearings were held at nine sites through the Dakota Digital Network.

  In **Vermont**, six sites participated in the public hearing via the Vermont Interactive Television.

Notification of Public Hearings
States used a variety of methods to notify interested parties about the CCDF public hearings.

- Thirty-four States published notifications of the public hearings in the legal notice sections of newspapers (AL, AR, CO, CT, DE, DC, GA, HI, ID, IL, IN, IA, KY, LA, ME, MD, MS, NV, NH, NJ, NY, NC, ND, OR, PA, PR, RI, SC, UT, VA, WA,WV, WI,WY). Nine States (AZ, KS, MT, NE, OH, OK, SD, TN, TX) issued press releases to print media outlets. In addition to newspaper notification, **Georgia** advertised on radio and television and **Delaware** on local radio stations.

- Twenty-seven States (AR, CA, CO, CT, DC, GA, IL, MD, MA, MN, MT, NE, NJ, NY, NC, OH, OK, PA, RI, SD, TN, TX, UT, VA, WA, WI, WY) sent direct mailings to a variety of stakeholders such as child care providers, county offices, advisory committees, parents, and advocates.

  In **New Jersey**, over 10,000 notices were mailed to all providers, human service agencies, county human service advisory councils, schools, State departments, and other entities.

  Washington sent notices of the public hearing in English and Spanish.

- Thirty-five States (AK, AZ, AR, CA, CT, DC, ID, IL, IN, IA, KS, KY, LA, MA, MN, MO, MT, NE, NH, NJ, NC, OH, OK, OR, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY) used Web sites as a mechanism to disseminate information on public hearings and/or to post and receive comments on the Plans. **Oklahoma** developed a survey on its Web site to solicit input on child care services.

- Twenty States (AL, AK, AZ, CO, CT, DC, GA, HI, IL, IA, KY, ME, MD, MO, NC, ND, OK, PR, SC, UT) enlisted the assistance of other agencies and partners in notifying the public of the hearings. Resource and referral agencies, county agencies, Lead Agency contractors, and other entities distributed information. **Georgia** contracted with the resource and referral agencies to conduct the public hearings.

Section 2.3 – Public-Private Partnerships

Describe the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs. (658D(b)(1), §98.16(d))

All States address the need to expand quality and availability of child care through public-private partnerships. A variety of approaches, both at the State and local levels, are described in the State Plans. States speak to the importance of developing private-public partnerships in order to meet the demands and challenges in child care. This section highlights examples of approaches described in the State Plans.

Public-Private Partnerships Target Ongoing and Emerging Issues

Many public-private partnerships continue to focus on important needs such as availability and quality of child care, business involvement, professional development, and public awareness through State and local partnerships. Increasingly, these partnerships are also beginning to focus on special needs and early intervention, health, and early literacy efforts.

- Seven States (AZ, CA, DC, IL, MD, OR, WA) implemented **public awareness** initiatives with their partners, targeting the importance of early childhood care and education and increasing families' access to child care. The following examples are illustrative:

  Arizona is involved with United Way to enhance community awareness of the importance of early care and learning relative to success in school and later life. The partnership hosts an annual summit to bring attention to this issue.

  In **California**, the consumer education campaign is focused on increasing the involvement of private child care programs and private businesses by focusing on the importance of quality child care. The partners include the Packard Foundation, Mervyn's Department Stores, and Target Stores. A parent resource guide has been produced as a result of this partnership.

  In **Maryland**, over 30 organizations and businesses conduct the Maryland Earned Income Credit (EIC) Awareness Campaign to educate eligible families to apply for the Federal EIC and Maryland EIC credits. A multi-media approach is used, together with a United Way telephone hotline.

  An educational campaign, **Oregon's** Child: Everyone's Business, focuses on brain research. It involves more than a dozen public and private partners and provides resource information in English and Spanish.

- Fourteen States (AZ, AR, CO, DC, IL, KS, LA, MA, NJ, NY, OK, TX, VT, WV) have created initiatives that specifically target **business involvement** to increase the availability of child care. Some examples include:

  In **Arkansas**, a nonprofit foundation was established through legislation in 2001 to implement a public-private partnership. The foundation's goal is to increase corporate involvement and leverage private investment in early care and education to enhance the quality, affordability, and availability of child care for all children in the State.

  Louisiana is actively working with child care providers and the hotel/motel association, a coalition of housing developers who rent apartments to low-income families, and a casino to provide on-site child care.

  Massachusetts requires all businesses with 50 or more employees that contract with the Commonwealth to provide their employees with on-site, nearby, or subsidized child care, or the option to participate in a dependent care assistance program.

  New Jersey has a longstanding commitment to promote business involvement in child care. Through consultations, materials, and team visits, the number of employer-supported child care centers has grown to 147.

  In **New York**, the Lead Agency, together with the Rockefeller Institute of Government and the Business Council of New York State, has initiated three regional forums to generate ideas on how public-private partnerships can help private companies address the needs of working parents. The Institute is developing policy options and action steps. The first action step is initiation of a new grant program to support community collaboration efforts.

Oklahoma's Lead Agency collaborated with the Office of Personnel Management and a private company to operate an on-site child care center for State employees in Tulsa.

In **Texas**, the majority membership of the Local Workforce Development Boards is from the private sector—owners of businesses, chief executives or chief operating officers, or executives who have substantial management responsibilities. Each year the Texas Workforce Commission awards 15-20 grants to employer coalitions in local communities.

- Four States (CA, ME, MD, MN) have focused their partnership activity on **recruiting providers** and offering incentives for individuals to become child care providers. This is one method of addressing the challenges of high job turnover and low wages in child care.

  California's Child Care Initiative Project began in 1985. The resource and referral network manages the project, which is funded with State funds that are matched on a 2-1 basis with private corporate or foundation funds. The project's goal is to increase family child care home providers and provide training and other necessary supports to retain the providers.

  In **Maine**, the Lead Agency uses the Head Start Supplemental Grant to fund 11 regional collaborative groups to coordinate programs and services with private organizations and businesses.

  In **Maryland**, the Maryland Child Care Business Partnership developed a plan to increase the availability of child care for low-wage workers in local communities that demonstrate support by the employers and communities. Through a Request for Proposal process, it is anticipated that five communities will be funded for two years.

  Minnesota focuses on encouraging employers in rural areas to provide child care for their employees. A change was made to licensing regulations to allow employers to provide child care as a family group provider in converted housing sites.

- Efforts at increasing **professional development** through training and education are yet another way 24 States (AL, AK, AZ, CA, CT, DC, ID, IL, IA, KS, MA, MN, MT, NH, NY, NC, OR, RI, SC, SD, TX, UT, WA, WV) are addressing the quality and availability issues in child care.

  California is addressing professional development through two public-private partnership initiatives. The Program for Infant/Toddler Caregivers trains a minimum of

240 new trainers per year and provides graduate seminars for endorsed trainers every two years, using monies from three private foundations.

Through a second initiative, seven public television stations provide training for 2,500 family child care providers and parents on how to use television appropriately in the education of young children via the Public Broadcasting Preschool Education Project.

In **Illinois**, the Chicago Accreditation Partnership assists Head Start and other child care programs that serve low-income families to become accredited. The McCormick Tribune Foundation, the American Business Collaborative, the Harris Foundation, and the Prince Charitable Trusts support the project. In addition, the resource and referral system provides mentor support to child care programs pursuing accreditation in another region of the State.

Massachusetts developed three distance-learning courses in collaboration with colleges, universities, and child care advocacy groups. The courses include training in the areas of infant/toddler, school-age, and children with disabilities. Students can earn credits toward child care professional certifications.

In **Minnesota**, the McKnight and Bush Foundations have each pledged $1 million as a match to public funds to begin the T.E.A.C.H.® initiative.

- Twenty-four States (AL, AZ, AR, CA, CO, DC, GA, IL, IN, IA, MA, MT, NV, NM, NY, NC, OH, PA, RI, SC, SD, TX, WV, WI) have developed partnerships to **improve quality** in other aspects in child care.

Colorado's voluntary child care check-off contributions on the State income tax return are used to fund quality enhancement in child care facilities. The resource and referral agency administers the fund and the Lead Agency matches the donations with CCDF funds. Through a competitive process, grants are awarded to licensed facilities in the State.

In **Georgia**, the Georgia Early Learning Initiative is an education and retention program to ensure children ages 0-5 are prepared to succeed in school. In addition to the Lead Agency, the funding partnership includes the United Way of Metro Atlanta and the Office of the Governor. The initiative will implement a demonstration project for tiered reimbursement and a financial incentive program for teachers to increase the quality of child care. Teachers who increase their education will receive bonuses.

Indiana has embarked on an effort to shift the investment of quality funds from an entitlement approach to one that is more competitive and focused on generating Matching Funding. Communities need to demonstrate that local business partnerships are actively involved in mobilizing local resources. Grants will be awarded on a competitive basis. And quarterly negotiated performance benchmarks will drive payments to the contractors instead of annual grant awards.

Two initiatives focus on quality improvement in **Pennsylvania**. Child Care Matters is a collaboration of five advocacy groups to increase quality in the southeastern part of the State. The William Penn Foundation and United Way fund this effort. In the second initiative, funding from the Howard D. Heinz Endowment and the Pew Charitable Trusts enabled the York Foundation to recruit the United Way and Penn State to become partners in a community-wide initiative to increase quality, affordability and accessibility of child care for families with children under age 6.

In 1997, **South Dakota** was awarded $3.3 million from the Bush Foundation to improve the quality of infant/toddler care in the State. The WestEd curriculum is used to educate trainers throughout the State. Since late 1998, over 752 training sessions have been conducted across the State.

- Three States (AZ, MO, MT) described **welfare-to-work** initiatives.

  In **Arizona**, under the Early Childhood Business Partnership Project, a priority is to focus on recruitment, training, and job placement of TANF recipients into the field of early care and education.

  In **Missouri**, six Welfare Reform Coordinators oversee welfare reform initiatives in the State. One of their responsibilities is to develop public-private collaborations to build child care centers in industrial park locations that hire high numbers of TANF recipients.

- Five States (AK, IL, IA, NV, RI) described efforts to build public-private partnerships through the **resource and referral systems**. The partnerships reflect the versatility of resource and referral systems.

  In **Alaska**, the resource and referral agencies provide services at Job Centers. In Anchorage, a child care facility located at the Job Center is operated by the resource and referral agency.

  In **Illinois**, the Child Care Community and Employer Initiative was implemented by a resource and referral agency and the U.S. Department of Agriculture. A multi-agency task force helped to shape four quality child care resource manuals.

  Iowa's resource and referral system has expanded business and private sector involvement in meeting child care needs. Some activities include Statewide delivery of ChildNet training, a CDA training for child care home providers; and development and expansion of a child care home consultation initiative; development of the Every Child Reads initiative to promote reading readiness skills.

  In **Nevada**, the resource and referral agencies operate the child care assistance programs.

  The Lead Agency in **Rhode Island** partners with the Greater Providence Chamber of Commerce in funding the State's centralized resource and referral program. Resource and referral services maintain data on the availability of tax credits for businesses; work with commerce and business councils to explore ways of financing a quality early care and education system in the State; reach out to businesses and employers to educate them about the welfare reform program; co-sponsor an annual Child Care Champions Award program, to recognize individuals and organizations who have made a significant contribution to building public-private partnerships and who have implemented family friendly workplaces; and work with businesses to train providers in effective small business practices.

- Seven States (AL, AK, CT, DC, ID, OR, SD) described forming public-private partnerships to improve the quality of child care for **children with disabilities** and to increase emphasis on **health initiatives** for children in child care settings.

  Alabama's partnership with United Cerebral Palsy of Huntsville and the Tennessee Valley increases service accessibility to children with special needs.

  In **Alaska**, the Alaska Inclusive Child Care Initiative increases the number of child care providers who meet the needs of children with special needs. The initiative provides an enhanced referral system for children with special needs and offers individualized training to providers.

  Connecticut's health initiative provides training to child care providers in basic child health development. In partnership with the Child Health and Development Institute, this initiative has trained nearly 4,000 providers.

  The **District of Columbia** implemented three health initiatives. Healthy Kids, D.C. is funded by the Office of Maternal and Child Health, the World Bank, the Pan American Health Organization, and the Head Start Program. The purpose is to develop an informational, integrated health and child care system. The Asthma and Allergy Foundation funds a second initiative, training to child care providers and parents on asthma allergies. The Asian American Lead Initiative is funded by private foundations and the Office of Refugee Resettlement. The goal of this initiative is to nurture and develop a more holistic approach to strengthening parents' abilities to support their children's healthy development.

  In **South Dakota**, the Lead Agency and the Council on Developmental Disabilities support a train-the-trainer initiative. The trainers conduct inclusion training for child care providers in their local communities in order to increase child care accessibility for children with special needs.

- Three States (DC, MA, PA) described implementing **literacy initiatives** through public-private partnerships.

  In the **District of Columbia**, the Early Childhood Collaborative of D.C., Inc. convened a forum to address the need for a citywide effort to improve literacy in early care and education programs.

In **Massachusetts**, the Lead Agency obtained 21,000 books from a private foundation. The books are distributed to children who receive care in the trial court child care program and to children enrolled in the child care assistance programs.

In **Pennsylvania**, the Lead Agency and the Heinz Foundation piloted the Heads Up! Reading initiative in 35 sites. During 2001-2002 funding will be made available for up to 65 new sites. The initiative provides a distance-learning, satellite-delivered course for child care providers to help young children improve reading skills and to promote school readiness.

- In nine States (CA, KS, MS, NE, NH, NM, OK, SC, WY), **local community leadership** is building strong public-private partnerships in early childhood care and education programs.

In **Kansas**, Regional Support Teams are being formed in local communities across the State. Community members are working together to assess their local child care needs and strategies for meeting identified needs.

Through the Head Start State–Collaboration Project in **Nebraska,** strategies are being developed to build partnerships in communities, particularly in those communities with limited child care opportunities. Businesses are encouraged to offer a variety of child care opportunities to employees.

New Hampshire developed seven teams under the "Creating Professional Development: Community Action Teams" initiative. The teams have created scholarship packages, credentialing campaigns, and a Web site with local training.

In **New Mexico**, the Albuquerque Child Care Roundtable has focused on business partnerships to increase employer awareness about child care issues and work with human resource representatives to adopt family-friendly policies. This initiative started in the four-county area surrounding and including Albuquerque, and will also be implemented in the southern part of the State.

In **South Carolina**, the Lead Agency is involved with the SC First Steps program. The program is a comprehensive, results-oriented initiative to improve early childhood development by providing public and private funds through county partnerships. The goal is to enable children to enter first grade ready to succeed. Emphasis is placed on comprehensive, high-quality early care and education programs including health and preventive care, family support services, parent education and training, and early education.

Wyoming is emphasizing public-private partnership building. Community meetings across the State will bring businesses, local government, parents, child care providers and other partners together to build community-based sustainable programs. In the fall of 2001, one county completed this process, and it will be duplicated in other communities in the State.

- Twelve Lead Agencies (DE, DC, GA, ID, IL, IA, KS, MN, NJ, RI, TN, WA) reported using partnerships to address the need for child care **facility start up and ongoing enhancements**. Public-private partnerships are an important vehicle to address these needs because States cannot use CCDF funds for construction or major remodeling projects.

  Delaware established a loan program for child care providers seeking to start up or expand services. The Working Capitol or First Community Loan Fund is managed by a local resource and referral agency. Low-cost loans enable providers to meet the demand for child care in their communities.

  In 2001, the Legislature in **Iowa** took action to allow cities to issue general obligation and revenue bonds and loan agreements to fund the construction and equipping of child care centers.

  In **Kansas,** requiring a 15 percent local match for access to CCDF funds for start up or expansion funding encourages business participation.

  A grant and loan program was established by **Minnesota's** legislature to enhance and expand child care facilities. Public funds are used to attract contributions from banks and foundations. Foundations and corporate grants have raised approximately $1.2 million.

  In **New Jersey**, the Intergenerational Child Care Incentive Demonstration Program makes low-interest loans up to a maximum of $50,000 available to retirement and assisted living entities interested in establishing child care centers. This approach benefits employees' children and children from the surrounding communities.

  Tennessee encourages participation of business and industry by requiring a dollar-for-dollar match in their Corporate/Community Partnership Child Care grants program. Grant funds are used to establish and provide long-term operation of community child care services.

  In **Washington**, the Lead Agency contracts with the Department of Community Trade and Economic Development to manage a Statewide Child Care Facility Fund for employers. Through this effort, employer-supported child care facilities have expanded to provide care for 5,500 children.

- Six States (CO, ID, KY, ME, NE, NY) also establish **commissions and councils** as a method of providing strategic planning and direction for early care and education initiatives. Some of these are time-limited while others provide ongoing oversight.

  Several child care commissions in **Idaho** were developed to meet child care needs in three areas of the State. The membership on these commissions is diverse including public agencies, police departments, Tribal representatives, child care providers, college representatives, United Way, CampFire Boys and Girls, the Community Fatherhood Project, pediatricians, a business education partnership, and churches.

In **Kentucky**, the Business Council was established through legislation to involve and obtain support from the corporate community and local governments. The Council's purpose is to focus on working families, and also to address community child care needs in low-income areas.

In **Maine,** The Child Care Advisory Council of Maine has identified expansion of public-private partners as a key issue. Two subcommittees, consumer education and workforce issues, will be examining this issue.

Nebraska's Business Commission of Child Care Finance completed its work with the development of five recommendations: 1) establish the Governor's Business Partnership for Quality Child Care; 2) raise awareness among the business community, policy-makers, parents, and child care providers about the importance of early brain development and high-quality care; 3) strengthen the system for early childhood education providers by linking levels of preparation and training with incentives; 4) coordinate, consolidate, or eliminate multiple and duplicate commissions and boards; and 5) create new sources of financing. The fourth recommendation has already been implemented.

In **New York,** the Governor's Small Business Task Force brings together State agencies to work with lobbying groups, chambers of commerce, and small businesses, including child care providers, for the purpose of helping to promote an environment supportive to small business in the State.

- Ten States (CO, HI, IA, NH, ND, OH, RI, TX, VT, WI) are developing **collaborative system-building** initiatives as a strategy to increase funding, partnerships, and long-term impacts on increasing the quality and availability of early care and education.

In **Colorado,** Educare Colorado, a private nonprofit entity, is partnering with local communities to increase the quality of care through a star rating system approach. Educare funds the costs connected to increasing facilities' star ratings, while local human services departments pay higher rates to facilities that increase their star ratings.

Ohio is in the process of implementing a strategic plan to enhance and improve the quality of child care. Called "Creating a Framework to Enhance Child Care in Ohio," the effort has developed 97 action steps with assigned leads for each step of the plan.

South Dakota funds a position to work closely with all Tribes in securing available Federal child care funds and to provide on-going consultation in program development.

Texas, through the Local Workforce Development Boards, has initiated agreements with a variety of public and private entities for private fund donations to be used as State match to draw down CCDF Federal Matching Funds. This approach has resulted in approximately 100 local Matching Funds agreements.

Wisconsin's efforts to address systems issues are facilitated through Collaborating Partners, which focuses on building State networks and collaboration, designing professional development opportunities, and developing new and innovative funding approaches. Over 300 individuals and 50 public and private agencies and associations are part of this effort. Collaborating Partners is interested in dealing with fragmented service delivery, duplication of services, transportation issues, affordability of quality services, and the quality of care.

- Three States (OK, OR, UT) noted they formally recognize the important work and commitment of contributors to improving child care through **public recognition** initiatives.

  Oklahoma's Lead Agency, together with the Governor's Office, sponsored a work/life conference to educate the business community on workforce issues and family-friendly policies. The first annual award to an Oklahoma company, which exemplified best practices in child care and eldercare benefits to employees, was awarded during the conference.

  In **Oregon**, the Families in Good Company campaign recognizes employers who realize the importance of family-friendly policies in the workplace. Portland General Electric, Children First, Commission on Children and Families, Oregon Child Care Commission, and other private firms organize the effort.

  Utah presents awards to Utah's Top Ten Most Family-Friendly Companies at an annual function. This project is successful in educating and engaging the business community on the importance of forward thinking and work/life policies.

- Nine States (IA, MS, NV, NY, OH, OK, PR, VA, WV) described upcoming public-private initiatives:

  Iowa is exploring forming a partnership with the health industry to provide health and safety and mental educational materials to providers and parents. In addition, the Lead Agency is forming a partnership to develop a Statewide public awareness campaign.

  Mississippi will develop a plan to work with businesses that are interested in offering child care assistance to their employees.

  Nevada is planning a major effort to partner with the business community to improve the supply and quality of child care.

  New York's Lead Agency and the Banking Department are planning to develop a financial technical assistance center in New York City for the child care industry.

  Ohio is continuing to plan implementation of a tiered certification system. The private sector participated in the planning process.

Oklahoma recently created a Facilities Fund Committee that is comprised of business, philanthropic, and agency representatives. The committee is proposing an initiative to provide training, technical assistance, and financing to help center-based child care programs expand and improve quality.

Puerto Rico will provide information to private entities to encourage their participation in meeting child care needs. Information will include how to access available resources, how to establish child care centers, and benefits of providing child care assistance to employees.

Virginia will be convening a forum of the major employers in the State to discuss the role of employers in child care, employer/employee needs, and identify endeavors in employer-supported child care.

West Virginia is planning a recognition initiative for employers that have adopted model child care friendly policies. The Governor's Cabinet is going to implement this initiative in conjunction with the WV Family Magazine.

PART III – DESCRIPTION OF CHILD CARE SERVICES OFFERED

Section 3.1.1 – Certificates, Grants, and Contracts

Reminder: The Lead Agency must offer certificates for services funded under 45 CFR 98.50. (98.30) Certificates must permit parents to choose from a variety of child care categories including center-based care, group home care, family child care and in-home care. (§98.30(e))

In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

Most States administer the bulk of their CCDF services funds via child care certificates. But many Lead Agencies reported that they also negotiate contracts or grants for direct services and/or reserve "slots" for specific populations. These efforts are summarized below.

- Twenty-five States (AZ, CA, CO, CT, DC, HI, IL, IN, KY, ME, MA, MS, NV, NH, NJ, NY, OR, PA, PR, SC, SD, VT, WA, WI, WY) reported that they award grants or contracts for child care slots. However, many of these initiatives are limited to specific populations or are not available Statewide.

  In addition to contracting with center- and home-based child care providers to serve a wide range of income-eligible children and families, **Massachusetts** has developed special contracts with providers who are willing to provide nontraditional hour child care, teen-parent child care, child care for children affected by HIV/AIDS, and child care for homeless families.

  Pennsylvania allows its voucher management agencies, called Child Care Information Services (CCIS) agencies, to negotiate contracts (which they call "subgrants") with providers that serve special populations or to assure the availability of services in a neighborhood. The total amount of funds committed to subgrants may not exceed 20 percent of the CCIS budget.

  Oregon contracts only with programs that serve special populations, including parents engaged in migrant or seasonal farm work, teen parents enrolled in high school, parents participating in substance abuse treatment, post-secondary student parents, and children with disabilities who need access to child care.

- Four States (CO, IN, NY, WI) allow local agencies the option of negotiating contracts with child care programs.

States Continue to Negotiate Contracts for Special Types of Child Care

Although most States administer the bulk of their CCDF services dollars as certificates (or vouchers), half of them also negotiate contracts with child care programs. In most cases, these contracts are limited to specific populations and/or low-income neighborhoods where child care is in limited supply.

- Three States (HI, SD, WA) reported that they negotiate contracts or make special provisions for families participating in welfare reform.

  Hawaii contracts for drop-in care for families who have appointments with their First-to-Work or child care caseworkers.

  South Dakota contracts for child care slots in areas of the State that serve above-average numbers of Temporary Assistance to Needy Families (TANF) families.

  Washington reserves child care slots for parents of infants who are receiving TANF as well as low-income parents who are attending vocational classes in the evenings and on weekends.

- Two States (VT and WY) reported that they contract with Head Start programs for "wrap-around" child care.

- Two States (HI and NV) reported that they limit contracts to before- and after-school child care programs.

- **Arizona** only contracts with programs to serve children with special needs.

Section 3.1.2 – Limitations on In-Home Care

The Lead Agency must allow for in-home care, but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

- Twenty-two States (AK, AZ, CO, CT, HI, IL, KS, LA, MD, MN, MS, MO, NV, NH, NM, NY, OH, OK, OR, SC, UT, WY) reported that they do *not* limit in-home care in any way.

- Twenty-eight States (AL, AR, CA, DE, DC, GA, ID, IN, IA, KY, ME, MA, MT, NE, NJ, NC, ND, PA, PR, RI, SD, TN, TX, VT, VA, WA, WV, WI) reported that they limit the use of in-home care in some way. Some of these limits are for financial reasons; others result from quality concerns. Table 3.1.2 on page 44 summarizes the limitations on in-home care as reported in the State CCDF Plans.

Financial Limits

States establish financial limits on the use of in-home care to ensure simultaneously that costs are reasonable and that the in-home provider receives at least the minimum wage (which is required by labor laws). In some cases, the cap is established by specifying a minimum number of children who must be served. In other cases, the State requires parents to pay the difference between the State's rate ceiling and the minimum wage.

- Three States (AR, DE, ID) authorize payment for in-home care only for families in which *four* or more children require child care, although **Delaware** and **Idaho** will make an exception under special circumstances (e.g., when the child has special needs or the parent works the late shift in a rural area and other types of care are not available).

- Four States (IN, NE, RI, WI) authorize payment for in-home care only for families in which *three* or more children require child care. **Nebraska** will make an exception under special circumstances (e.g., when the child has special needs or the parent works the late shift in a rural area and other types of care are not available.)

- Five States (CA, ND, PR, VA, WV) do not specify a minimum number of children that must be served but require that there must be a sufficient number of children requiring care to ensure that the Federal wage laws are met.

  The **District of Columbia** limits in-home care to those cases in which no other care is a viable alternative (e.g., parent/guardian working nontraditional hours and no readily accessible centers or homes offer such care), and those cases in which in-home care represents the most practical child care solution for the family (e.g., parent/guardian works part-time and has several children of different ages or very young children).

  North Carolina limits payment for in-home care to no more than 50 percent of the subsidy rate for one-star centers. The difference between this rate and the minimum wage must be paid by the parents. Each parent who chooses this type of care receives a copy of the form "Requirements for Payment of Care in the Child's Home." The form provides an explanation of the parent's responsibilities regarding payment, record keeping, and making the appropriate deductions for State and Federal taxes, including Social Security and Unemployment Compensation, if applicable.

Limitations Related to Program Health and Safety

Lead Agencies are also concerned about the difficulty of assuring that in-home care meets quality standards. To this end, several States have established special quality provisions for this type of care.

- Four States (KY, ME, MA, MT) require criminal background checks for in-home providers.

- Two States (MA and MT) require in-home providers to attend an orientation or training session.

  Massachusetts requires all in-home providers to attend an orientation and training session conducted by the child care resource and referral agencies. As part of the orientations, the CCR&Rs provide in-home/relative care providers with a resource packet that includes age appropriate toys or books, "Growing up Healthy," a guide to appropriate child care, a first aid kit, a smoke alarm, safety outlet plugs and covers, window blind cord wind-ups, cabinet safety locks, and choke tubes.

TABLE 3.1.2 – LIMITATIONS ON THE USE OF IN-HOME CARE			
Limitation on In-Home Providers	**States Reporting 2000-2001 Plans**	**States Reporting 2002-2003 Plans**	**Change**
Must Serve Four or More Children	2	3	+1
Must Serve Three or More Children	7	4	-3
Must Serve a Sufficient Number of Children to Meet Federal Wage Laws	3	5	+2
Must Meet Minimum Health and Safety Standards	N/A	3	N/A
Must Undergo Criminal Background Checks	N/A	4	N/A
Must Attend an Orientation or Training Session	N/A	2	N/A

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Section 3.2 – Payment Rates

The statute (at 658E)(4)) requires the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Included, at a minimum:

- *The month and year of the local market rate survey (§98.43(b)(2))*
- *How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey(§98.43(b))*
- *Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))*
- *If the payment rates do not reflect individual rates for the full range of providers – center-based, group home, family and in-home care – explain how the choice of the full range of providers is made available to parents:*

Timing of the Market Rate Survey and the Implementation of New Rate Ceilings
All of the Lead Agencies reported that they conduct biennial market rate surveys and use the resulting data to help inform decisions regarding rate increases. In most States, there is little

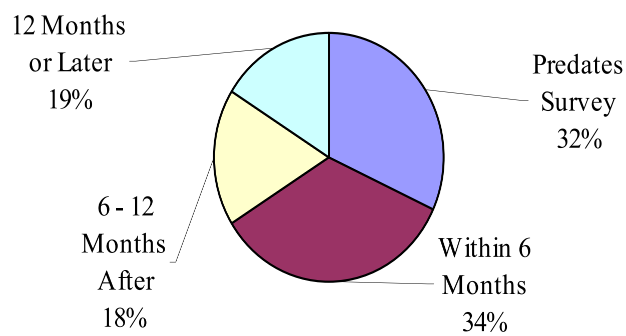
lag between the date of the market rate survey and the implementation of revised rate ceilings. But in some States, implementation of revised reimbursement ceilings—a process often involving an act of the State's legislature—can take more than a year, by which time the next biennial market rate survey may be due to begin. Chart 3.2 illustrates the timing of the survey and subsidy rate structure, which is explained in the bullets below.

- Sixteen Lead Agencies (CO, DE, DC, HI, IL, IA, KS, MS, MO, NE, NY, NC, ND, PR, RI, WA) use a reimbursement rate schedule that *predates* the most recent biennial market rate survey.

- In 17 States (AL, AZ, AR, CA, GA, ID, KY, LA, MD, MT, NV, NH, PA, SD, WV, WI, WY), new reimbursement rate ceilings were put into effect *within six months* of the most recent market rate survey as reported by the Lead Agency. In another nine States (AK, CT, ME, NJ, OH, OK, OR, TN, UT), new rate schedules were implemented between *six months and one year* from the date of the most recent market rate survey.

- New reimbursement rate ceiling schedules appeared *more than one year* after the most recent biennial market rate survey was completed in eight States (IN, MA, MN, NM, SC, TX, VT, VA).

Chart 3.2 - Effective Date of Rate Structure Relative to Date of Market Rate Survey



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Although no market rate survey predates February 2000, the effective date of the rate ceiling schedules included in the State Plans ranged from April 1998 to January 2002. Table 3.2.1 on pages 46-47 shows the date of the most recent market rate survey as reported by the Lead Agencies and the effective date of the reimbursement rate ceilings submitted with each State's CCDF Plan.

TABLE 3.2.1 – RATE SURVEY AND RATE SCHEDULE DATES		
State	**Date of Market Rate Survey**	**Effective Date of Reimbursement Rate Schedule**
Alabama	May 2001	October 1, 2001
Alaska	December 2000	July 1, 2001
Arizona	October 2001	October 1, 2001
Arkansas	February 2001	July 1, 2001
California	May 2000	July 1, 2000
Colorado	August 2001	June 1, 1999
Connecticut	May 2001	January 1, 2002
Delaware	August 2000	October 1, 1999
District of Columbia	December 2000	June 1, 2000
Florida		
Georgia	October 2000	October 2000
Hawaii	February 2001	November 20, 1999
Idaho	November 2000	January 1, 2001
Illinois	December 2000	July 1, 2000
Indiana	March 2000	May 2001
Iowa	September 2000	July 1, 2000
Kansas	August 2000	February 1, 1999
Kentucky	April 2001	October 1, 2001
Louisiana	November 1999	November 1999
Maine	March 2000	October 1, 2000
Maryland	January 2001	January 1, 2001
Massachusetts	February 2000	July 1, 2001
Michigan		
Minnesota	July 2000	August 1, 2001
Mississippi	April 2001	October 1, 2000
Missouri	January 2001	October 1, 1998
Montana	September 12, 2000	October 2000
Nebraska	March 2001	April 1, 1998
Nevada	May 2000	October 2000
New Hampshire	March 29, 2000	September 1, 2000
New Jersey	December 2000	July 1, 2001
New Mexico	February 2000	July 1, 2001
New York	June 2001	October 1, 1999
North Carolina	November 2000	September 2000
North Dakota	April 2001	September 2000
Ohio	May 2000	January 1, 2001
Oklahoma	April 2001	December 1, 2001
Oregon	September 2000	July 1, 2001
Pennsylvania	June 2001	October 1, 2001
Puerto Rico	June 2001	October 1998
Rhode Island	July 2000	January 2000
South Carolina	September 2000	October 1, 2001
South Dakota	August 2001	October 1, 2001
Tennessee	October 2000	July 1, 2001
Texas	August 2000	October 1, 2001
Utah	September 2000	August 1, 2001
Vermont	March 2000	July 1, 2001
Virginia	February 2000	June 1, 2001
Washington	May 2002	November 1, 2001

TABLE 3.2.1 – RATE SURVEY AND RATE SCHEDULE DATES		
State	**Date of Market Rate Survey**	**Effective Date of Reimbursement Rate Schedule**
West Virginia	May 2001	October 1, 2001
Wisconsin	August 2000	January 1, 2001
Wyoming	February 2001	July 1, 2001

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Ensuring Equal Access

- Twenty-seven States (AK, AZ, AR, CA, CT, DE, DC, ID, IN, KY, ME, MD, MN, MT, NV, NY, NC, ND, OH, OK, PR, SD, UT, VT, WV, WI, WY) indicated that they cap rates at the 75th percentile of the local market rate, or higher. At the 75th percentile, the cap would equal or exceed the rate charged by three-fourths of the providers who responded to the State's local market rate survey.[6] Most of these States reported that they believe this rate ceiling ensures that families who receive child care assistance have equal access to comparable child care services provided to children whose parents are not eligible for public child care subsidies.

  California bases its reimbursement rates on 1.5 standard deviations above the market rate survey mean. This results in maximum reimbursement at about the 85th percentile.

  Kansas tracks the number of providers who sign agreements to serve subsidized children and uses this percentage to help determine if families have equal access to care.

- Fifteen States (AL, GA, IL, MD, MA, MO, NH, NJ, NM, OK, TN, VT, VA, WV, WY) reported that they had increased child care reimbursement rates to help assure equal access to care. **Hawaii** had proposed, but not yet implemented, a rate increase.

  Illinois reported that a combination of an overall rate increase, a provider cost of living adjustment, and new "add-ons" to rates have served to substantially increase parent access to care as well as provider compensation. The "add-ons" were for infants and toddlers (10 percent more) and evening/weekend care (an additional $3 per hour for infants/toddlers and $2 per hour for older children). Additionally, Illinois tracked the types of care utilized by families who receive child care assistance. They found that the percentage of center-based care used by these families had increased.

Many States Implement Tiered Reimbursement

Thirteen States reported establishing a tiered reimbursement system. Developing and implementing these systems, which make higher child care reimbursement rates available to programs that meet higher quality standards, is a popular use of CCDF funds.

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[6] Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, *Conducting Market Rate Surveys and Establishing Rate Policies* (July 2001), p. 34. This resource is available on the Web at *http://nccic.org/pubs/MRSpubJuly2001.pdf*.

Iowa's Lead Agency was unable to secure the funding necessary to implement an overall rate increase based on a new market rate survey. However, providers were given the opportunity to update their published rates if they had recently implemented a rate increase and were still at or below the State's rate ceiling.

Rhode Island conducted 16 focus groups with parents who utilize the Child Care Assistance Program. Parents reported that payment rates did not, in their view, limit access to comparable child care.

- Two States (IL and ND) indicated that they helped to ensure equal access by reducing family copayments. Illinois also expanded eligibility so that more families had access to government child care subsidies.
- Thirteen States (AR, CO[7], DC, KY, MS, MO, MT, NJ, NY[7], SC, TN, WV, WI) indicated that tiered reimbursement schedules (e.g., paying higher rates to programs that meet higher quality standards) help to ensure equal access.
- Five States (DC, IL, MO, WA,WV) reported that they sought to assure equal access by increasing rates for child care provided during nontraditional hours (e.g., evenings and weekends.)

Reimbursement Rate Ceilings

Lead Agencies were asked to include a copy of their rate ceiling schedule in their CCDF Plans. Table 3.2.2 on pages 50-54 summarizes those reimbursement ceilings, which may be different than current rate schedules since States may have amended their CCDF Plans. In addition, a comparison of the rate ceilings, by age of child and type of care, reported by States in both the 2000-2001 and the 2002-2003 Plans is included in Tables 3.2.3 through 3.2.6.

The average rate ceiling increase reported by States was 10 percent. But this average masks large differences among the States and among age ranges. The percentage change in rate ceilings overall and within each age range was calculated only for those States whose rate ceiling schedules included comparable data in both the 2000-2001 and 2002-2003 Plans. If a State changed the definition of infant, for example, or added a distinct toddler rate in place of an infant/toddler rate, the State's rates for that age range were not included in the percentage change calculations. Similarly, when rate ceiling schedules expressed rates in different units (days rather than weeks, for example), those rates were excluded from the percentage change calculations for that age range. Complete data for both years were not available for all States for all age ranges; however, most States

Reimbursement Rate Ceilings Increase

Subsidy rate ceilings increased an average 10 percent from information reported in the 2000-2001 State Plans. However, larger than average increases occurred for care provided to preschool-age children, while in some States and for some age ranges rates remained constant or declined.

[7] Colorado and New York allow counties to decide whether or not they will pay a higher, tiered reimbursement rate.

where rate ceilings were reported in both Plan cycles indicated that their rate ceilings had increased.

The Tables represent rate ceilings for center-based facilities in the largest urban area in each State. Because of anomalies in the child care market, these rate ceilings may not always be the highest rates paid within each State.

It is important to stress that this analysis is based only on the *base rate ceilings*—not the tiered rate ceilings—reported by the States. As noted earlier, 13 States have implemented tiered reimbursement, and rate increases for higher quality care were often much larger than rate increases at the base level. The following discussion does not reflect those increases.

TABLE 3.2.2 – SUBSIDY REIMBURSEMENT RATE CEILINGS BY CATEGORY OF CARE, LARGEST URBAN AREA									
STATE	INFANT		TODDLER		PRESCHOOL		SCHOOL-AGE		NOTES
	DEFINED	RATE	DEFINED	RATE	DEFINED	RATE	DEFINED	RATE	
Alabama	Infant	$105.00/week	Toddler	$105.00/week	Preschool	$99.00/week	School-age	$83.00/week	Rates vary by region. Rates for Birmingham given.
Alaska	0 to 18 months	$1035.00/month	19 to 36 months	$983.00/month	37 months to 6 years	$880.00/month	7 - 12 years	$859.00/month	Rates vary by area. Rates for Anchorage/Mat-Su area given.
Arizona	Birth < 1year	$29.00/day	1 year < 3 years	$25.58/day	3 years < 6 years	$23.20/day	6 years < 13 years	$22.00/day	Rates vary by district. Rates for District I given.
Arkansas									Rate schedule not available.
California	Under 2 years	$47.45/day	2 - 5 years	$29.37/day	2 - 5 years	$29.37/day	6 years +	$28.09/day	Rates vary by county. Rates for Los Angeles County given.
Colorado	Under 2 years	$33.00/day	2 years and older	$28.00/day	2 years and older	$28.00/day	Before & After School Care	$28.00/day	Rates vary by county. Rates for Denver County given.
Connecticut	Birth < 3 years	$160.00/week	Birth < 3 years	$160.00/week	3 - 6 years	$115.00/week	6 + years	$105.00/week	Rates vary by region. Rates for Region A given.
Delaware	Infant	$115.50/week	Toddler	$101.20/week	Preschool	$86.25/week	School-age	$81.40/week	Rates vary by county. Rates for New Castle County given.
District of Columbia	Infant	$31.10/day	Toddler	$31.10/day	Preschool	$23.55/day	School-age	$19.85/day	Rates are District-wide, but vary by tier level. Rates for Bronze-tiered centers given.
Florida									Approved 2002-2003 State Plan not available.
Georgia	6 weeks - 12 months	$105.00/week	13 - 36 months	$95.00/week	3 - 5 years	$80.00/week	School-age	$80.00/week	Rates vary by zone. Rates for Zone 1 given.
Hawaii	All Ages	$375.00/month	All Ages	$375.00/month	All Ages	$375.00/month	Before School After School	$60.00/month $80.00/month	Rates are Statewide.
Idaho	0 - 12 months	$522.00/month	13 - 30 months	$453.00/month	31 - 60 months	$396.00/month	61-72 months 73+ months	$363.00/month $345.00/month	Rates vary by region. Rates for Region I given.
Illinois	Under 2½ years	$33.77/day	2½ and older	$24.34/day	2½ and older	$24.34/day	2½ and older	$24.34/day $12.17/day	Rates vary by groups of counties. Rates for Group IA Counties given.
Indiana	Infant	$36.00/day	Toddler	$35.00/day	3-4 years 5 years	$33.00/day $33.00/day	Kindergarten & Regular School-age	$33.00/day	Rates vary by county. Rates for Marion County given.

TABLE 3.2.2 – SUBSIDY REIMBURSEMENT RATE CEILINGS BY CATEGORY OF CARE, LARGEST URBAN AREA									
STATE	**INFANT**		**TODDLER**		**PRESCHOOL**		**SCHOOL-AGE**		**NOTES**
	DEFINED	**RATE**	**DEFINED**	**RATE**	**DEFINED**	**RATE**	**DEFINED**	**RATE**	
Iowa	2 weeks - 2 years	$12.45/half-day	2 weeks - 2 years	$12.45/half-day	2 years to school-age	$10.50/half-day	School-age	$9.00/half-day	A half-day unit is up to 5 hours of care per 24-hour period.
Kansas	0 - 12 months	$3.39/hour	13 - 30 months	$2.73/hour	31 months - 5 years	$2.28/hour	6 years or more	$2.27/hour	Rates vary by SRS area. Rates for Wichita SRS area given.
Kentucky	Infant	$23.00/day	Toddler	$23.00/day	Preschool	$20.00/day	School-age	$19.99/day	Rates vary by region. Rates for Central Region given.
Louisiana	All Ages	$15.00/day	All Ages	$15.00/day	All Ages	$15.00/day	All Ages	$15.00/day	Rates are Statewide.
Maine	Infant	$158.00/week	Toddler	$149.00/week	Preschool	$133.00/week	School-age	$133.00/week	Rates vary by county. Rates for Cumberland County given.
Maryland	Infant	$771.00/month	Regular	$433.00/month	Regular	$433.00/month	Regular	$433.00/month	Rates vary by Region (groups of counties). Rates for Region BC (Baltimore City) given.
Massachusetts	Infant	$46.50/day	Infant/Toddler Toddler	$44.00/day $41.50/day	Preschool	$31.50/day	School-age Blended	$19.50/day	Rates vary by Region and Tier levels. Rates for Region 4, Tier 1 given.
Michigan									Approved 2002-2003 State Plan not available.
Minnesota	Infant	$76.00/day	Toddler	$58.00/day	Preschool	$50.00/day	School-age	$50.00/day	Rates vary by regional groups of counties. Rates for Hennepin County given.
Mississippi	Birth - 12 months	$84.00/week	13 - 36 months	$80.00/week	3 - 5 years	$77.00/week	5 - 13 years	$76.00/week	Two Tiers exist. Rates for Tier 1 given.
Missouri[1]	Infant	$25.75/day			Preschool	$15.30/day	School-age	$15.00/day	Rates vary by area. Rate areas for infant care are Metro, Sub-Metro and "Rest of State"; rate areas for preschool & school-age are divided into seven groups of counties and Rest of State. Rates given are for St. Louis County.
Montana	Infant	$22.00/day	Age 2 +	$17.25/day	Age 2 +	$17.25/day	Age 2 +	$17.25/day	Rates vary by CCR&R district. Rates for Billings District given.

TABLE 3.2.2 – SUBSIDY REIMBURSEMENT RATE CEILINGS BY CATEGORY OF CARE, LARGEST URBAN AREA									
STATE	**INFANT**		**TODDLER**		**PRESCHOOL**		**SCHOOL-AGE**		**NOTES**
	DEFINED	**RATE**	**DEFINED**	**RATE**	**DEFINED**	**RATE**	**DEFINED**	**RATE**	
Nebraska	Infant	$26.00/day	Toddler	$24.00/day	Preschool	$24.00/day	School-age	$24.00/day	Rates vary by groups of counties; rates are Statewide for accredited care. Rates for unaccredited care in Douglas/Sarpy counties given.
Nevada	0 - 12 months	$121.00/week	13 - 36 months	$114.00/week	37 - 71 months	$100.00/week	72 months and above	$100.00/week	Rates vary by two counties and rural areas. Rate for Clark County given.
New Hampshire	Under age 3	$28.90/day	Under age 3	$28.90/day	Age 3 or over	$24.40/day	Age 3 or over	$24.40/day	Rates for contract/licensed care given.
New Jersey	Infant/Toddler (0 up to 2.5 years)	$28.84/day	Infant/Toddler (0 up to 2.5 years)	$28.84/day	Preschool (2.5 up to 5 years)	$23.80/day	Kindergarten and School-age (5 - 13 years)	$23.80/day	Rates may vary by assistance group; rates for participants in the Work First New Jersey and transitional child care programs given. Rates for nonaccredited, licensed child care centers given. Premium rates are paid to accredited, licensed child care centers, school-age programs, and summer camps.
New Mexico	Infant (0 - 23 months)	$467.84/month	24 - 35 months	$417.19/month	3 - 5 years	$386.48/month	6 years or more	$337.11/month	Rates vary by metro and rural areas. Rates for metro given.
New York	Under 1½ years	$51.00/day	1½ - 2 years	$50.00/day	3 - 5 years	$34.00/day	6 -12 years	$34.00/day	Rates vary by groups of counties. Rate for Bronx, Kings, Manhattan, Queens and Richmond counties given.
North Carolina	Infant/Toddler	$520.00/month	Infant/Toddler	$520.00/month	3 - 5 years	$463.00/month	School-age	$411.00/month	Rates vary by county and tiered quality level. Rates for one-star centers in Mecklenburg County given.
North Dakota	0 - 2 years	$115.00/week	2 - 3 years	$110.00/week	3 - 13 years	$100.00/week	3 - 13 years	$100.00/week	Rates are Statewide.

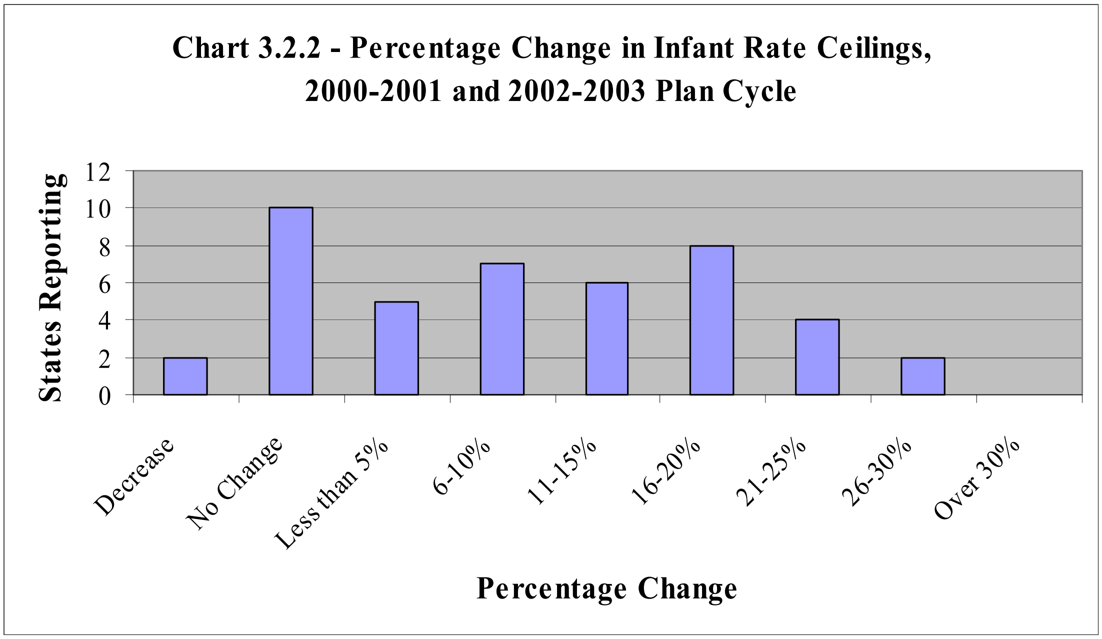
TABLE 3.2.2 – SUBSIDY REIMBURSEMENT RATE CEILINGS BY CATEGORY OF CARE, LARGEST URBAN AREA									
STATE	INFANT		TODDLER		PRESCHOOL		SCHOOL-AGE		NOTES
	DEFINED	RATE	DEFINED	RATE	DEFINED	RATE	DEFINED	RATE	
Ohio	Infant	\$138.00/week	Toddler	\$123.00/week	Preschool	\$108.00/week	School-age	\$100.00/week	Rates vary by county. Rate for Cuyahoga County given.
Oklahoma	0 - 12 months	\$325.00/month	25 - 48 months	\$282.00/month	49 - 72 months	\$282.00/month	73 months - 13 years	\$239.00/month	Rates vary by geographic area. Five-day weekly rates paid on a monthly basis for one-star centers in the High Geographic Area (including Oklahoma County) given.
Oregon	Infant	\$525.90/month	Toddler	\$509.00/month	Preschool	\$372.00/month	School	\$372.00/month	Rates vary by groups of zip codes. Rates for Group Area A given.
Pennsylvania	Infant	\$34.40/day	Young Toddler Old Toddler	\$32.50/day \$30.40/day	Preschool	\$28.00/day	Young School-age Old School-age	\$26.00/day \$26.00/day	Rates vary by county. Rates for Bucks County given.
Puerto Rico	Infant/Toddler	\$200.00/month	Infant/Toddler	\$200.00/month	Preschool	\$160.00/month	School-age	\$100.00/month	Rates are Commonwealth-wide.
Rhode Island	1 week > 3 years	\$160.00/week	1 week > 3 years	\$160.00/week	3 years > 6 years	\$140.00/week	School-age	\$125.00/week	Rates are Statewide.
South Carolina	0 - 2 years	\$96.00/week	0 - 2 years	\$96.00/week	3 - 5 years	\$86.00/week	6 - 12 years	\$81.00/week	Rates vary by urban and rural areas, and whether the center is licensed-only, "enhanced," or NAEYC-accredited. Licensed center rate for urban area given.
South Dakota	Up to age 3	\$2.50/hour	Up to age 3	\$2.50/hour	3 years and older	\$2.15/hour	3 years and older	\$2.15/hour	Rates vary by urban and rural areas. Rates for urban areas given.
Tennessee	Under age 2	\$105.00/week	Under age 2	\$105.00/week	2 years and older	\$90.00/week	School-age in School-age out	\$50.00/week \$75.00/week	Rates vary by Top 15 Counties (highest average populations) and 80 other counties, as well as by tiered quality level. Base rate for Top 15 Counties given.

TABLE 3.2.2 – SUBSIDY REIMBURSEMENT RATE CEILINGS BY CATEGORY OF CARE, LARGEST URBAN AREA									
STATE	INFANT		TODDLER		PRESCHOOL		SCHOOL-AGE		NOTES
	DEFINED	RATE	DEFINED	RATE	DEFINED	RATE	DEFINED	RATE	
Texas	Infant	$24.00/day	Toddler	$21.00/day	Preschool	$19.00/day	School-age	$18.00/day	Rates vary by Local Workforce Development Areas. Rates for LWDA 28, which includes Houston/Galveston, given.
Utah	Infant	$533.00/month	Toddler	$441.00/month	Preschool	$412.00/month	School-age	$372.00/month (in) $260.00/month (out)	Rates are Statewide.
Vermont	Under 3	$26.11/day	Under 3	$26.11/day	3 +	$23.50/day	3 +	$23.50/day	Rates are Statewide.
Virginia	Infant	$190.00/week	Toddler	$185.00/week	Preschool	$161.00/week	School-age	$148.00/week	Rates vary by county. Rates for Fairfax Co/City given.
Washington	0 - 11 months	$37.82/day	12 - 29 months	$31.59/day	30 months - 5 years	$26.50/day	5 - 12 years	$23.86/day	Rates vary by region. Rates for Region IV given.
West Virginia	< 24 months	$24.00/day	< 24 months	$24.00/day	24 months and older	$18.00/day	24 months and older	$18.00/day	Rates are Statewide.
Wisconsin	< 2 years	$6.67/hour	2 - 12 years	$5.75/hour	2 - 12 years	$5.75/hour	2 - 12 years	$5.75/hour	Rates vary by county. Rates for Milwaukee County given.
Wyoming	0 - 2 years	$2.95/hour	2 - 3 years	$2.43/hour	4 - 5 years	$2.43/hour	6 - 12 years	$2.35/hour	Rates are Statewide.

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

[1]Missouri does not have a separate category for toddlers and the Lead Agency did not report age ranges in the CCDF Plan.

Increases in Infant Rate Ceilings
Comparable data on infant rate ceilings were available for both Plan Periods in 44 States. On average, the ceilings reported by these States increased by 10 percent. Chart 3.2.2 below summarizes changes in infant rate ceilings; Table 3.2.3 on pages 57-60 provides specific rate information in each State.



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

- Two States (IN and VA) reported a decrease in the rate ceiling for infant care.
- Ten States (DC, HI, KS, LA, MO, MT, NV, NC, ND, PR) reported no increase in the base rate ceiling for infant care.
- Five States (IL, MD, MA, NE, OR) reported an increase of less than 5 percent in the rate ceiling for infant care.
- Seven States (CA, IA, NJ, OH, SD, VT, WI) reported a 6 percent to 10 percent increase in the rate ceiling for infant care.
- Six States (AK, AZ, ME, MN, MS, WA) reported an 11 percent to 15 percent increase in the rate ceiling for infant care.
- Eight States (AL, DE, GA, NM, NY, TX, WV, WY) reported a 16 percent to 20 percent increase in the rate ceiling for infant care.
- Four States (CO, PA, SC, TN) reported a 21 percent to 25 percent increase in the base rate ceiling for infant care.

- Two States (ID and KY) reported a 26 percent to 30 percent increase in the rate ceiling for infant care.

TABLE 3.2.3 – INFANT SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	Age Range		Reimbursement Rate Ceiling		Notes
	2000-2001 Plans	2002-2003 Plans	2000-2001 Plans	2002-2003 Plans	
Alabama	Infant	Infant	$90.00/week	$105.00/week	Rates vary by region. Rates for Birmingham given.
Alaska	0 to 18 months	0 to 18 months	$919.00/month	$1035.00/month	Rates vary by area. Rates for Anchorage/Mat-Su area given.
Arizona	Birth < 1 year	Birth < 1year	$25.20/day	$29.00/day	Rates vary by district. Rates for District I given.
Arkansas	Infant		$16.00/day		Rate schedule not available for 2002-2003.
California	Under 2 years	Under 2 years	$43.94/day	$47.45/day	Rates vary by county. Rates for Los Angeles County given.
Colorado	Under 2 years	Under 2 years	$27.27/day	$33.00/day	Rates vary by county. Rates for Denver County given.
Connecticut		Birth < 3 years		$160.00/week	Rates vary by region. Rates for Region A given.
Delaware	Infant	Infant	$98.25/week	$115.50/week	Rates vary by county. Rates for New Castle County given.
District of Columbia	Infant (6 weeks - 2 years)	Infant	$31.10/day	$31.10/day	Rates are District-wide, but vary by tier level. Rates for Bronze-tiered centers given.
Florida	0 - 12 months		$125/week		Approved 2002-2003 State Plan not available.
Georgia	6 weeks - 12 months	6 weeks - 12 months	$90.00/week	$105.00/week	Rates vary by zone. Rates for Zone 1 given.
Hawaii	All Ages	All Ages	$375.00/month	$375.00/month	Rates are Statewide.
Idaho	0 - 12 months	0 - 12 months	$404.00/month	$522.00/month	Rates vary by region. Rates for Region I given.
Illinois	Under 2½ years	Under 2½ years	$32.95/day	$33.77/day	Rates vary by groups of counties. Rates for Group IA Counties given.
Indiana	Infant	Infant	$43.00/day	$36.00/day	Rates vary by county. Rates for Marion County given.
Iowa	2 weeks - 2 years	2 weeks - 2 years	$11.30/half-day	$12.45/half-day	A half-day unit is up to 5 hours of care per 24-hour period.
Kansas	0 - 12 months	0 - 12 months	$3.39/hour	$3.39/hour	Rates vary by SRS area. Rates for Wichita SRS area given.
Kentucky	Infant	Infant	$18.00/day	$23.00/day	Rates vary by region. Rates for Central Region given.
Louisiana	All Ages	All Ages	$15.00/day	$15.00/day	Rates are Statewide.

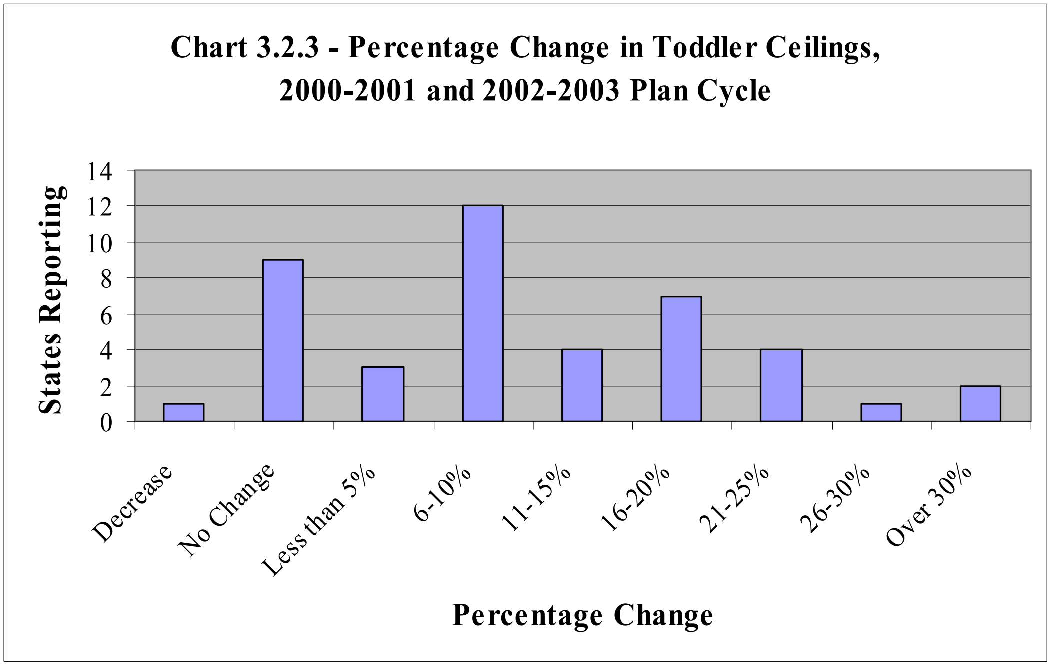
TABLE 3.2.3 – INFANT SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	**Age Range**		**Reimbursement Rate Ceiling**		**Notes**
	2000-2001 Plans	**2002-2003 Plans**	**2000-2001 Plans**	**2002-2003 Plans**	
Maine	Infant	Infant	$140.00/week	$158.00/week	Rates vary by county. Rates for Cumberland County given.
Maryland	Infant	Infant	$745.00/month	$771.00/month	Rates vary by Region (groups of counties). Rates for Region BC (Baltimore City) given.
Massachusetts	Infant	Infant	$45.00/day	$46.50/day	Rates vary by Region and Tier levels. Rates for Region 4, Tier 1 given.
Michigan	0 - 2½ years		$2.95/hour		Approved 2002-2003 State Plan not available.
Minnesota	Infant	Infant	$67.00/day	$76.00/day	Rates vary by regional groups of counties. Rates for Hennepin County given.
Mississippi	Birth - 12 months	Birth - 12 months	$76.00/week	$84.00/week	Two Tiers exist. Rates for Tier 1 given.
Missouri	Infant	Infant	$25.75/day	$25.75/day	Rates vary by area. Rate areas for infant care are Metro, Sub-Metro and “Rest of State”; rate areas for preschool & school-age are divided into seven groups of counties and Rest of State. Rates given are for St. Louis County.
Montana	Infant	Infant	$22.00/day	$22.00/day	Rates vary by CCR&R district. Rates for Billings District given.
Nebraska	Infant	Infant	$25.00/day	$26.00/day	Rates vary by groups of counties; rates are Statewide for accredited care. Rates for unaccredited care in Douglas/Sarpy counties given.
Nevada	0 - 12 months	0 - 12 months	$121.00/week	$121.00/week	Rates vary by two counties and rural areas. Rate for Clark County given.
New Hampshire	(0 - 23 months)	Under age 3		$28.90/day	Rates for contract/licensed care given.
New Jersey	Infant/Toddler (0 up to 2½ years)	Infant/Toddler (0 up to 2½ years)	$26.38/day	$28.84/day	Rates may vary by assistance group; rates for participants in the Work First New Jersey and transitional child care programs given. Rates for nonaccredited, licensed child care centers given. Premium rates are paid to accredited, licensed child care centers, school-age programs, and summer camps.
New Mexico	Infant (0 - 23 months)	Infant (0 - 23 months)	$396.00/month	$467.84/month	Rates vary by metro and rural areas. Rates for metro given.

TABLE 3.2.3 – INFANT SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	Age Range		Reimbursement Rate Ceiling		Notes
	2000-2001 Plans	2002-2003 Plans	2000-2001 Plans	2002-2003 Plans	
New York	Under 1½ years	Under 1½ years	$43.00/day	$51.00/day	Rates vary by groups of counties. Rates for Bronx, Kings, Manhattan, Queens and Richmond counties given.
North Carolina	Infant/Toddler	Infant/Toddler	$520.00/month	$520.00/month	Rates vary by county and tiered quality level. Rates for one-star centers in Mecklenburg County given.
North Dakota	0 - 2 years	0 - 2 years	$115.00/week	$115.00/week	Rates are Statewide.
Ohio	Infant	Infant	$130.00/week	$138.00/week	Rates vary by county. Rate for Cuyahoga County given.
Oklahoma	0 - 24 months	0 - 12 months	$303.00/month	$325.00/month	Rates vary by geographic area. Five-day weekly rates paid on a monthly basis for one-star centers in the High Geographic Area (including Oklahoma County) given.
Oregon	0 - 12 months	0 - 12 months	$525.00/month	$525.90/month	Rates vary by groups of zip codes. Rates for Group Area A given.
Pennsylvania	Infant	Infant	$28.40/day	$34.40/day	Rates vary by county. Rates for Bucks County given.
Puerto Rico	Infant/Toddler	Infant/Toddler	$200.00/month	$200.00/month	Rates are Commonwealth-wide.
Rhode Island	1 week through 2 years	1 week > 3 years	$129.50/week	$160.00/week	Rates are Statewide.
South Carolina	0 - 2 years	0 - 2 years	$77.00/week	$93.00/week	Rates vary by urban and rural areas, and whether the center is licensed-only, "enhanced," or NAEYC-accredited. Licensed center rate for urban area given.
South Dakota	Up to age 3	Up to age 3	$2.30/hour	$2.50/hour	Rates vary by urban and rural areas. Rates for urban areas given.
Tennessee	Under age 2	Under age 2	$85.00/week	$105.00/week	Rates vary by Top 15 Counties (highest average populations) and 80 other counties. Rates for Top 15 Counties given.
Texas	Infant	Infant	$20.09/day	$24.00/day	Rates vary by Local Workforce Development Areas. Rates for LWDA 28, which includes Houston/Galveston, given.
Utah	Infant (0 < 24 months)	Infant	$24.00/day	$533.00/month	Rates are Statewide.

TABLE 3.2.3 – INFANT SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	**Age Range**		**Reimbursement Rate Ceiling**		**Notes**
	2000-2001 Plans	**2002-2003 Plans**	**2000-2001 Plans**	**2002-2003 Plans**	
Vermont	Under 3	Under 3	\$21.29/day	\$26.11/day	Rates are Statewide.
Virginia	Infant	Infant	\$199.00/week	\$190.00/week	Rates vary by county. Rates for Fairfax County/City given.
Washington	0 - 11 months	0 - 11 months	\$33.50/day	\$37.82/day	Rates vary by region. Rates for Region IV given.
West Virginia	< 24 months	< 24 months	\$20.00/day	\$24.00/day	Rates are Statewide.
Wisconsin	< 2 years	< 2 years	\$6.08/hour	\$6.67/hour	Rates vary by county. Rates for Milwaukee County given.
Wyoming	0 - 2 years	0 - 2 years	\$2.50/hour	\$2.95/hour	Rates are Statewide.

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Increases in Toddler Rate Ceilings
Comparable data on toddler rate ceilings were available for both Plan Periods in 43 States. On average, the ceilings reported by these States increased by 11 percent. Chart 3.2.3 below summarizes changes in toddler rate ceilings; Table 3.2.4 on pages 63-66 provides specific information on each State.



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

- **Virginia** reported a 5 percent decrease in the rate ceiling for infant care.
- Nine States (HI, IN, KS, LA, NE, NC, ND, OR, PR) reported no increase in the rate ceiling for toddler care.
- Three States (IL, MA, MT) reported an increase of less than 5 percent in the rate ceiling for toddler care.
- Twelve States (CA, IA, ME, MD, MS, NV, NJ, OH, OK, SD, VT, WY) reported a 6 percent to 10 percent increase in the rate ceiling for toddler care.
- Four States (DE, GA, NM, WI) reported an 11 percent to 15 percent increase in the rate ceiling for toddler care.
- Seven States (AL, AZ, MN, NY, PA, WA, WV) reported a 16 percent to 20 percent increase in the rate ceiling for toddler care.
- Four States (RI, SC, TN, TX) reported a 21 percent to 25 percent increase in the rate ceiling for toddler care.

- **Kentucky** reported a 28 percent increase in the rate ceiling for toddler care.

- Two States (CO and ID) reported more than a 30 percent increase in the rate ceiling for toddler care.

TABLE 3.2.4 – TODDLER SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	**Age Range**		**Reimbursement Rate Ceiling**		**Notes**
	2000-2001 Plans	**2002-2003 Plans**	**2000-2001 Plans**	**2002-2003 Plans**	
Alabama	Toddler	Toddler	$90.00/week	$105.00/week	Rates vary by region. Rates for Birmingham given.
Alaska	18 to 30 months	19 to 36 months	$893.00/month	$983.00/month	Rates vary by area. Rates for Anchorage/Mat-Su area given.
Arizona	1 year < 3 years	1 year < 3 years	$22.00/day	$25.58/day	Rates vary by district. Rates for District I given.
Arkansas	Toddler		$15.20/day		Rate schedule not available for 2002-2003.
California	2 - 5 years	2 - 5 years	$27.07/ day	$29.37/day	Rates vary by county. Rates for Los Angeles County given.
Colorado	2 years and older	2 years and older	$18.18/day	$28.00/day	Rates vary by county. Rates for Denver County given.
Connecticut		Birth < 3 years		$160.00/week	Rates vary by region. Rates for Region A given.
Delaware	Toddler	Toddler	$91.15/ week	$101.20/week	Rates vary by county. Rates for New Castle County given.
District of Columbia	Preschool (2 - 4 years)	Toddler	$23.55/ day	$31.10/day	Rates are District-wide, but vary by tier level. Rates for Bronze-tiered centers given.
Florida	13 - 23 months		$115.00/week		Approved 2002-2003 State Plan not available.
Georgia	13 - 35 months	13 - 36 months	$85.00/week	$95.00/week	Rates vary by zone. Rates for Zone 1 given.
Hawaii	All Ages	All Ages	$375.00/month	$375.00/month	Rates are Statewide.
Idaho	13 - 30 months	13 - 30 months	$344.00/month	$453.00/month	Rates vary by region. Rates for Region I given.
Illinois	2½ and older	2½ and older	$23.75/ day	$24.34/day	Rates vary by groups of counties. Rates for Group IA Counties given.
Indiana	Toddler	Toddler	$35.00/day	$35.00/day	Rates vary by county. Rates for Marion County given.
Iowa	Infant and Toddler (2 weeks - 2 years)	Infant and Toddler 2 weeks - 2 years	$11.50/ half-day	$12.45/half-day	A half-day unit is up to 5 hours of care per 24-hour period.

TABLE 3.2.4 – TODDLER SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	**Age Range**		**Reimbursement Rate Ceiling**		**Notes**
	2000-2001 Plans	**2002-2003 Plans**	**2000-2001 Plans**	**2002-2003 Plans**	
Kansas	13 - 30 months	13 - 30 months	$2.73/ hour	$2.73/hour	Rates vary by SRS area. Rates for Wichita SRS area given.
Kentucky	Toddler	Toddler	$18.00/ day	$23.00/day	Rates vary by region. Rates for Central Region given.
Louisiana	All Ages	All Ages	$15.00/ day	$15.00/day	Rates are Statewide.
Maine	Toddler	Toddler	$140.00/week	$149.00/week	Rates vary by county. Rates for Cumberland County given.
Maryland	Regular	Regular	$407.00/month	$433.00/month	Rates vary by Region (groups of counties). Rates for Region BC (Baltimore City) given.
Massachusetts	Toddler	Toddler	$40.00/day	$41.50/day	Rates vary by Region and Tier levels. Rates for Region 4, Tier 1 given.
Michigan	2½ year +		$2.50/hour		Approved 2002-2003 State Plan not available.
Minnesota	Toddler	Toddler	$49.00/day	$58.00/day	Rates vary by regional groups of counties. Rates for Hennepin County given.
Mississippi	Toddler (13 - 36 months)	Toddler (13 - 36 months)	$73.00/week	$80.00/week	Two Tiers exist. Rates for Tier 1 given.
Missouri[1]					Rates vary by area. Rate areas for infant care are Metro, Sub-Metro and "Rest of State"; rate areas for preschool & school-age are divided into seven groups of counties and Rest of State. Rates given are for St. Louis County.
Montana	Regular	Age 2 +	$16.50/day	$17.25/day	Rates vary by CCR&R district. Rates for Billings District given.
Nebraska	Toddler	Toddler	$21.00/day	$21.00/day	Rates vary by groups of counties; rates are Statewide for accredited care. Rates for unaccredited care in Douglas/Sarpy counties given.
Nevada	13 - 36 months	13 - 36 months	$105.00/week	$114.00/week	Rates vary by two counties and rural areas. Rate for Clark County given.

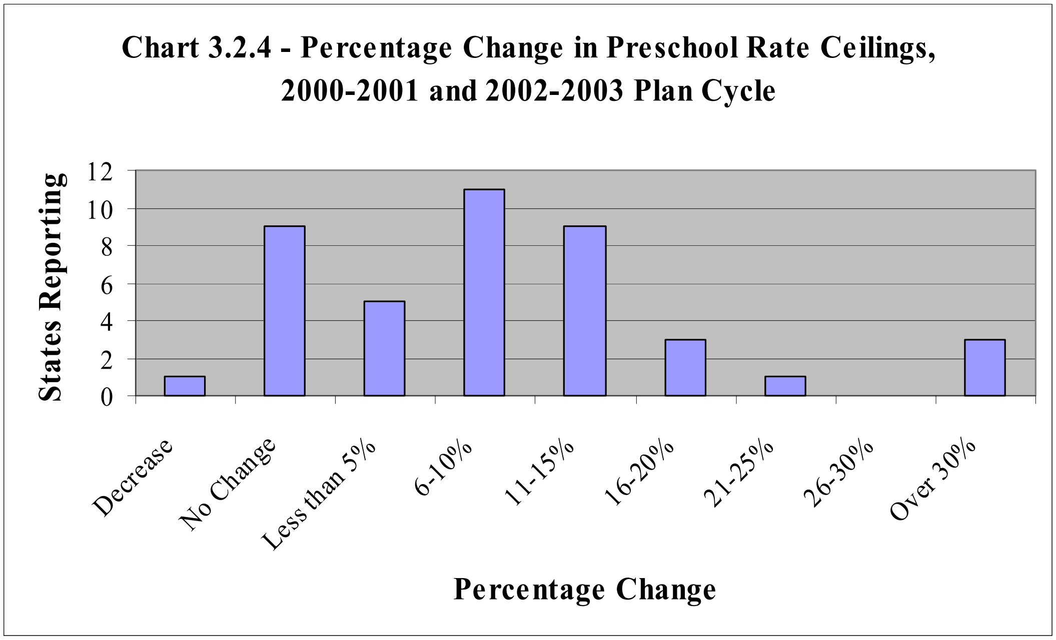
TABLE 3.2.4 – TODDLER SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	Age Range		Reimbursement Rate Ceiling		Notes
	2000-2001 Plans	2002-2003 Plans	2000-2001 Plans	2002-2003 Plans	
New Hampshire		Under age 3		$28.90/day	Rates for contract/licensed care given.
New Jersey	Infant/Toddler (0 up to 2½ years)	Infant/Toddler (0 up to 2½ years)	$26.38/day	$28.84/day	Rates may vary by assistance group; rates for participants in the Work First New Jersey and transitional child care programs given. Rates for nonaccredited, licensed child care centers given. Premium rates are paid to accredited, licensed child care centers, school-age programs, and summer camps.
New Mexico	Toddler (24 - 35 months)	Toddler (24 - 35 months)	$363.00/month	$417.19/month	Rates vary by metro and rural areas. Rates for metro given.
New York	1½ - 2 years	1½ - 2 years	$43.00/day	$50.00/day	Rates vary by groups of counties. Rates for Bronx, Kings, Manhattan, Queens and Richmond counties given.
North Carolina	Infant/Toddler	Infant/Toddler	$520.00/month	$520.00/month	Rates vary by county and tiered quality level. Rates for one-star centers in Mecklenburg County given.
North Dakota	Toddler (2 - 3 years)	Toddler (2 - 3 years)	$110.00/week	$110.00/week	Rates are Statewide.
Ohio	Toddler	Toddler	$115.00/week	$123.00/week	Rates vary by county. Rate for Cuyahoga County given.
Oklahoma	25 - 48 months	25 - 48 months	$260.00/month	$282.00/month	Rates vary by geographic area. Five-day weekly rates paid on a monthly basis for one-star centers in the High Geographic Area (including Oklahoma County) given.
Oregon	Toddler (1 year through 30 months)	Toddler (1 year through 30 months)	$509.00/month	$509.00/month	Rates vary by groups of zip codes. Rates for Group Area A given.
Pennsylvania	Young Toddler Old Toddler	Young Toddler Old Toddler	$27.90/day $26.30/day	$32.50/day $30.40/day	Rates vary by county. Rates for Bucks County given.
Puerto Rico	Infant/Toddler	Infant/Toddler	$200.00/month	$200.00/month	Rates are Commonwealth-wide.

TABLE 3.2.4 – TODDLER SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	**Age Range**		**Reimbursement Rate Ceiling**		**Notes**
	2000-2001 Plans	**2002-2003 Plans**	**2000-2001 Plans**	**2002-2003 Plans**	
Rhode Island	1 week through 2 years	1 week > 3 years	$129.50/week	$160.00/week	Rates are Statewide.
South Carolina	0 - 2 years	0 - 2 years	$77.00/week	$93.00/week	Rates vary by urban and rural areas, and whether the center is licensed-only, “enhanced,” or NAEYC-accredited. Licensed center rate for urban area given.
South Dakota	Up to age 3	Up to age 3	$2.30/hour	$2.50/hour	Rates vary by urban and rural areas. Rates for urban areas given.
Tennessee	Under age 2	Under age 2	$85.00/week	$105.00/week	Rates vary by Top 15 Counties (highest average populations) and 80 other counties. Rates for Top 15 Counties given.
Texas	Toddler	Toddler	$17.13/day	$21.00/day	Rates vary by Local Workforce Development Areas. Rates for LWDA 28, which includes Houston/Galveston, given.
Utah	Toddler (2 + 3 years)	Toddler (2 + 3 years)	$19.50/day	$441.00/month	Rates are Statewide.
Vermont	Under 3	Under 3	$21.29/day	$26.11/day	Rates are Statewide.
Virginia	Toddler	Toddler	$195.00/week	$185.00/week	Rates vary by county. Rates for Fairfax County/City given.
Washington	12 - 29 months	12 - 29 months	$26.59/day	$31.59/day	Rates vary by region. Rates for Region IV given.
West Virginia	< 24 months	< 24 months	$20.00/day	$24.00/day	Rates are Statewide.
Wisconsin	2 - 12 years	2 - 12 years	$5.10/hour	$5.75/hour	Rates vary by county. Rates for Milwaukee County given.
Wyoming	2 - 3 years	2 - 3 years	$2.25/hour	$2.43/hour	Rates are Statewide.

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

[1]Missouri does not have a separate rate category for toddlers and the Lead Agency did not report age ranges in the CCDF Plan.

Increases in Preschool Rate Ceilings
Comparable data on preschool rate ceilings were available for both Plan Periods in 42 States. On average, the ceilings reported by these States increased by 10 percent. Chart 3.2.4 below summarizes changes in preschool ceilings; Table 3.2.5 on pages 69-72 provides specific information on each State.



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

- **Virginia** reported a 5 percent decrease in the rate ceiling for preschoolers.

- Nine States (HI, KS, LA, MO, NV, NC, ND, OR, PR) reported no increase in the rate ceiling for preschoolers.

- Five States (AL, IL, ME, MT, OH) reported an increase of less than 5 percent in the rate ceiling for preschoolers.

- Eleven States (CA, GA, IN, MD, MA, MS, NJ, OK, SD, TX, VT) reported a 6 percent to 10 percent increase in the rate ceiling for preschoolers.

- Nine States (IA, MN, NE, NM, NY, SC, WA, WI, WY) reported an 11 percent to 15 percent increase in the rate ceiling for preschoolers.

- Three States (AZ, ID, TN) reported a 16 percent to 20 percent increase in the rate ceiling for preschoolers.

- **Pennsylvania** reported a 23 percent increase in the rate ceiling for preschoolers.

- Three States (CO, KY, TN) reported increases of more than 30 percent in the rate ceiling for preschoolers.

TABLE 3.2.5 – PRESCHOOL SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA

State	Age Range		Reimbursement Rate Ceiling		Notes
	2000-2001 Plans	2002-2003 Plans	2000-2001 Plans	2002-2003 Plans	
Alabama	Preschool	Preschool	$94.00/week	$99.00/week	Rates vary by region. Rates for Birmingham given.
Alaska	Child (30 months – 13 years)	Child (37 months - 6 years)	$800.00/month	$880.00/month	Rates vary by area. Rates for Anchorage/Mat-Su area given.
Arizona	3 years < 6 years	3 years < 6 years	$20.00/day	$23.20/day	Rates vary by district. Rates for District I given.
Arkansas	Preschool		$14.40/day		Rate schedule not available for 2002-2003.
California	2 - 5 years	2 - 5 years	$27.07/ day	$29.37/day	Rates vary by county. Rates for Los Angeles County given.
Colorado	2 years and older	2 years and older	$18.18/ day	$28.00/day	Rates vary by county. Rates for Denver County given.
Connecticut		3 - 6 years		$115.00/week	Rates vary by region. Rates for Region A given.
Delaware	Over 2	Preschool	$81.40/week	$86.25/week	Rates vary by county. Rates for New Castle County given.
District of Columbia	Preschool (2 - 4 years)	Preschool (2 - 4 years)	$23.55/day	$23.55/day	Rates are District-wide, but vary by tier level. Rates for Bronze-tiered centers given.
Florida	24 - 35 months 36 - 47 months 48 - 59 months		$102.00/week $100.00/week $99.00/week		Approved 2002-2003 State Plan not available.
Georgia	3 - 5 years	3 - 5 years	$75.00/week	$80.00/week	Rates vary by zone. Rates for Zone 1 given.
Hawaii	All Ages	All Ages	$375.00/month	$375.00/month	Rates are Statewide.
Idaho	31 - 60 months	31 - 60 months	$330.00/month	$396.00/month	Rates vary by region. Rates for Region I given.
Illinois	2 ½ and older	2 ½ and older	$23.75/day	$24.34/day	Rates vary by groups of counties. Rates for Group IA Counties given.
Indiana	3 - 4 years 5 years	3 - 4 years 5 years	$30.00/day $29.00/day	$33.00/day $33.00/day	Rates vary by county. Rates for Marion County given.
Iowa	Preschool (2 years to school-age)	Preschool (2 years to school-age)	$9.50/ half-day	$10.50/half-day	A half-day unit is up to 5 hours of care per 24-hour period.
Kansas	31 months - 5 years	31 months - 5 years	$2.28/ hour	$2.28/hour	Rates vary by SRS area. Rates for Wichita SRS area given.
Kentucky	Preschool	Preschool	$15.00/day	$20.00/day	Rates vary by region. Rates for Central Region given.
Louisiana	All Ages	All Ages	$15.00/day	$15.00/day	Rates are Statewide.

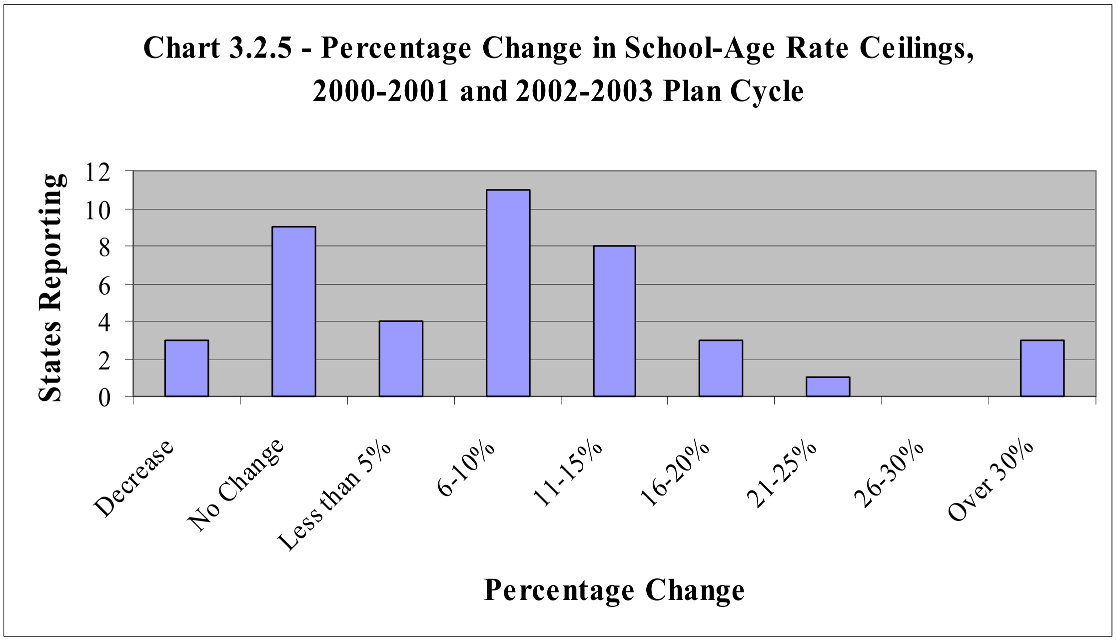
TABLE 3.2.5 – PRESCHOOL SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	**Age Range**		**Reimbursement Rate Ceiling**		**Notes**
	2000-2001 Plans	**2002-2003 Plans**	**2000-2001 Plans**	**2002-2003 Plans**	
Maine	Preschool	Preschool	$130.00/week	$133.00/week	Rates vary by county. Rates for Cumberland County given.
Maryland	Regular	Regular	$407.00/month	$433.00/month	Rates vary by Region (groups of counties). Rates for Region BC (Baltimore City) given.
Massachusetts	Preschool	Preschool	$29.00/day	$31.50/day	Rates vary by Region and Tier levels. Rates for Region 4, Tier 1 given.
Michigan	2½ year +		$2.50/hour		Approved 2002-2003 State Plan not available.
Minnesota	Preschool	Preschool	$44.00/day	$50.00/day	Rates vary by regional groups of counties. Rates for Hennepin County given.
Mississippi	3 - 5 years	3 - 5 years	$70.00/week	$77.00/week	Two Tiers exists. Rates for Tier 1 given.
Missouri	Preschool	Preschool	$15.30/day	$15.30/day	Rates vary by area. Rate areas for infant care are Metro, Sub-Metro and "Rest of State"; rate areas for preschool & school-age are divided into seven groups of counties and Rest of State. Rates given are for St. Louis County.
Montana	Regular	Age 2 +	$16.50/day	$17.25/day	Rates vary by CCR&R district. Rates for Billings District given.
Nebraska	Preschool	Preschool	$21.00/day	$24.00/day	Rates vary by groups of counties; rates are Statewide for accredited care. Rates for unaccredited care in Douglas/Sarpy counties given.
Nevada	37 - 71 months	37 - 71 months	$100.00/week	$100.00/week	Rates vary by two counties and rural areas. Rate for Clark County given.
New Hampshire		Age 3 or over		$24.40/day	Rates for contract/licensed care given.
New Jersey	Preschool (2½ up to 5 years)	Preschool (2½ up to 5 years)	$21.76/day	$23.80/day	Rates may vary by assistance group; rates for participants in the Work First New Jersey and transitional child care programs given. Rates for nonaccredited, licensed child care centers given. Premium rates are paid to accredited, licensed child care centers, school-age programs, and summer camps.
New Mexico	Preschool (3 - 5 years)	Preschool (3 - 5 years)	$346.50/month	$386.48/month	Rates vary by metro and rural areas. Rates for metro given.

TABLE 3.2.5 – PRESCHOOL SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	**Age Range**		**Reimbursement Rate Ceiling**		**Notes**
	2000-2001 Plans	**2002-2003 Plans**	**2000-2001 Plans**	**2002-2003 Plans**	
New York	3 - 5 years	3 - 5 years	$30.00/day	$34.00/day	Rates vary by groups of counties. Rates for Bronx, Kings, Manhattan, Queens and Richmond counties given.
North Carolina	3 - 5 years	3 - 5 years	$463.00/month	$463.00/month	Rates vary by county and tiered quality level. Rates for one-star centers in Mecklenburg County given.
North Dakota	3 - 13 years	3 - 13 years	$100.00/week	$100.00/week	Rates are Statewide.
Ohio	Preschool	Preschool	$105.00/week	$108.00/week	Rates vary by county. Rate for Cuyahoga County given.
Oklahoma	49 - 72 months	49 - 72 months	$260.00/month	$282.00/month	Rates vary by geographic area. Five-day weekly rates paid on a monthly basis for one-star centers in the High Geographic Area (including Oklahoma County) given.
Oregon	Preschool (31 months through 5 years)	Preschool (31 months through 5 years)	$372.00/month	$372.00/month	Rates vary by groups of zip codes. Rates for Group Area A given.
Pennsylvania	Preschool	Preschool	$22.70/day	$28.00/day	Rates vary by county. Rates for Bucks County given.
Puerto Rico	Preschool	Preschool	$160.00/month	$160.00/month	Rates are Commonwealth-wide.
Rhode Island	3 years through 5 years	3 years > 6 years	$100.00/week	$140.00/week	Rates are Statewide.
South Carolina	3 - 5 years	3 - 5 years	$74.00/week	$83.00/week	Rates vary by urban and rural areas, and whether the center is licensed-only, “enhanced,” or NAEYC-accredited. Licensed center rate for urban area given.
South Dakota	3 years and older	3 years and older	$2.00/hour	$2.15/hour	Rates vary by urban and rural areas. Rates for urban areas given.
Tennessee	2 years and older	2 years and older	$77.00/week	$90.00/week	Rates vary by Top 15 Counties (highest average populations) and 80 other counties. Rates for Top 15 Counties given.
Texas	Preschool	Preschool	$17.24/day	$19.00/day	Rates vary by Local Workforce Development Areas. Rates for LWDA 28, which includes Houston/Galveston, given.
Utah	Preschool (4 and 5 years)	Preschool	$17.19/day	$412.00/month	Rates are Statewide.

TABLE 3.2.5 – PRESCHOOL SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	**Age Range**		**Reimbursement Rate Ceiling**		**Notes**
	2000-2001 Plans	**2002-2003 Plans**	**2000-2001 Plans**	**2002-2003 Plans**	
Vermont	3 years +	3 years +	$18.92/day	$20.81/day	Rates are Statewide.
Virginia	Preschool	Preschool	$42.69/day	$161.00/week	Rates vary by county. Rates for Fairfax County/City given.
Washington	30 months - 5 years	30 months - 5 years	$23.41/day	$26.50/day	Rates vary by region. Rates for Region IV given.
West Virginia	25 months and older	24 months and older	$17.00/day	$18.00/day	Rates are Statewide.
Wisconsin	2 - 12 years	2 - 12 years	$5.10/hour	$5.75/hour	Rates vary by county. Rates for Milwaukee County given.
Wyoming	4 - 5 years	4 - 5 years	$2.14/hour	$2.43/hour	Rates are Statewide.

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Increases in School-age Child Care Rate Ceilings
Comparable data on school-age rate ceilings were available for both Plan Periods in 42 States. While the ceilings reported by these States increased by 10 percent on average, some States reported decreases in the base rate for full-day school-age child care. Chart 3.2.5 below summarizes changes in school-age ceilings; Table 3.2.6 on pages 75-77 provides specific information on each State.



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

- Three States (CA, TX, VA) reported decreases in the school-age child care rate ceiling.
- Nine States (DC, HI, KS, LA, MO, NC, ND, OR, PR) reported no increase in the rate ceiling for school-age child care.
- Four States (IL, ME, MT, OH) reported an increase of less than 5 percent in the rate ceiling for school-age child care.
- Eleven States (AZ, GA, IA, MD, MS, NV, NJ, NM, OK, SD, WA) reported a 6 percent to 10 percent increase in the rate ceiling for school-age child care.
- Eight States (ID, IN, MA, NE, NY, PA, SC, WI) reported an 11 percent to 15 percent increase in the rate ceiling for school-age child care.
- Three States (AL, MN, WY) reported a 16 percent to 20 percent increase in the rate ceiling for school-age child care.
- **Vermont** reported a 24 percent increase in the rate ceiling for school-age child care.

- Three States (CO, KY, RI) reported an increase of more than 30 percent in the rate ceiling for school-age child care.

TABLE 3.2.6 – SCHOOL-AGE SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	**Age Range**		**Reimbursement Rate Ceiling**		**Notes**
	2000-2001 Plans	**2002-2003 Plans**	**2000-2001 Plans**	**2002-2003 Plans**	
Alabama	School-age	School-age	$70.00/week	$83.00/week	Rates vary by region. Rates for Birmingham given.
Alaska	Child (30 months to 13 years)	7 - 12 years	$800.00/month	$859.00/month	Rates vary by area. Rates for Anchorage/Mat-Su area given.
Arizona	6 years < 13 years	6 years < 13 years	$20.00/day	$22.00/day	Rates vary by district. Rates for District I given.
Arkansas	School-age		$14.00/day		Rate schedule not available for 2002-2003.
California	6 years +	6 years +	$29.19/day	$28.09/day	Rates vary by county. Rates for Los Angeles County given.
Colorado	2 years and older	Before & After School Care	$18.18/day	$28.00/day	Rates vary by county. Rates for Denver County given.
Connecticut		6 + years		$105.00/week	Rates vary by region. Rates for Region A given.
Delaware	Over 2	School-age	$81.40/week	$81.40/week	Rates vary by county. Rates for New Castle County given.
District of Columbia	School-age (4 - 14 years)	School-age	$19.85/day	$19.85/day	Rates are District-wide, but vary by tier level. Rates for Bronze-tiered centers given.
Florida	Elementary School-age (Summer/Holidays)		$95.00/week		Approved 2002-2003 State Plan not available.
Georgia	School-age	School-age	$75.00/week	$80.00/week	Rates vary by zone. Rates for Zone 1 given.
Hawaii	Before School After School	Before School After School	$60.00/month $80.00/month	$60.00/month $80.00/month	Rates are Statewide.
Idaho	61-72 months 73+ months	61-72 months 73+ months	$330.00/month $303.00/month	$363.00/month $345.00/month	Rates vary by region. Rates for Region I given.
Illinois	2½ and older School-age Day	2½ and older School-age Day	$23.75/day $11.88/day	$24.34/day $12.17/day	Rates vary by groups of counties. Rates for Group IA Counties given.
Indiana	Kindergarten and Regular School-age	Kindergarten and Regular school-age	$29.00/day	$33.00	Rate schedule not available.
Iowa	School-age	School-age	$8.50/ half-day	$9.00/half-day	A half-day unit is up to 5 hours of care per 24-hour period.
Kansas	6 years and over	6 years or more	$2.27/ hour	$2.27/hour	Rates vary by SRS area. Rates for Wichita SRS area given.
Kentucky	School-age	School-age	$14.00/day	$19.00/day	Rates vary by region. Rates for Central Region given.
Louisiana	All Ages	All Ages	$15.00/day	$15.00/day	Rates are Statewide.
Maine	School-age	School-age	$130.00/week	$133.00/week	Rates vary by county. Rates for Cumberland County given.
Maryland	Regular	Regular	$407.00/month	$433.00/month	Rates vary by Region (groups of counties). Rates for Region BC (Baltimore City) given.

TABLE 3.2.6 – SCHOOL-AGE SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	**Age Range**		**Reimbursement Rate Ceiling**		**Notes**
	2000-2001 Plans	**2002-2003 Plans**	**2000-2001 Plans**	**2002-2003 Plans**	
Massachusetts	School-age Blended	School-age Blended	$16.50/day	$18.50/day	Rates vary by Region and Tier levels. Rates for Region 4, Tier 1 given.
Michigan	2 ½ year +		$2.50/hour		Approved 2002-2003 State Plan not available.
Minnesota	School-age	School-age	$42.00/day	$50.00/day	Rates vary by county. Rates for Hennepin County given.
Mississippi	5 - 13 years	5 - 13 years	$69.00/week	$76.00/week	Two Tiers exists. Rates for Tier 1 given.
Missouri	School-age	School-age	$15.00/day	$15.00/day	Rates vary by area. Rate areas for infant care are Metro, Sub-Metro and "Rest of State"; rate areas for preschool & school-age are divided into seven groups of counties and Rest of State. Rates given are for St. Louis County.
Montana	Regular	Age 2 +	$16.50/day	$17.25/day	Rates vary by CCR&R district. Rates for Billings District given.
Nebraska	School-age	School-age	$21.00/day	$24.00/day	Rates vary by groups of counties; rates are Statewide for accredited care. Rates for unaccredited care in Douglas/Sarpy counties given.
Nevada	72 months and above	72 months and above	$91.00/week	$100.00/week	Rates vary by two counties and rural areas. Rate for Clark County given.
New Hampshire		Age 3 or over		$24.40/day	Rates for contract/licensed care given.
New Jersey	Kindergarten and School-age (5 - 13 years)	Kindergarten and School-age (5 - 13 years)	$21.76/day	$23.80/day	Rates may vary by assistance group; rates for participants in the Work First New Jersey and transitional child care programs given. Rates for nonaccredited, licensed child care centers given. Premium rates are paid to accredited, licensed child care centers, school-age programs, and summer camps.
New Mexico	School-age (6 years and older)	School-age (6 years and older)	$313.50/month	$337.11/month	Rates vary by metro and rural areas. Rates for metro given.
New York	6 -12 years	6 -12 years	$30.00/day	$34.00/day	Rates vary by groups of counties. Rates for Bronx, Kings, Manhattan, Queens and Richmond counties given.
North Carolina	School-age	School-age	$411.00/month	$411.00/month	Rates vary by county and tier level. Rates for one-star centers in Mecklenburg County given.
North Dakota	3 - 13 years	3 - 13 years	$100.00/week	$100.00/week	Rates are Statewide.
Ohio	School-age	School-age	$95.00/week	$100.00/week	Rates vary by county. Rate for Cuyahoga County given.

TABLE 3.2.6 – SCHOOL-AGE SUBSIDY REIMBURSEMENT RATE CEILINGS, LARGEST URBAN AREA					
State	**Age Range**		**Reimbursement Rate Ceiling**		**Notes**
	2000-2001 Plans	**2002-2003 Plans**	**2000-2001 Plans**	**2002-2003 Plans**	
Oklahoma	73 months -13 years	73 months -13 years	$217.00/month	$239.00/month	Rates vary by geographic area. Five-day weekly rates paid on a monthly basis for one-star centers in the High Geographic Area (including Oklahoma County) given.
Oregon	School-age (6 years or older)	School-age (6 years or older)	$372.00/month	$372.00/month	Rates vary by groups of zip codes. Rates for Group Area A given.
Pennsylvania	Young School-age Old School-age	Young School-age Old School-age	$22.70/day $22.70/day	$26.00/day $26.00/day	Rates vary by county. Rates for Bucks County given.
Puerto Rico	School-age	School-age	$100.00/month	$100.00/month	Rates are island-wide.
Rhode Island	School-age (6 - 12 years)	School-age (6 - 12 years)	$85.00/week	$125.00/week	Rates are Statewide.
South Carolina	6 - 12 years	6 - 12 years	$70.00/week	$81.00/week	Rates vary by urban and rural areas, and whether the center is licensed-only, "enhanced," or NAEYC-accredited. Licensed center rate for urban area given.
South Dakota	3 years and older	3 years and older	$2.00/hour	$2.15/hour	Rates vary by urban and rural areas. Rates for urban areas given.
Tennessee	2 years and older	School-age (in) School-age (out)	$77.00/week	$50.00/week $75.00/week	Rates vary by Top 15 Counties (highest average populations) and 80 other counties. Rates for Top 15 Counties given.
Texas	School-age	School-age	$18.25/day	$18.00/day	Rates vary by Local Workforce Development Areas. Rates for LWDA 28, which includes Houston/Galveston, given.
Utah	6 < 13 years	School-age (in) School-age (out)	$17.00/day	$372.00/month (in) $260.00/month (out)	Rates are Statewide.
Vermont	Other	3 years +	$18.92/day	$23.50/day	Rates are Statewide.
Virginia	School-age	School-age	$41.61/day	$148.00/week	Rates vary by county. Rates for Fairfax County/City given.
Washington	5 - 12 years	5 - 12 years	$21.66/day	$23.86/day	Rates vary by region. Rates for Region IV given.
West Virginia	25 months and up	24 months and older	$17.00/day	$18.00/day	Rates are Statewide.
Wisconsin	2 - 12 years	2 - 12 years	$5.10/hour	$5.75/hour	Rates vary by county. Rates for Milwaukee County given.
Wyoming	6 - 12 years	6 - 12 years	$2.00/hour	$2.35/hour	Rates are Statewide.

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Informal Child Care

Many Lead Agencies reported that it is difficult to conduct an accurate market rate survey for informal, unregulated child care. To this end, 10 States (AZ, ME, MD, MN, MT, NV, NY, NC, TN, WI) reported that they establish rates for this type of care based on a percentage of the regulated family child care rate. Table 3.2.7 below includes the adjustments for unregulated care that States reported in their CCDF Plans.

TABLE 3.2.7 – ADJUSTED RATES FOR UNREGULATED CARE

State	Adjustment for Unregulated Care
Arizona	70% of the average actual daily payment for certified family child care homes
Maine	90% of child care home rates for the appropriate county and age category
Maryland	41% of the regulated family child care rate in each region
Minnesota	90% of licensed provider rates
Montana	75% of family home rates
Nevada	Between 50% and 75% of the licensed family child care provider category
New York	75% of the rate for registered family child care providers
North Carolina	50% of the market rate for home-based care
Tennessee	70% of the licensed family child care home rate
Wisconsin	50% of the licensed family maximum reimbursement rate (for “provisionally certified” family child care)

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Reimbursement Rate Policies

States establish a number of policies that affect child care reimbursement levels. Two key policies are the unit of measurement used to establish rates (e.g., whether the State pays by the hour, the day, the week, the month) and the political jurisdiction used to establish a market rate ceiling (e.g., whether the State defines rate areas as a county, a region—or group of counties—or the State as a whole). Lead Agencies were asked to provide information on both of these policies. Their responses are summarized below.

Rate Units

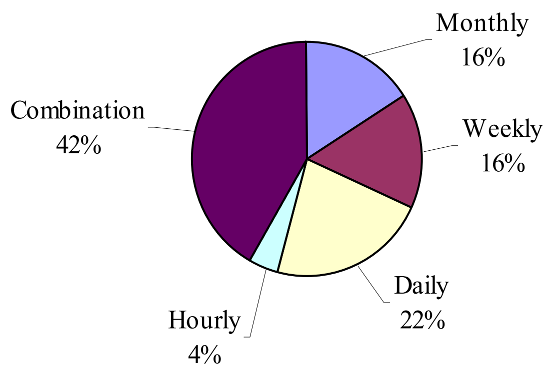
States reimburse providers for child care services provided to eligible families using different units of service measurement. Most States use full- and part-time units of service, whether accounting for service delivery on a daily, weekly or monthly basis.

- Eleven Lead Agencies (CO, DE, ID, KS, MD, MA, NV, PR, UT, VA, WY) reported they use only one unit of service, without a full- or part-time accounting.

- Twenty-nine States (AL, AK, AZ, CA, CT, DC, GA, HI, IL, IA, KY, MS, MO, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, VT, WA) listed part- and full-time units of service for either daily, weekly or monthly payment.

Chart 3.2.8 below illustrates the distribution of units of service chosen by Lead Agencies, as reported in rate ceiling tables submitted with their CCDF Plans. The majority (54 percent) of States are split fairly evenly among monthly, weekly or daily units of service; however, 42 percent of States opt for a combination of units (some mix of monthly, weekly, daily or hourly) when processing child care subsidy reimbursement. Only 4 percent of Lead Agencies listed hourly units of service exclusively.

Chart 3.2.8 - Units of Service States Use to Reimburse Providers



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Rate Areas

When establishing market rate ceilings, States are permitted to define the geographical outlines of the market within which rates are grouped and for which the rate ceiling is established. States have selected three basic market areas—a county, a region, or the State as a whole.

- Eleven States (CA, CO, DE, IN, ME, MN, NC, OH, PA, VA, WI) reported that they establish rates by county.

- Twenty-three States (AL, AK, AZ, CT, GA, ID, IL, KS, KY, MD, MA, MT, MO, NE, NV, NM, NY, OK, SC, SD, TN, TX, WA) reported that they establish rates by region, which typically refers to a group of counties (although a few States define regions as urban or rural). States use a variety of names to describe these regions, including “rate area,” “zone,” “district” and so forth. In some States, these regions are designed to correspond with the State’s social service districts or the CCR&R service delivery areas.

- **Oregon** establishes rates by groups of zip codes.

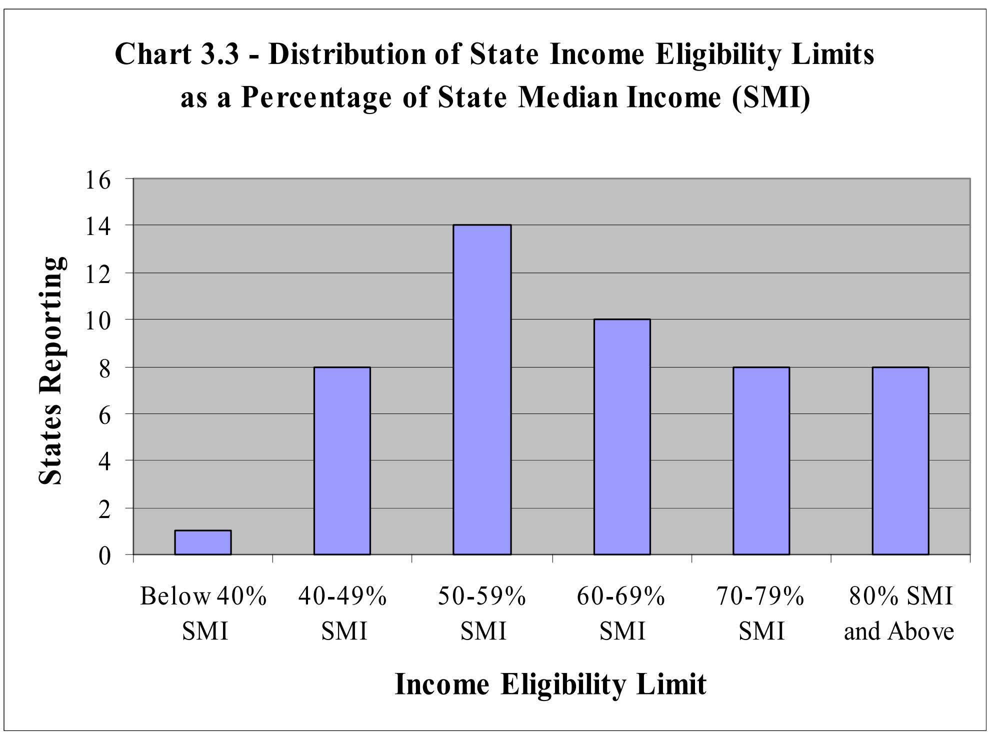
- Fourteen States (DC, HI, IA, LA, MS, NH, NJ, ND, PR, RI, UT, VT, WV, WY) reported that they base rates on data from the whole State. These States do not have multiple rate areas, but rather have one Statewide reimbursement rate ceiling for each age of child and type of care.

Section 3.3 – Eligibility Criteria for Child Care

By statute, all eligible children must be under the age of 13 and reside with a family whose income does not exceed 85 percent of the State Median Income (SMI) for a family of the same size and whose parent(s) are working or attending a job training or educational program or who receive or need to receive protective services. (658E(c)(3)(B), 658P(3), §98.20(a))

Most States have continued to establish income eligibility limits substantially below the levels permissible in Federal regulations. Only about 10 percent of States extend eligibility to families whose income is at 85 percent of SMI, according to information they submitted in their CCDF Plans, a decline from 18 percent of Lead Agencies so reporting in July 1999. On average, States reported an income eligibility level equivalent to 62 percent of SMI. The distribution of State income eligibility limits, expressed as a percentage of SMI, is shown in Chart 3.3 below.

Table 3.3, on pages 81-83, shows the income level for a family of three at 85 percent of the State Median Income (SMI), as reported in the State's 2002-2003 CCDF Plan. Table 3.3 also shows the upper income level for a family of three that the Lead Agency uses to limit eligibility, *if* that upper income level is lower than 85 percent of SMI.



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

TABLE 3.3. INCOME ELIGIBILITY THRESHOLDS AND STATE MEDIAN INCOME (SMI), FAMILY OF THREE						
	2000-2001 State Plans			2002-2003 State Plans		
State	85% of Monthly State Median Income (SMI)[1]	Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility	Monthly Income Eligibility Level as a Percentage of SMI	85% of Monthly State Median Income[1]	Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility	Monthly Income Eligibility Level as a Percentage of SMI
Alabama	$2,870	$1,504	45%	$3,118.00	$1,585.00	43%
Alaska	$3,694		85%	$4,481.00		85%
Arizona	$2,804	$1,909	58%	$3,156.00	$2,013.00	54%
Arkansas	$2,172	$1,533	60%	$2,776.92	$1,960.21	60%
California	$3,197	$2,821	75%	$3,315.00	$2,925.00	75%
Colorado[2]	$3,510	$2,139	52%	$3,774.00	$2,743.00	62%
Connecticut				$4,495.00	$3,966.00	75%
District of Columbia	$3,371	$1,764	44%	$3,706.00	$3,470.00	80%
Delaware	$3,169	$2,326	62%	$3,902.00	$2,440.00	53%
Florida	$2,667	$1,706	54%			
Georgia	$2,817		85%	$3,569.00		85%
Hawaii	$3,257	$2,874	75%	$3,479.00	$3,274.00	80%
Idaho	$2,684	$1,706	54%	$2,838.00	$1,706.00	51%
Illinois	$3,440	$1,818	45%	$3,948.00	$1,818.00	39%
Indiana	$3,149	$2,161	58%	$3,289.40	$2,207.00	57%
Iowa	$3,081	$1,793	49%	$3,455.00	$1,890.00	47%
Kansas	$3,114		85%	$3,874.00	$2,255.00	49%
Kentucky	$2,739	$1,851	57%	$3,105.00	$2,012.00	55%
Louisiana	$2,742	$2,420	75%	$2,942.00	$2,077.00	60%
Maine	$2,871		85%	$3,038.01		85%
Maryland	$3,957	$1,870	40%	$4,451.00	$2,095.00	40%
Massachusetts[3]	$3,869		85%	$4,104.00		50%
Michigan	$3,342	$2,172	55%			
Minnesota	$3,604	$3,181	75%	$3,967.00	$3,501.00	75%

TABLE 3.3. INCOME ELIGIBILITY THRESHOLDS AND STATE MEDIAN INCOME (SMI), FAMILY OF THREE						
	2000-2001 State Plans			2002-2003 State Plans		
State	**85% of Monthly State Median Income (SMI)**[1]	**Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility**	**Monthly Income Eligibility Level as a Percentage of SMI**	**85% of Monthly State Median Income**[1]	**Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility**	**Monthly Income Eligibility Level as a Percentage of SMI**
Mississippi	$2,333		85%	$2,513.00		85%
Missouri	$2,772	$1,482	45%	$3,010.00	$1,482.00	42%
Montana	$2,592	$1,735	57%	$3,032.00	$1,829.00	51%
Nebraska	$2,707	$2,105	66%	$3,373.00	$2,104.99	53%
Nevada	$3,171	$2,798	75%	$3,539.00	$3,123.00	75%
New Hampshire				$3,630.00	$2,648.00	62%
New Jersey	$3,959	$1,735	37%	$4,223.50	$3,047.92	61%
New Mexico	$2,382	$2,313	83%	$2,658.00	$2,438.00	78%
New York	$3,326	$2,338	60%	$3,400.00	$2,438.00	61%
North Carolina	$3,082	$2,719	75%	$3,232.00	$2,852.00	75%
North Dakota	$2,445		85%	$3,035.00	$2,463.00	69%
Ohio	$3,084	$2,105	58%	$3,346.00	$2,255.00	57%
Oklahoma	$2,635	$1,936	62%	$3,110.00	$1,936.00	53%
Oregon	$3,226	$2,088	55%	$3,208.00	$2,255.00	60%
Pennsylvania	$3,201	$2,139	57%	$3,543.00	$2,438.00	58%
Puerto Rico	$1,279		85%	$1,279.00		85%
Rhode Island	$3,067	$2,603	72%	$3,844.50	$2,743.17	61%
South Carolina	$2,954	$1,446	42%	$3,330.00	$1,829.00	47%
South Dakota	$2,786	$2,140	65%	$3,504.00	$1,829.00	44%
Tennessee	$2,871	$2,027	60%	$3,093.00	$2,027.00	56%
Texas[2]	$2,856	$1,735	52%	$3,171.00		85%
Utah	$2,724	$1,794	56%	$3,406.00	$2,244.00	56%
Vermont	$2,664	$2,586	83%	$2,867.33	$2,586.00	77%
Virginia[4]	$3,394		85%	$3,829.00	$1,950.00	43%
Washington	$3,194	$2,024	54%	$3,670.00	$2,743.00	64%

TABLE 3.3. INCOME ELIGIBILITY THRESHOLDS AND STATE MEDIAN INCOME (SMI), FAMILY OF THREE						
	2000-2001 State Plans			2002-2003 State Plans		
State	85% of Monthly State Median Income (SMI)[1]	Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility	Monthly Income Eligibility Level as a Percentage of SMI	85% of Monthly State Median Income[1]	Monthly Income Eligibility Level Lower Than 85% of SMI *if* Used to Limit Eligibility	Monthly Income Eligibility Level as a Percentage of SMI
West Virginia	$2,457	$1,735	60%	$2,689.00	$2,358.00	75%
Wisconsin[5]		$1,909		$3,774.00	$2,255.00	51%
Wyoming	$2,881	$1,539	45%	$3,310.00	$2,255.00	58%

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

[1]Monthly State Median Income is derived based on information provided in the State Plans (which does not necessarily coincide with most recent year SMI). In 2001, the Federal Poverty Level (FPL) for a family of three for the 48 contiguous States and the District of Columbia was $14,630. The FPL for Alaska was $18,290 and the FPL for Hawaii was $16,830. See *Federal Register*, Vol. 66, No. 33, February 16, 2001, pp. 10695-10697.

[2]Colorado and Texas permit sub-State jurisdictions to set different income eligibility limits. See the discussion of Section 3.3.3 on page 86.

[3]Massachusetts did not report an income eligibility level lower than 85% of SMI. However, for a family that does not currently have an income eligible contracted slot or voucher, the family's income must be at or below 50% of SMI (calculated at $2,414.00) in order to access the subsidized child care system. Once a family has a subsidy, a family will remain eligible until its income reaches 85% of SMI.

[4]Income levels in Virginia (income eligibility lower than 85% of SMI) differ by locality and are based on the FPL.

[5]Wisconsin did not provide the SMI for a family of three in its 2000-2001 State Plan.

- Five States (GA, ME, MS, PR, TX) reported that they set their income eligibility ceilings at 85 percent of SMI, the Federal limit for receipt of CCDF child care assistance. In the 2000-2001 Plans, nine States (AK, GA, KS, ME, MA, MS, ND, PR, VA) reported establishing income eligibility ceilings at 85 percent of SMI.

- Twenty-three States (AL, AK, AZ, DE, ID, IL, IN, IA, KS, KY, LA, MO, MT, NE, NM, ND, OH, OK, RI, SD, TN, VT, VA) reported income eligibility ceilings expressed as a percentage SMI that are *lower* than those reported in the 2000-2001 Plan Period.

- Twelve States (CO, DC, HI, NJ, NY, OR, PA, SC, TX, WA, WV, WY) reported income eligibility ceilings expressed as a percentage of SMI that are *higher* than those reported in the 2000-2001 Plan Period.

- Eleven States (AR, CA, GA, ME, MD, MN, MS, NV, NC, PR, UT) reported income eligibility ceilings expressed as a percentage SMI that are *unchanged* from those reported in the 2000-2001 Plan Period.

Section 3.3.2 – Income Definitions for Eligibility Determination

How does the Lead Agency define "income" for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded? (§§98.16(g)(5), 98.20(b))

Most Lead Agencies use gross income, usually expressed in monthly terms, when they determine if a family is eligible to receive child care assistance. However, many States exclude or exempt certain income, or allow deductions to income for certain expenses. States differ regarding whose income they elect to count, but many count the income of "all family members" for the purpose of eligibility determination.

- Twenty-two Lead Agencies (AL, AR, AZ, CT, HI, IL, IN, IA, ME, MD, MN, MT, NH, NY, ND, OR, TN, TX, UT, VA, WA, WV) cast a broad net, reporting that the income of "all family members" or "all household members" counts toward a family's income eligibility status.

- Ten States (DE, DC, LA, MS, MO, NJ, NC, PR, RI, WY) specified that only the income of the parent (or legal guardian acting in *loco parentis*) and/or child(ren) needing child care assistance counts when determining eligibility.

- **Ohio** counts the income of all of the employed individuals in the family.

- In **Pennsylvania**, the incomes of members of the TANF budget group, as defined in TANF rules, are counted when determining eligibility for child care assistance.

- Forty States (AL, AK, AZ, AR, CA, DE, DC, GA, HI, ID, IL, KS, KY, ME, MD, MA, MN, MS, MO, MT, NV, NH, NM, NY, NC, ND, OH, OK, PA, PR, RI, SC, SD, TX, VT, VA, WA, WV, WI, WY) reported permitting some kind of exclusion, exemption or deduction from income when determining eligibility.

- Most commonly, States exclude or exempt income received from some public assistance programs, including income from TANF assistance, SSI, VISTA and AmeriCorps, the food stamp program, the Child and Adult Care Food Program, the school lunch program, energy assistance benefits and housing allotments, among others. Thirty-two States (AL, AK, AZ, AR, GA, HI, ID, IL, KS, KY, ME, MD, MA, MS, MO, MT, NV, NH, NM, NY, NC, ND, OH, PA, RI, SC, SD, TX, VT, VA, WA, WY) reported that they do not count income from one or more such public assistance programs.

- Twenty-eight Lead Agencies (AL, AK, AZ, AR, DE, DC, GA, HI, ID, KS, KY, ME, MD, MA, MN, MT, NV, NM, NY, NC, ND, PA, RI, SC, VT, WA, WV, WY) exempt or exclude income from scholarships, educational loans, grants and/or income from work study programs.

- Adoption subsidies, foster care payments, or both are exempted or excluded from income subject to eligibility determination in 22 States (AL, AK, AZ, GA, ID, IL, KS, ME, MD, MA, MO, MT, NH, NC, ND, OH, PA, RI, SC, VT, WV, WY).

- Seventeen States (AK, AZ, AR, HI, ID, ME, MN, MO, MT, NV, NC, OH, PA, RI, SD, VT, WA) exclude Earned Income Tax Credit (EITC) funds from their income definition.

- In 14 States (AL, AK, ID, IL, ME, MD, OH, OK, PA, PR, SD, VT, WA, WI), child support paid to, or received from, another household is excluded or deducted from the income definition for child care assistance.

- Certain medical expenses, such as insurance premiums, are deducted from gross income when eligibility is determined in seven States (AK, GA, ME, MN, MO, PA, PR).

  Missouri deducts the medical, dental and vision premiums from an applicant's gross income.

  A medical expense not reimbursed through insurance, which exceeds 10 percent of the family gross monthly income, does not count toward a family's income in **Pennsylvania**.

- Three States (AL, AK, PR) exclude unemployment insurance or worker's compensation payments. **Alabama** exempts both.

Section 3.3.3 – Additional Eligibility Conditions

Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

- Twenty-eight States (AL, AZ, AR, CA, CT, DC, GA, HI, ID, IL, IN, KS, ME, MS, MO, MT, NE, NV, NM, NC, OH, OR, PR, SD, VT, WA, WV, WY) reported that they *do not* establish additional eligibility conditions or priority rules nor do these rules vary in different parts of the State.

- Twenty-one States (AK, CO, DE, IA, KY, LA, MD, MA, NH, NJ, NY, ND, OK, PA, RI, SC, TN, TX, UT, VA, WI) reported that they *do* establish additional eligibility conditions or priority rules and/or have rules that vary in different parts of the State.

  Colorado's Consolidated Child Care Services pilot program permits counties to receive waivers of the income eligibility ceilings established by the State.

  Maryland allows families receiving child care services whose children are attending a Head Start program to remain eligible for a subsidy until the end of the Head Start year, regardless of any change in the family's situation. Additionally, families applying for child care assistance must pursue the establishment and enforcement of child support obligations on behalf of the child.

  Massachusetts' income eligibility ceiling for families who have a child with a disability is 85 percent of the State Median Income (SMI), and these families may continue to receive a subsidy until their income exceeds 100 percent of the SMI. (The income ceiling for all other families, at the time they apply for subsidy, is 50 percent of the SMI and these families may continue to receive subsidies until their income exceeds 85 percent of the SMI.)

  Texas allows each local Workforce Development Board to establish its own eligibility policies regarding income ceilings, services for children with disabilities, and services for parents in education or training.

Sections 3.3.4 - 3.3.8 – Special Eligibility Considerations

Many Lead Agencies exercise discretion when designing the child care assistance program, taking into consideration the service needs of special populations. Table 3.3.4–3.3.8 on pages 89-91 summarizes special eligibility considerations States use to assure that target populations have access to child care services.

Section 3.3.4 – Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

- Thirty-two States (AL, AK, AZ, CA, DE, DC, GA, HI, IN, IA, KS, KY, LA, ME, MA, MS, MO, MT, NE, NV, NH, NJ, NY, OK, PR, SC, SD, TX, VT, WA, WV, WI) reported that they have elected to waive, on a case-by-case basis, the child care copayment and income eligibility requirements for children who are in need of protective services.

- Five States (CT, ID, MD, PA, VA) reported that they *do not* waive child care copayments and income eligibility requirements for children who are in need of protective services.

- Ten States (MN, NM, NC, ND, OH, OR, RI, TN, UT, WY) reported that the question was not applicable, since they *do not* use CCDF funds to pay for child care for children in need of protective services.

Section 3.3.5 – Does the Lead Agency allow child care for children age 13 and above who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

- Forty-seven States (AL, AK, AR, CA, CO, DE, DC, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) offer child care subsidies to eligible families with children who are physically and/or mentally incapable of self-care and are younger than 19 years of age.

- Two States (AZ and OH) reported that they *do not* allow child care for children with disabilities age 13 and above.

Section 3.3.6 – Does the Lead Agency allow child care for children age 13 and above who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

- Two States (LA and NC) make child care assistance available to children who are 17 years of age or younger if they are under court supervision.

- Eighteen States (AK, DE, GA, HI, IL, IN, KS, MS, MT, NE, NJ, OK, PR, TX, UT, VA, WV, WY) make child care assistance available to children who are 18 years of age or younger if they are under court supervision.

- Twelve States (CT, ID, KY, MO, NV, NY [8], ND, SC, SD, TN, VT, WA) make child care assistance available to children who are 19 years of age or younger if they are under court supervision.

- **New Hampshire** makes child care assistance available to children who are 21 years of age or younger if they are under court supervision.

- Seventeen States (AL, AZ, AR, CA, CO, DC, IA, ME, MD, MA, MN, NM, OH, OR, PA, RI, WI) *do not* allow care for children age 13 and above who are under court supervision.

Section 3.3.7 – Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are <u>not</u> working, or who are <u>not</u> in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

- Fifteen States (AZ, DE, KY, LA, ME, MA, MS, MO, MT, NE, NV, NJ, SD, VT, WI) choose to provide child care assistance to children in foster care, even if their foster parents are not employed or in an approved training or education program.

- Thirty-five States (AL, AK, AR, CA, CO, CT, DC, GA, HI, ID, IL, IN, IA, KS, MD, MN, NH, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, TN, TX, UT, VA, WA, WV, WY) reported that they *do not* provide child care assistance to children in foster care, if their foster parents are not employed or in an approved training or education program.

Section 3.3.8 – Does the State choose to provide respite child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) &(B))

- Twenty-two States (AL, CA, DE, IN, KY, LA, ME, MA, MO, MT, NE, NV, NH, OR, PR, RI, SC, SD, TX, WA, WV, WI) choose to offer respite child care to children who are in protective services.

- Twenty-five States (AK, AZ, AR, CO, CT, DC, GA, HI, ID, IL, IA, KS, MD, MN, NJ, NM, NY, NC, ND, OH, OK, TN, UT, VT, WY) reported that they *do not* offer respite child care to children who are in protective services.

[8] Assistance is available if the child is in school.

TABLE 3.3.4-3.3.8 – SPECIAL ELIGIBILITY CONSIDERATIONS										
State	Establishes Additional Eligibility Conditions or Priority Rules		Allows Child Care for Children Age 13 and Older Who Are Incapable of Self-Care		Allows Child Care for Children Age 13 and Older Who Are Under Court Supervision		Provides Child Care for Children in Foster Care Whose Foster Parent Is Not Working or in an Education/Training Program		Provides Respite Care to Children in Protective Services	
Plan Year	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003	2000-2001	2002-2003
Alabama		✓	✓	✓					✓	✓
Alaska	✓	✓	✓	✓	✓	✓ [2]	✓		✓	
Arizona		✓	✓				✓	✓		
Arkansas	✓			✓						
California	✓	✓	✓	✓					✓	✓
Colorado	✓		✓	✓						
Connecticut				✓		✓ [3]				
Delaware		✓	✓	✓	✓	✓ [2]	✓	✓	✓	✓
District of Columbia		✓	✓	✓	✓		✓		✓	
Florida	✓		✓				✓			
Georgia		✓	✓	✓	✓	✓ [2]				
Hawaii		✓	✓	✓	✓	✓ [2]				
Idaho			✓	✓	✓	✓ [3]				
Illinois	✓		✓	✓	✓	✓ [2]				
Indiana		✓	✓	✓	✓	✓ [2]			✓	✓
Iowa		✓	✓	✓						
Kansas		✓	✓	✓	✓	✓ [2]				
Kentucky	✓	✓	✓	✓	✓	✓ [3]	✓	✓	✓	✓
Louisiana		✓	✓	✓	✓	✓ [1]	✓	✓	✓	✓
Maine	✓	✓	✓	✓			✓	✓	✓	✓
Maryland	✓		✓	✓						

TABLE 3.3.4-3.3.8 – SPECIAL ELIGIBILITY CONSIDERATIONS										
State	Establishes Additional Eligibility Conditions or Priority Rules		Allows Child Care for Children Age 13 and Older Who Are Incapable of Self-Care		Allows Child Care for Children Age 13 and Older Who Are Under Court Supervision		Provides Child Care for Children in Foster Care Whose Foster Parent Is Not Working or in an Education/Training Program		Provides Respite Care to Children in Protective Services	
Plan Year	**2000-2001**	**2002-2003**	**2000-2001**	**2002-2003**	**2000-2001**	**2002-2003**	**2000-2001**	**2002-2003**	**2000-2001**	**2002-2003**
Massachusetts	✓	✓	✓	✓			✓	✓		✓
Michigan	✓		✓		✓					
Minnesota			✓	✓					✓	
Mississippi		✓	✓	✓	✓	✓ [2]		✓		
Missouri		✓	✓	✓	✓	✓ [3]	✓	✓	✓	✓
Montana		✓	✓	✓	✓	✓ [2]	✓	✓	✓	✓
Nebraska		✓	✓	✓	✓	✓ [2]	✓	✓	✓	✓
Nevada			✓	✓	✓	✓ [3]		✓	✓	✓
New Hampshire		✓		✓		✓ [4]				✓
New Jersey		✓	✓	✓	✓	✓ [2]	✓	✓		
New Mexico			✓	✓	✓					
New York	✓	✓	✓	✓	✓	✓ [3]			✓	
North Carolina			✓	✓	✓	✓ [1]				
North Dakota			✓	✓	✓	✓ [3]				
Ohio										
Oklahoma		✓	✓	✓	✓	✓ [2]				
Oregon			✓	✓					✓	✓
Pennsylvania			✓	✓						
Puerto Rico		✓	✓	✓	✓	✓ [2]			✓	✓
Rhode Island			✓	✓	✓					✓
South Carolina		✓	✓	✓		✓ [3]				✓
South Dakota		✓	✓	✓	✓	✓ [3]	✓	✓	✓	✓

TABLE 3.3.4-3.3.8 – SPECIAL ELIGIBILITY CONSIDERATIONS										
State	Establishes Additional Eligibility Conditions or Priority Rules		Allows Child Care for Children Age 13 and Older Who Are Incapable of Self-Care		Allows Child Care for Children Age 13 and Older Who Are Under Court Supervision		Provides Child Care for Children in Foster Care Whose Foster Parent Is Not Working or in an Education/Training Program		Provides Respite Care to Children in Protective Services	
Plan Year	**2000-2001**	**2002-2003**	**2000-2001**	**2002-2003**	**2000-2001**	**2002-2003**	**2000-2001**	**2002-2003**	**2000-2001**	**2002-2003**
Tennessee	✓		✓	✓	✓	✓ [3]				
Texas	✓	✓	✓	✓	✓	✓ [2]			✓	✓
Utah	✓		✓	✓	✓	✓ [2]				
Vermont		✓	✓	✓	✓	✓ [3]	✓	✓		
Virginia	✓		✓	✓	✓	✓ [2]			✓	
Washington		✓	✓	✓	✓	✓ [3]				✓
West Virginia		✓	✓	✓	✓	✓ [2]			✓	✓
Wisconsin	✓	✓		✓				✓		✓
Wyoming			✓	✓	✓	✓ [2]				

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

[1] These States make child care assistance available to children who are 17 years of age or younger if they are under court supervision.

[2] These States make child care assistance available to children who are 18 years of age or younger if they are under court supervision.

[3] These States make child care assistance available to children who are 19 years of age or younger if they are under court supervision. In New York, assistance is available if the child is in school.

[4] These States makes child care assistance available to children who are 21 years of age or younger if they are under court supervision.

Section 3.4 – Priorities for Children

The following describes the priorities for serving CCDF-eligible children including how statutorily required priority is given to children of families with very low family income and children with special needs. (Terms must be defined in Appendix 2)(658E(c)(3)(B))

Given limited resources and statutory requirements, States must prioritize which families and children needing child care assistance they will serve. More detailed information is included below. The eligibility and priority terminology submitted as part of each State's CCDF Plan is available from the National Child Care Information Center at 800-616-2242 and on the Web at *http://nccic.org*.

- Twenty-four States (AL, AK, AZ, DE, GA, ID, IN, IA, KS, LA, MD, MA, MS, MT, NJ, NM, NY, OH, PA, SC, TN, TX, VT, WI) reported that they give families participating in **TANF** first priority for child care assistance.

- Eleven States (AK, AR, KY, MO, NE, NV, NH, SD, UT, WA, WY) reported that they give **children with special needs** first priority for child care assistance.

- Four States (DC, IL, ME, ND) give first priority to **families with very low incomes**.

- Three States (CT, OR, WV) give first priority to **teen parents**.

- Two States (CA and HI) give **children who are receiving protective services** first priority for child care assistance.

- **North Carolina** allows counties to establish their own priorities.

More States Make TANF Recipients a Top Priority for Child Care Assistance

Fourteen States reported that they do not currently have waiting lists for child care assistance. However, anticipating that waiting lists may soon be needed (as a result of State budget shortfalls), an increasing number of States reported that they have established policies that give TANF recipients top priority for child care assistance. Twenty-four States made TANF families their first service priority; in the 2000-2001 Plan Period, 18 States served TANF families first.

- Eleven of the States mentioned above (DE, ID, IL, KS, NE, ND, VT, WA, WV, WI, WY) reported that they currently do not have waiting lists. Thus, the priority information included in this section would apply only if a waiting list was established.

- Three States (CO, OK, RI) reported that they have not established priorities because they currently serve all eligible families.

The following describes how CCDF funds will be used to meet the needs of families who are receiving Temporary Assistance for Needy Families (TANF), families who are attempting through work activities to transition off of TANF, and families that are at risk of becoming dependent on TANF. (658E(c)(2)(H), Section418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

- Forty-one States (AL, AK, AR, CA, CT, DE, DC, GA, HI, ID, IL, IN, IA, KS, LA, ME, MA, MN, MS, MT, NE, NV, NJ, NM, NY, ND, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, VT, VA, WV, WI, WY) appear to guarantee child care assistance to TANF families.

- Nine States (AZ, CO, KY, MD, MO, NH, NC, PA, WA) appear to *not* guarantee child care assistance to families in receipt of TANF. While these families are typically given priority, they could be placed on a waiting list if funds were not available to serve them.

- Thirty-eight States (AL, AK, AR, CA, CT, DE, DC, GA, ID, IL, IA, KS, LA[9], ME, MA, MN, MS, NE, NV, NJ, NM, NY, ND, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, VT, VA, WV, WI, WY) appear to guarantee child care assistance to families who are transitioning from TANF to the workforce.

- Twelve States (AZ, CO, HI, IN, KY, MD, MO, MT, NH, NC, PA, WA) appear to *not* guarantee child care assistance to families who are transitioning from TANF to the workforce. While these families are typically given priority, they could be placed on a waiting list if funds are not available to serve them.

- Six States (IL, RI, UT, VT, WV[10], WI) appear to guarantee child care assistance to families who are at risk of becoming dependent on TANF.

- Forty-four States (AL, AK, AZ, AR, CA, CO, CT, DE, DC, GA, HI, ID, IN, IA, KS, KY, LA, ME, MD, MA, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, SC, SD, TN, TX, VA, WA, WY) reported that families who are at risk of dependence on TANF are served when funds are available.

Section 3.5 – Sliding Fee Scale

A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family.

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

[9] Louisiana guarantees child care assistance to families transitioning off TANF only for three months.

[10] West Virginia guarantees child care assistance to *very low income* families at risk of becoming dependent on TANF.

Table 3.5 on pages 95-98 identifies the monthly income level at which the full family fee is required, whether the Lead Agency requires the fee for families at or below poverty, and the minimum and maximum copayments required by the Lead Agency, as described in each State's CCDF Plan.

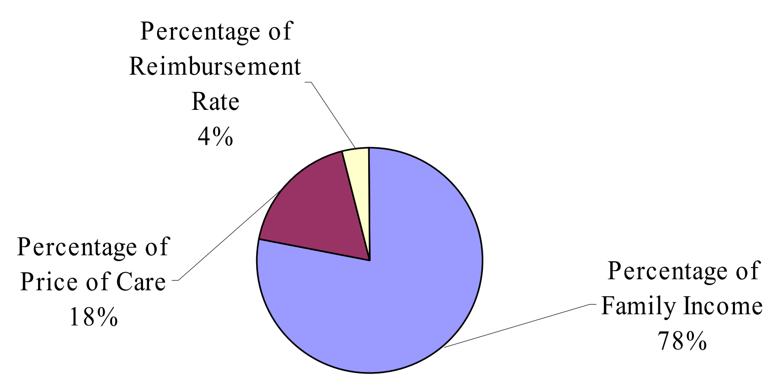
States use a variety of methods to establish copayments, but most typically peg the level of family contribution to a percentage of income, a percentage of the price of care or a percentage of the State reimbursement rate ceiling. In the 2002-2003 Plans, as in the 2000-2001 Plan Period, approximately 75 percent of States opted to establish copayments as a percentage of family income. Chart 3.5.1 below illustrates how States determine copayment levels as reported in 2002-2003 Plans.

- Thirty-nine States (AL, CA, CO, CT, DC, GA, IL, IN, IA, KS, KY, ME, MD, MA, MN, MS, MO, MT, NE, NJ, NM, NY, NC, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY) have established copayments based on a percentage of the family income.

- Nine States (AK, AZ, AR, DE, ID, LA, NV, NH, ND) have established copayments based on a percentage of the price of care. **New Hampshire** and **North Dakota** establish copayments based on a percentage of the price of the care, adjusted by the family income.

- Two States (HI and VT) establish copayments based on a percentage of the State's child care reimbursement rate ceiling.

Chart 3.5.1 - How States Determine Copayment Levels



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

TABLE 3.5 – COPAYMENT POLICIES, BASED ON FAMILY OF 3[1]						
State	**Monthly Upper Income Level at Which Maximum Fee is Required[2]**	**Are Families at or Below Poverty Required to Pay a Fee?**	**Minimum Family Fee (full-time rate)**	**Maximum Family Fee (full-time rate)**	**Is the Same Sliding Fee Scale Used in All Parts of the State?**	**Does the State Prohibit Providers from Charging Families Any Subsidized Portion of Providers' Normal Fees?**
Alabama	$2,438	Some	$5.00 (weekly)	$72.50 (weekly)	Yes	No
Alaska[3]	$3,244	All	3% of cost of care	100% of cost of care	Yes	No
Arizona	$2,013	Some	$1.00 (daily) + $0.50, 2nd child	$10.00 (daily) + $5.00, 2nd child	Yes	No
Arkansas	$2,333	None	0% of fee	100% of fee	Yes	Yes
California	$2,925	None	$2.00 (daily)	$10.50 (daily)	Yes	No
Colorado	$2,743	Some	$6.00 (monthly)	$385.00 (monthly) + $20.00 each additional child	Yes	Yes
Connecticut	$3,966	All	2% of gross income	10% of gross income	Yes	No
Delaware	$2,440	None	1% of cost of care	80% of cost of care	Yes	Yes[9]
District of Columbia	$3,470	Some	$0.00	$19.44 (daily)	Yes	Yes
Florida						
Georgia	$2,344	Some	$5.00 (weekly) + $3.00 each additional child	$52.00 (weekly) + $26.00 each additional child	Yes	No
Hawaii	$3,069	None	0% of Lead Agency reimbursement rate	20% of Lead Agency reimbursement rate	Yes	No
Idaho	$1,900	Some	1% of cost of care	100% of cost of care	Yes	No
Illinois	$1,818	All	$4.33 (one child) (monthly) $8.67 (two children) (monthly)	$134.32 (one child) (monthly) $233.98 (two children) (monthly)	Yes	Yes[9]

TABLE 3.5 – COPAYMENT POLICIES, BASED ON FAMILY OF 3[1]						
State	**Monthly Upper Income Level at Which Maximum Fee is Required[2]**	**Are Families at or Below Poverty Required to Pay a Fee?**	**Minimum Family Fee (full-time rate)**	**Maximum Family Fee (full-time rate)**	**Is the Same Sliding Fee Scale Used in All Parts of the State?**	**Does the State Prohibit Providers from Charging Families Any Subsidized Portion of Providers' Normal Fees?**
Indiana[4]		None			Yes	No
Iowa	$2,220	None	$0.00	$6.00 (half-day)	Yes	Yes
Kansas	$2,255	Some	$0.00	$243 (monthly)	Yes	Yes
Kentucky	$3,199	Some	$0.00	$13.25 (one child) $14.75 (two or more children)	Yes	No
Louisiana	$2,077	Some	15% of cost of care	75% of cost of care	Yes	Yes
Maine	$3,038	Some	2% of income	10% of income	Yes	No
Maryland[3]	$2,095	Some	$4.00 + $4.00 each additional child (monthly)	$169.00 + $130.00 each additional child (monthly)	Yes	No
Massachusetts	$4,104	None	$0.00	$24.00 (daily)	Yes	Yes
Michigan						
Minnesota	$3,501	Some	$5 (monthly)	$700.00 (monthly)	Yes	No
Mississippi	$2,583	Some	$10.00 (one child); $20.00 (two children) (monthly)	$180.00 (one child) and $190.00 (two children) (monthly)	Yes	No
Missouri	$1,482	Some	$1.00 per year	$4.00 per child (daily)	Yes	Yes[9]
Montana	$1,820	Some	$5.00	$250.00 (monthly)	Yes	No
Nebraska	$2,255	Some	$48.00	$214.00 (one child); $428.00 (two children) (monthly)	Yes	No
Nevada	$3,123	None	0% of cost of care	85% of cost of care	Yes	No
New Hampshire	$2,241	Some	$0.00	$0.50 per week[5]	Yes	No
New Jersey	$3,048	Some	$0.00	$294.90 (monthly) + $221.20, 2nd child	Yes	No

TABLE 3.5 – COPAYMENT POLICIES, BASED ON FAMILY OF 3[1]						
State	**Monthly Upper Income Level at Which Maximum Fee is Required[2]**	**Are Families at or Below Poverty Required to Pay a Fee?**	**Minimum Family Fee (full-time rate)**	**Maximum Family Fee (full-time rate)**	**Is the Same Sliding Fee Scale Used in All Parts of the State?**	**Does the State Prohibit Providers from Charging Families Any Subsidized Portion of Providers' Normal Fees?**
New Mexico	$2,950	Some	$0.00	$247.00	Yes	Yes
New York[6]	Varies by locality.	Some			No	No
North Carolina	$2,852	Some	8% of countable monthly income	10% of countable monthly income	Yes	No
North Dakota	$2,463	Some	10% of the price of the care or $27, whichever is lower (monthly)	70% of the price of care or $345 (monthly), whichever is lower	Yes	No
Ohio	$3,055	Some	$0.00	$150.00 per child (monthly)	Yes	Yes
Oklahoma	$1,936[7]	Some	$0.00	$249.00 (monthly)	Yes	Yes
Oregon	$2,255	Some	$25.00 (minimum)	$668.00 (monthly)	Yes	No
Pennsylvania	$2,865	Some	$5.00	$65.00 (weekly)	Yes	No
Puerto Rico	$1,279	None	$5.00 (monthly)	$48.00 (monthly)	Yes	No
Rhode Island	$2,743	None	$0.00	$50.00 (monthly)	Yes	Yes
South Carolina	$2,134	All	$3.00 (weekly)	$11.00 (weekly)	No	No
South Dakota	$2,255	None	$10.00 (monthly minimum)	20% of family income	Yes	No
Tennessee	$2,533	Some	$5.00 (one child); $9.00 (two children) (weekly)	$35.00 (one child); $61.00 (two children) (weekly)	Yes	No
Texas	Varies by locality.	Some	Varies by locality; 9% of gross monthly income (one child) and 11% (two or more children) is lowest in State.	Varies by locality; 11% of gross monthly income (one child) and 13% for two or more children is highest in State.	No	No
Utah[8]		Some	$10.00 (one child); $15.00 (two children)	$255.00 (one child); $281.00 (two children)	Yes	No
Vermont	$2,586	None	$0.00	90% of subsidy rate (monthly)	Yes	No

TABLE 3.5 – COPAYMENT POLICIES, BASED ON FAMILY OF 3[1]						
State	Monthly Upper Income Level at Which Maximum Fee is Required[2]	Are Families at or Below Poverty Required to Pay a Fee?	Minimum Family Fee (full-time rate)	Maximum Family Fee (full-time rate)	Is the Same Sliding Fee Scale Used in All Parts of the State?	Does the State Prohibit Providers from Charging Families Any Subsidized Portion of Providers' Normal Fees?
Virginia	$2,255	Some	10% of gross monthly income	10% of gross monthly income	No	No
Washington	$2,743	Some	$10.00	$318.32 (calculated based on formula)	No	Yes
West Virginia	$2,358	Some	$0.00	$4.00 per child	Yes	Yes
Wisconsin	$2,438	Some	$11.00 (licensed care); $8.00 (certified care) (weekly)	$77.00 (licensed care); $54.00 (certified care) (weekly)	Yes	No
Wyoming	$2,255	All	$0.05 per hour per child	$0.50 per hour per child	Yes	No

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

[1] Information reported is based on a family of three (including one or two children) with no infants or children with special needs. Some States provide different fee scales for families with infants and/or children with special needs.

[2] Where the Lead Agency provided information on an annual income, income was divided by 12 and reported as "monthly." Where the Lead Agency reported information on a weekly income, it was multiplied by four and reported as "monthly." All monthly income levels were rounded to the nearest dollar.

[3] Where the Lead Agency provided different sliding fee scales for different localities, the locality used is the same as that used to report reimbursement rates in Table 3.2.2 on pages 50-54.

[4] Indiana did not report minimum or maximum family fee nor the income level at which the maximum fee is required.

[5] Although this is the State's required copayment, most providers require the parent to pay the difference between the State reimbursement rate and the full price of the care.

[6] Each Social Service District selects its own fee percentage. The Lead Agency did not report data for any Social Service District.

[7] This is the eligibility ceiling after Oklahoma's 20% earned income deduction.

[8] Utah did not include in its CCDF Plan information on the monthly upper income at which the maximum required fee applies.

[9] Delaware, Illinois, and Missouri prohibit *some* providers from charging fees in addition to copayments established by the State.

The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size (§98.42(c)).

States reported little change in their policies regarding waiving copayments for families at or below the poverty level. Chart 3.5.2 below summarizes Lead Agencies responses, more detail about which follows.

- Five States (AK, CT, IL, SC, WY) require *all* families to pay a fee. In the 2000-2001 Plan Period, seven States (FL, IL, NJ, OH, SC, WI, WY) required all families to pay a fee.

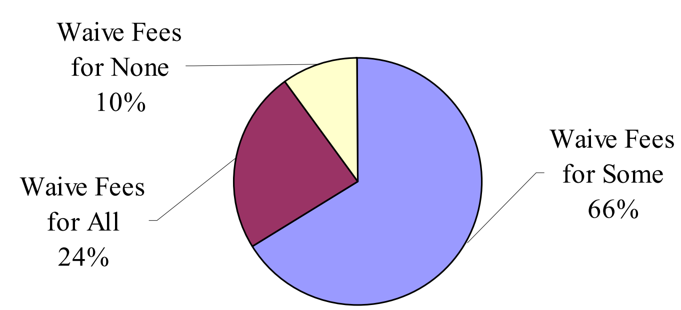
- Twelve States (AR, CA, DE, HI, IN, IA, MA, NV, PR, RI, SD, VT) waive fees for *all* families with incomes at or below the poverty level.

- Thirty-three States (AL, AZ, CO, DC, GA, ID, KS, KY, LA, ME, MD, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, TN, TX, UT, VA, WA, WV, WI) waive fees for *some* families with incomes at or below the poverty level.

- Fourteen of these States (AZ, LA, MD, MS, NH, NJ, NM, NY, ND, OK, OR, TX, UT, VA) waive fees for families with open TANF cases.

- Four of these States (MO, MT, NH, NM) waive fees for families receiving protective or preventive services.

Chart 3.5.2 - State Copayment Waiver Policies for Families at/below Poverty Level



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Colorado has issued several waivers to local Child Care Pilots that exclude families under 100 percent of poverty from copayments.

Maryland has two pilot programs—one in an urban area and another in a suburban area—that waive the first year's copayment for families with incomes below the poverty level who are transitioning from TANF to work.

New Mexico waives the copayment for income-eligible grandparents who have taken custody or guardianship of their grandchildren due to the health or permanent incapacity of the child's parent.

Does the Lead Agency have a policy which prohibits child care providers from charging families any unsubsidized portion of the providers' normal fees (in addition to the contributions discussed in Section 3.5.1)?(§98.43(b)(3))

- Fourteen States (AR, CO, DC, IL, IA, KS, LA, MA, NM, OH, OK, RI, WA, WV) reported that they prohibit child care providers from charging fees in addition to the copayments established by the State. However, many of these States made it clear that providers could charge late fees or additional fees for registration, transportation, field trips, and so forth.

  Iowa's Lead Agency requires a subsidized child care assistance provider to sign a Child Care Certificate. By signing the Child Care Certificate, the provider accepts payment through the Department's payment system, and cannot request additional payment from parents, except for the fees from the sliding fee scale. However, the cost of care provided beyond the approved units of service is the responsibility of the parent.

  Ohio has included the following language in its child care purchase or services contracts: "The provider agrees that publicly funded child care recipients shall not be required to pay fees other than the fee set by the Department to the provider as a condition for delivery of services under this contact." This same language is mandated in all child care Vouchers and/or Certificates of Authorized Payment generated by all county departments of job and family services.

- Three States (DE, IL, MO) reported that they prohibit some—but not all—providers from charging fees in addition to the copayments established by the State.

  Delaware requires that providers who have a contract with the Department of Social Services agree that they will charge no additional fees for service other than field trip fees and late fees. However, providers with no contracts are free to charge additional fees.

  Illinois child care providers who have a contract with the Lead Agency must submit a copy of their published rates with their contract and may not charge over the State's maximum rate. Providers who participate in the certificate program are not prohibited from collecting additional reimbursement from the parents.

  Missouri prohibits providers from charging an additional amount for care of children in Protective Services, Alternative Care, or Adoptive Placements throughout the Division of Family Services.

Section 3.6 – Certificate Payment System

A child care certificate means a certificate, check, or other disbursement that is issued by the Lead Agency directly to a parent who may use it to pay for child care services from a variety of providers (including center-based, group home, *family and in-home child care), or, if required, as a deposit for services. (658E(c)(2)(A)), §§98.2, 98.16(k), 98.30(c)(3) & (e)(1))*

Included below is a description of the form of the certificate; (§98.26(k))

A description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to the choice of provider; (658E(c)(2)(A)(iii), 658P(2), §§98.2, 98.30(c)(4) &(e)(1) & (2))

If the Lead Agency is also providing child care services through grants and contracts, explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b))

A child care certificate may be a computer-generated or handwritten voucher, a letter, a check, or other form of disbursement, so long as it is regarded as assistance to the child rather than the provider. The certificate must be flexible enough to follow the child to whatever child care program or provider is selected by the parent.

Most Lead Agencies describe their certificate as a "service authorization" or "notice of eligibility" for child care assistance. The certificate is typically used as a paper trail to officially inform both the parent and the child care provider that the child is eligible for subsidy. In most cases the certificate also contains information on the approved reimbursement rate and the total number of hours of child care that are authorized. **Iowa's** description of its certificate is fairly typical:

> The Child Care Assistance Certificate form is the agreement between the eligible parent, the child care provider and the Department. The form lists family information, including the children needing care, the units of service needed, the type of care and the projected number of hours to be provided, any applicable parent fee, the allowable payment, provider information and effective dates. Signatures on the form indicate agreement by all parties to the terms.

A few States describe their child care certificate as something other than a payment authorization. A few examples follow:

> **California** does not have a single, Statewide certificate form. Local child care subsidy administrative agencies are allowed to establish their own certificate forms as long as the certificates are: provided directly to the parent; allow broad parental choice including sectarian and in-home providers; carry the value of the care selected by the parent (up to the applicable payment ceilings); can be used as flexibly as cash between the parent and the provider; and the program ensures prompt issuance of the certificate and timely and accurate reimbursement to either the parent or the provider of child care services while discouraging fraud and abuse.

In the **District of Columbia**, parents first receive an Admission Form, which is generated electronically by the Lead Agency. The form contains the following: child's full name and social security number; the date services are expected to be rendered; the provider's name; eligibility category; the full name and social security number of the parent/guardian; signature of the social service representative; and the date signed. The lower portion of the form contains an Acknowledgement of Action section. This section has space for the provider's signature, the date the child was admitted to the program, and the date the provider completed the Form.

The **Idaho** Lead Agency pays for child care subsidies by a State check process. A State check is written with a co-endorsement to the parent and provider. Unless other arrangements are made, the check is mailed to the parent.

In **Minnesota**, the letter indicating approval of a child care assistance application serves as the child care certificate. Upon approval, the family may choose any licensed or registered nonlicensed child care provider in Minnesota to care for their children.

South Dakota has developed a coupon system for families with immediate short-term child care needs, such as TANF families who are participating in job search, job club or job readiness activities. The coupons are supplied to TANF caseworkers to be used as needed.

Most States have established policies that require intake staff to explain, verbally and in writing, that parents may select the type of child care that is most appropriate for their family and child. Many Lead Agencies contract or coordinate with child care resource and referral agencies to help parents select appropriate child care. Procedures vary from State to State. A few examples follow:

In **Arkansas**, eligible parents who have not selected a provider are given a listing of vendors that will include those accepting certificates and those with Specialized Child Care (i.e., direct service) Grants. The listing is also available on the Division's Web site. If the parent has selected a licensed or registered provider who is not a participant in the Child Care System, the agreement is sent to the provider. If the provider chooses to participate, they can be enrolled in the program within a week to 10 days. If the parent chooses a relative provider who has not yet enrolled in the program, a pre-application form will be given to the provider. If the pre-application is completed and returned within 10 days, a minimum of information will be gathered that will allow services and payment to begin immediately. The full payment must be completed within 60 days after the child begins receiving care. The full application requires a health card, criminal records check, a child abuse central registry check, and a checklist that verifies the health and safety of the child care site.

All types of child care providers participate in the Child Care System—child care centers, licensed child care family homes, registered homes and relative/in-home care are available to the family in each county. Providers may enroll in the program at any time.

When parents are enrolled by a certificate program in **California**, they are asked if they have selected a child care provider. If they have not selected a child care provider, they are referred to the local child care resource and referral agency (CCR&R). (In many counties, the certificate program and the CCR&R program are operated by the same agency.) The CCR&R agency provides counseling on how to select a child care provider that best meets the family's needs and a list of providers that meet these needs where the parent can visit. Once the parent has identified a provider, the certificate program staff compares the provider's fee with the appropriate market rate ceiling to determine if the parent will need to pay an amount to cover any cost above the regional market rate ceiling. The provider is informed about the certificate program's policies and procedures for receiving invoices and processing payments. The provider is required to provide the certificate program with evidence of licensure or, if the provider is license-exempt, s/he must submit a TrustLine Application with fingerprints and a Health and Safety Self-Certification that is signed by both the parent and the provider.

In the **District of Columbia,** a parent or guardian is interviewed by a Social Service Representative who informs the parent that the following types of services are available:

- Care in a child development center;
- Care in a family child care home, through the satellite system or an independent provider;
- Care by a relative;
- Care in the child's own home; and
- Private, nonsubsidized care.

The parent or guardian is then provided information orally and in writing on criteria for selecting child care options, is given the opportunity to ask questions, and is allowed to select from a variety of child care services available. The Lead Agency has developed a videotape titled, "Caring Choices," which outlines child care options. Copies have been given to all Level II centers, Office of Early Childhood Development intake, and all TANF centers, TANF vendors, and public libraries. Level II centers and Office of Early Childhood Development are required to show the video to parents during the intake process.

Most Lead Agencies reported that the bulk of their CCDF service dollars were administered via certificates and that grants and contracts were used only in special circumstances, such as in targeted programs for children with special needs, teen parents, or homeless families. However, a few States maintain large contract systems. These States typically require intake staff to inform parents about both contracts and certificates. Some examples follow:

Connecticut child care centers who have a contract with the Lead Agency are required, as a condition of funding, to advise all parents with whom the program has contact about the availability of child care certificates.

District of Columbia intake staff inform parents of all options, including those paid by contract and certificate. To ensure choice, approximately 50 percent of the services are available through grants and contracts and 50 percent through certificates.

Massachusetts has found that a system based on both contract and vouchers provides stability for providers while maintaining flexibility for parents. Information for parents on voucher programs is readily available at one of the local CCR&Rs, and through providers and family child care systems. The Office of Child Care Services has created a voucher manual for providers that explains how the voucher system works, and the role and responsibilities of providers who accept vouchers.

New Jersey has established specific admissions criteria for contracted child care agencies to ensure that subsidized child care services are provided to eligible children in greatest need of service. Eligible families who are placed on a waiting list in contracted centers are advised of the certificate program and where to get additional information. Staff in the certificate management agency assist the family in completing the application after the referral is made. Parents are also given the option under a special Waiting List Reduction Initiative to take a voucher and use it in a Contracted Center in a noncontracted slot as a method of moving off the waiting list. (Child Protective Services funds may only be used to provide voucher subsidy assistance for services provided in contracted child care centers after all available contracted slots are utilized. This child then becomes eligible for the next available contracted slot.)

In **Vermont,** all families receive a child care certificate—even if they are served through a contracted arrangement. This allows the family to easily move between providers and to have more than one provider if their schedules require more than one child care arrangement. Child care providers who elect to serve subsidized children are also required to sign a letter of agreement that contains information defining the differences between the voucher and contract systems of payment.

PART IV – PROCESSES WITH PARENTS

Section 4.1 – Application and Receipt of Child Care Services

The following describes the process for a family to apply for/receive child care services. (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through(e)) If the process varies for families based on eligibility category, for instance, TANF versus non-TANF, please describe. The description should include:

- *How parents are informed of the availability of child care services and of available child care options;*
- *Where/how applications are made;*
- *Who makes the eligibility determination;*
- *How parents who receive Temporary Assistance to Needy Families (TANF) benefits are informed about the exception to individual penalties as described in Section 4.4; and*
- *Length of eligibility including variations that relate to the services provided, e.g., through collaborations with Head Start or prekindergarten programs.*

States Use Technology to Help Parents Access Child Care Subsidies

Increasingly, States use the Internet, e-mail and other information technology to disseminate child care information, to allow parents or providers to estimate eligibility, and even to request and/or complete an application for subsidized service, sometimes without an in-person interview.

Promoting Awareness of Child Care Subsidies

States use a variety of methods to inform parents about child care subsidies. All States reported that they provide information on the availability of child care at the point of intake for families applying for the Temporary Assistance to Needy Families (TANF) program. Additional strategies for informing parents about child care subsidies are highlighted below and summarized in Table 4.1 on page 107.

- Forty-three Lead Agencies (AL, AK, AZ, AR, CA, CO, DC, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MN, MS, MO, MT, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, UT, VT, VA, WA, WV, WI, WY) reported that they use child care resource and referral agencies (CCR&Rs) to provide information to families about the availability of child care subsidies and the types of child care programs available to families.

- Child care centers and homes also help to inform parents about child care subsidies. Twenty-four States (AK, AZ, AR, CA, CO, DC, ID, IL, IA, LA, MD, MA, MN, MT, NE, NC, OK, PA, RI, SC, TX, UT, WA, WV) reported that providers were part of their outreach efforts.

- Twenty-eight States (AK, CA, CO, CT, DC, HI, ID, IL, IN, IA, KY, LA, MA, MN, MT, ND, OH, OK, PA, PR, SD, TN, TX, UT, WA, WV, WI, WY) indicated that they had developed brochures, flyers, and other promotional materials to inform families about child care subsidies. These materials are typically available at the various offices where families apply for public assistance and may also be distributed by community agencies, Head Start and other child care providers, employment and training centers, and CCR&Rs.

- Sixteen Lead Agencies (AR, CA, DC, KY, LA, MA, MT, NE, NV, ND, PA, PR, SD, TX, UT, WV) reported that they use print media, radio, and/or television to distribute information about child care subsidies.

- Fourteen States (AK, AR, CA, DC, ID, LA, MA, MT, NC, OH, OK, SD, WV, WY) reported that they provide information about child care subsidies on their Web sites. Some States include application forms. In the 2000-2001 Plans, five States (AK, MA, NC, OH, SD) used the Web in this way.

  Parents in **Alaska** with incomes up to 85 percent of State Median Income and who need child care services may learn of available options from their local administrator, within the State's child care assistance program, or the regional resource and referral agency. The State Lead Agency also maintains information on its Web site, including a listing of licensed and exempt child care providers. The south-central resource and referral agency, Child Care Connection, maintains an office in the Anchorage Job Center, and all resource and referral agencies as well as child care assistance grantees maintain a working relationship with local job centers (Alaska's version of One Stops), where those exist, to allow parents access to child care information.

  The **District of Columbia** Office of Early Childhood Development uses a variety of strategies to inform, educate, and refer parents with regard to available child care. The office supports child care resource and referral services for parents through a contractual arrangement; provides services to parents at all TANF intake points; offers child care intake at two mobile eligibility sites; and provides on-site intake for children at new vendor locations.

  Nevada parents are informed of the availability of child care services in a variety of ways. The print media is used as well as television and radio. As an example, the Economic Opportunity Board, the voucher management agency in southern Nevada, owns its own radio station and has regular programs concerning child care. Representatives of the Children's Cabinet, the voucher management agency in northern Nevada, are being interviewed on television on a somewhat regular basis. Both organizations maintain resource and referral capabilities to provide parents with a full range of child care options.

Parents receive information about **Washington's** Working Connections Child Care (WCCC) program (and other child care subsidies available through a continuum of services) through their local Department of Social and Health Services (DSHS) office, resource and referral agency, child care provider, Seasonal Child Care, Homeless Child Care, or other community agencies. Posters and brochures are available in six languages publicizing the availability of these services. Parents are informed of their options through DSHS workers, resource and referral agencies, brochures, and child care providers (including the Head Start–Early Childhood Education and Assistance Program and Seasonal Child Care Program).

TABLE 4.1 – PROMOTING AWARENESS OF CHILD CARE SUBSIDIES

How States Inform Parents	States Reporting 2000-2001 Plans	States Reporting 2002-2003 Plans	Change
Use CCR&Rs	34	43	+ 9
Use Providers	20	24	+ 4
Use Brochures, etc.	18	28	+ 10
Use Print Media, Radio, Television	6	16	+ 10
Use the Web	5	14	+ 9

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Where and How Families Apply

States have established various ways for parents to apply for child care. Most typically, parents apply in person at the Lead Agency or the State or local agency responsible for administering TANF (which in some States also is the Lead Agency). A number of States have chosen to contract with an outside agency to assist with the application process. Fourteen States have established procedures that allow families to apply for child care assistance via mail, phone, or fax, and nearly half of the States use the Internet to perform application functions.

- Eleven States (AL, IL, IN, ME, MA, MS, NV, NJ, TX, VT, WV) reported that they use a voucher management agency (or other local designee) to determine eligibility for child care assistance. Eight States (IA, LA, MD, MN, NY, ND, OH, VA) reported that State or county staff determine eligibility for child care assistance at county agency offices.

- Ten States (AK, CA, CO, HI, KY, MA, NH, NC, PA, WA) use a combination of voucher management agencies and State agency staff to determine eligibility for child care assistance. In most of these cases, the voucher management agency (or agencies) operates only in some counties or only with certain populations.

  Applications are made at local counties in **Colorado**. In a few counties, the resource and referral agency provides intake and application services. Counties with Head Start programs may accept the Head Start application in lieu of the low-income child care application for those children enrolled in the Head Start program. In addition, Head Start eligibility and redetermination criteria may be applied to dually eligible Head Start/Low-Income Child Care families. For families ending their participation in the Colorado Works Program due to employment or training, a low-income child care application is not required until after the first six months. Initial eligibility information is obtained from the Colorado Works Program. These families are still required to complete and sign a client responsibility form.

Parents can apply at extended hours sites at a **District of Columbia** Government one-stop services center. TANF participants can apply at the sites of the 10 TANF vendors to whom they have been referred. At Charter Schools and other programs with children already enrolled who meet the eligibility requirements that sign provider agreements to participate in the child care subsidy program, parent applications and eligibility determinations are conducted on-site. The Office of Early Childhood Development provides "mobile" application sites at places in the community where there is a request for such a service.

Applications for the **Idaho** Child Care Program are available at department offices Statewide. Applications can also be requested over the telephone, by mail, or printed as a PDF file from the department's Internet site. Application materials include a cover letter explaining the program and how to apply, the application, the declaration of citizenship/alien status form, and verification checklist, which describes documents needed to verify circumstances.

The CCR&Rs determine eligibility for non-TANF child care services and help families locate child care providers in **Montana**.

The **New Hampshire** Department of Health and Human Services has invested in making its 12 District Offices where child care eligibility is determined more child and family friendly. Engaging, developmentally appropriate materials and chairs have been added to lobbies; facilities for changing diapers have been added to client bathrooms; washable "upholstered" furniture has been added to family rooms; and crayons and paper as well as books are available for children who accompany their parents into the interview rooms.

In **Pennsylvania**, the Department of Public Welfare's parent-choice subsidized child care program is managed through the Child Care Information Services (CCIS) agencies for non-TANF and through the County Assistance Office (CAO) for TANF clients.

Families in **South Carolina** apply for special needs child care services through the State Department of Disabilities and Special Needs, which determines their eligibility for services. Families apply for before- and after-school child care services through their local school under the grant administered by the State Department of Education, and the local schools determine eligibility for the program.

With the exception of Head Start/Early Childhood Education and Assistance Program and Seasonal Child Care Program (where contractors conduct eligibility functions), eligibility determinations are made at the local Department of Social and Health Services (DSHS) office in **Washington** State. In January 2001, the Community Services Division implemented a new Child Care Call Center in Yakima. Low-income working families in that region of the State can now call a toll-free number to apply for subsidized child care or get information on local child care resources. Families currently receiving help through the Working Connections Child Care Program can also call this number to report changes in their circumstances. Other Call Centers are being developed across the State to improve service delivery efficiencies.

The six CCR&R agencies in **West Virginia** are responsible for determination of eligibility, using the Lead Agency's management information system, the Family and Children's Tracking System (FACTS). Department of Health and Human Resources Family Support Staff and CCR&R agencies have developed referral systems to exchange information regarding receipt of TANF and participation in approved work activities under WV WORKS programs. The Lead Agency anticipates that the FACTS system may be used in the future, once adequate interfaces with other systems are established.

- Twenty-four Lead Agencies (AK, AZ, AR, CA, CT, ID, IL, KS, ME, MA, MS, MO, NV, ND, OK, OR, SC, SD, TN, TX, VT, WA, WV, WY) allow families to request applications for child care subsidies via mail or telephone.

- Fourteen States allow parents to complete the application for child care subsidies via mail and/or telephone (AK, AR, CA, CT, ID, IL, NV, ND, OR, SC, SD, TN, VT, WA). In several of these States, it appears that a face-to-face interview is not required.

- Four States (AR, ID, MA, TN) allow parents to request an application for subsidized child care via e-mail. No State reported permitting parents to complete the application via e-mail.

- Four States (AR, ID, RI, SD) reported making application forms and information available on their Web sites. **Illinois** reported that an online application is in-process.

  A toll-free number also is available to assist **South Dakota** families and providers with their questions and concerns. An application can also be requested or downloaded on the Child Care Services Web site. In the future, applicants will be able to complete and submit applications online through the Child Care Services Web site.

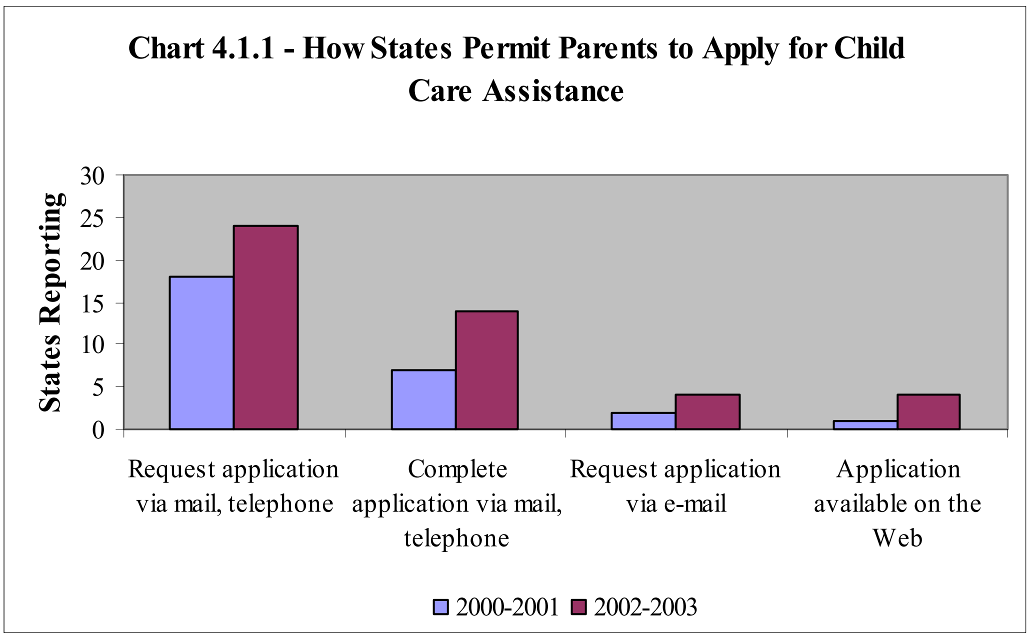
- Five States (ID, IL, MA, RI, SD) report they make available an online tool for estimating eligibility for child care assistance.

  The **Illinois** Department of Human Services has an eligibility calculator on its Web site. Clients can enter their salary, number of persons in family, supplemental income, and the county where they live and the calculator will determine if the family qualifies for child care. The department is in the process of developing an application to download from the Web site for the client's use.

  The **Massachusetts** Office of Child Care Services (OCCS) has developed a Web site (*http://www.qualitychildcare.org*) that helps families easily access information about their child care options. Families can search for a list of all the licensed child care providers in their area by the type of care provided (e.g., family child care homes, group day care centers, etc.). In Fiscal Year 2002, the Web site will contain an "eligibility wizard" that will permit families to estimate whether they are eligible to access a child care subsidy. It also contains OCCS' child care regulations and will include information about special programs.

It appears that child care providers themselves, both regulated and nonregulated, form the best network for informing parents of the child care subsidy program. Often it is a provider who may refer a client to the **Rhode Island** Department of Human Services (DHS). DHS sponsored numerous training sessions in the last year. Covered in these sessions were the basic rules of the Child Care Assistance Program, such as income level guidelines, provider and parental eligibility requirements, etc.; most recently, training covered the new Web enrollment process to conform to the latest changes in the regulations.

As shown in Chart 4.1.1 below, increasingly States are making it possible for families to apply for child care assistance using mail, telephone, e-mail and the Internet.



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Length of Eligibility

In most States, once initial eligibility has been determined, families continue to receive child care assistance as long as they continue to meet the State's eligibility criteria. However, child care payments typically are authorized for six or 12 months, after which time the Lead Agency or its designee reviews the family circumstances to ensure that they continue to meet the eligibility criteria. Kentucky's process is fairly typical:

The **Kentucky** Children's Cabinet or Service Agent (one of the local agencies with which the Cabinet contracts for operation of the subsidy system) will determine eligibility for services based on criteria set forth in their Plan. Once issued, the certificate remains in effect until the family's eligibility changes. Eligibility shall be redetermined annually or when circumstances change that impact the certificate. Such changes include:

- Use of a different provider;
- Changes in rates charged by providers;
- Changes in the level and amount of care needed; or
- Change of family income.

Increasingly, States have sought to lengthen the child care subsidy authorization period, in some cases synchronizing it with the Head Start or prekindergarten enrollment period, to promote early care and education collaborative partnerships. Chart 4.1.2 on page 112 illustrates the length of child care authorization payment periods.

- Twenty-eight States (AL, AR, CO,[11] CT,[12] DC, GA, ID, IL, IN, KS, LA, ME, MA, MN, MT, NV,[13] NH, NM, PA,[14] RI,[15] SD, TX,[16] UT, VT, WA, WV, WI, WY) generally authorize child care payments for six months.

  Child care resource and referral agencies in **Montana** prospect a family's eligibility (150 percent of Federal poverty guideline) and issue a child care certification plan for up to six months. Certification plans may be shorter if prospective eligibility determination predicts a change in the family's circumstances that affects their basic eligibility. Families are eligible for non-TANF child care services for the entire six-month period, until one of the following occurs:

  - A family enters the TANF program.
  - Household composition changes, eliminating the need for child care.
  - Earnings exceed the limits of the sliding fee scale, when the family re-certifies.
  - Work hours decrease and cause a family to fall below the minimum work requirements (120 hours per month for two parent family, 60 hours per month for single-parent family or 40 hours per month for a single parent attending school full-time).
  - A teen student-parent leaves high school.
  - Unemployment continues past the grace period (the end of the following month).

  Families who lose employment continue to receive benefits until the end of the following month. This grace period allows families to look for employment while providing children with continuity of care.

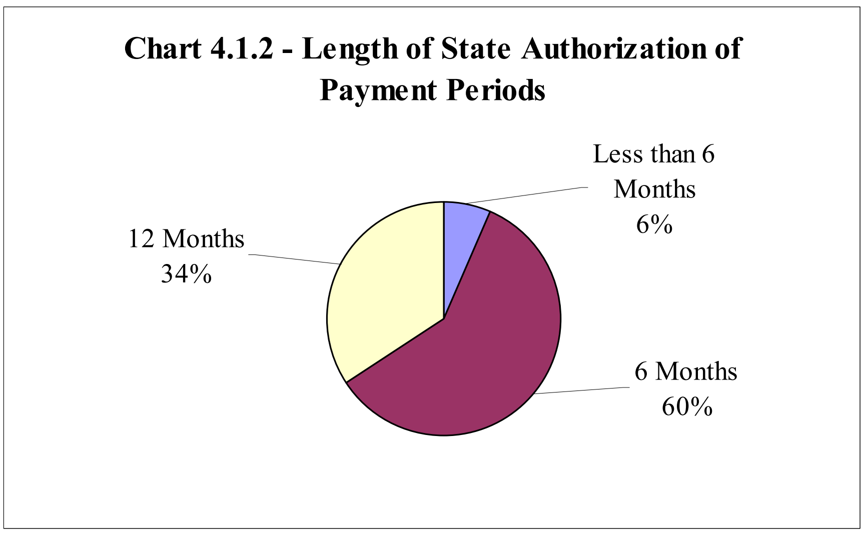
  Child care eligibility is for a six-month period of time in **Wisconsin**. A review is required at the end of each six-month period to determine continuing eligibility. If a family has a change in circumstances of the household, this information must be reported within 10 days to the agency worker. Change in circumstance includes changes in earned or

[11] For children enrolled in Head Start under the Consolidated Child Care Pilot Program, 12 months.
[12] Or on a month-to-month basis, if warranted.
[13] Or as often as monthly if family income is unstable; for care purchased through a contract, as in before- and after-school programs, eligibility is redetermined once each year.
[14] Unless circumstances warrant a shorter period.
[15] For income-eligible families only; for other service groups, period varies.
[16] Varies by Workforce Development Area.

unearned income, employment, household composition or address. The parent must report a change in child care provider immediately.

- Sixteen States (AZ, CA,[17] DE,[18] HI,[19] IA, KS, KY, MD, MO, NJ, NY,[20] NC, OH, OK, PR, SC) generally authorize child care payments for up to 12 months.

  In **Ohio**, the family's eligibility is redetermined at least every 12 months. Eligibility continues throughout each 12-month period and will only end under specified circumstances, such as if the family no longer needs the care, exceeds the income eligibility limit or if the parent is no longer employed or in an education/training program leading to employment. Eligibility may be terminated immediately for all families who are not OWF participants or in the transition period if funding is no longer available. Families that are OWF participants or in the transition period are prioritized and will be the last group terminated if funding is no longer available.



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

- **Oregon** authorizes child care for a three- to six-month period, depending upon the benefit program and the stability of a family's income. A six- to 12-month authorization period is used for targeted services families.

- **Alaska** authorizes child care for a three- to four-month period, but reviews eligibility every six months for families with documented stable work and child care situations.

[17] Protective Services placements, six months.
[18] Up to six months depending upon the parent/caretaker's circumstances for teen parents, special needs caretaker or child, or homeless families.
[19] Hawaii reported a 12-month eligibility period with monthly verification.
[20] Reassessed quarterly for TANF families.

- **North Dakota** authorizes child care for one month. The State has launched an extended eligibility pilot program in two counties, which may authorize payment for child care services for up to 12 months.

- Eight States (CO, DC, IL, MD, NV, OR, SD, VT) reported extended periods of eligibility for families whose children are enrolled in collaborative Head Start–child care programs.

  Colorado counties with Head Start programs may accept the Head Start application in lieu of the low-income child care application for those children enrolled in the Head Start program. In addition, Head Start eligibility and redetermination criteria may be applied to dually eligible Head Start/Low-Income Child Care families. In some communities participating in the Consolidated Child Care Pilot Program, eligibility may be redetermined every 12 months where children are enrolled in Head Start and the pilot communities have received a waiver of the six-month eligibility redetermination from the State Division of Child Care.

  In the **District of Columbia**, where generally a six-month authorization period prevails, a child enrolled in prekindergarten who is eligible for subsidized child care will retain eligibility for the duration of the school year. A child enrolled in Head Start who is eligible for subsidized child care retains eligibility until such a time as the Head Start eligibility limit is reached.

  In most cases in **Illinois,** eligibility is determined for six months when a client applies, and thereafter at the end of each six-month period, eligibility is redetermined. However, for families enrolled in the Partners in Care and Education Program, eligibility is determined once a year at the beginning of the program year.

  Alignment of Eligibility Policies Favors Collaboration Efforts

  Increasingly, States and communities are promoting collaboration among early childhood programs such as Head Start, prekindergarten, and child care. To support families enrolled in full-day, full-year early care and learning programs, more and more Lead Agencies are simplifying the eligibility determination process and lengthening the child care subsidy authorization period.

  The maximum eligibility period is 12 months in **Maryland**; however, the eligibility period can be extended beyond 12 months if the Head Start program's school year extends beyond the family's eligibility period.

  In **Nevada**, the Early Head Start programs determine a family's eligibility when the child enters the program. The child care program providing wrap-around funding accepts that determination. A family's eligibility is not redetermined until that child enters Head Start; the child care program providing wrap-around funding accepts that determination. Once the child leaves Head Start and enters regular child care through the certificate program, the family's eligibility is redetermined every six months and more often if the family's income is unstable.

The length of client eligibility varies in **Oregon** depending on the benefit program and stability of family income. Redetermination of client eligibility is required periodically, generally three to six months. If the child is enrolled in a Head Start collaboration program, eligibility may extend to the end of the State fiscal year.

In the upcoming months, **South Dakota** applicants will be able to complete and submit applications online through the Child Care Services Web site. The eligibility level is locked in for a period of six months as long as all program requirements are maintained. Eligibility is locked in for a period of one year for applicants utilizing programs offering full-day full-year Head Start as part of a collaboration effort between the child care provider, Head Start, and Child Care Services.

In **Vermont,** for families that are participating in full-day/full-year contracts with Head Start, eligibility is determined annually rather than every six months.

- When funding is not available to purchase care, six States (CA, DE, MA, MN, PA, VA) reported maintaining a waiting list of eligible families.

When a **California** family contacts a subsidized child care and development program either in person or by telephone, the family is asked a series of questions to determine for which, if any, subsidized child care programs the family may be eligible. Based on the information provided, if the family is eligible and space is available, the family is enrolled. If no space is available, the family is placed on an eligibility waiting list and enrolled in the order of priorities for enrollment as space becomes available. A family's enrollment is subject to completion of an application, including verification of income and need. In the case of CalWORKs (California's TANF Program) families, funding is available to provide immediate services without waiting.

The application process for TANF recipients and non-TANF recipients for child care assistance is the same in **Minnesota**. Families apply for child care assistance in their county of residence. Each county must have at least two methods for applying for Child Care Assistance. If the applicant is a TANF recipient, or a non-TANF recipient and funds are available at the time of inquiry, then an application is completed; the county determines if the applicant is eligible; and, if eligible, services begin. If the applicant is a non-TANF recipient and funds are not available, the family's name is put on a waiting list for assistance. As additional funds become available, families on waiting lists are notified and requested to complete applications.

In **Pennsylvania**, if funding is available, a child receives service as soon as eligibility is determined. If funding is not available, the child's name is placed on a waiting list. When funding becomes available, the child's parent is notified and must select a provider. Families moving from TANF into the subsidized child care program do not go on a waiting list. Instead cases are automatically transferred to the Child Care Information Services agency, which has a 90-day window to complete the paperwork for eligibility. This transition period is allowed to ensure that there is no disruption in service for former TANF families.

Section 4.2 – State Records of Substantiated Complaints by Parents

The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request.(658E(c)(2)(C), §98.32))

Every Lead Agency has established a procedure for maintaining records of substantiated parental complaints. In most States, records of substantiated complaints are maintained by the Lead Agency's licensing unit and are available to the public upon request at the State agency's main office or county and local offices of the agency and its designee, usually in accordance with the State's open records law. Some States have developed automated systems to maintain these records and a few have made some information concerning complaints or licensing status available on the Internet. Many States have established toll-free numbers where information can be requested—or complaints filed—verbally. Table 4.2 on page 116 summarizes the methods States use to record substantiated parental complaints.

- Eight States (CO, MA, MO, NE, NY, TX, WA, WV) reported that they use an automated system to track parental complaints. **North Dakota** reported that it anticipates launching an automated system in January 2003.

- Ten Lead Agencies (IL, MS, NE, NY, NC, PA, SC, VT, VA, WA) reported that they have established a toll-free number to make it easier for parents to register complaints and/or to request information on a provider's compliance history.

- Three States (IN, NC, OH) reported that they currently allow parents to request and/or receive complaint information via the Internet.

  Complaints on licensed providers in **Colorado** are retained in the Division of Child Care imaging system, which contains the files of all licensed child care facilities. The public has access to this information in the electronic licensing histories maintained for all facilities, which can be distributed to local child care resource and referral agencies. These histories contain information on all licensing functions.

  If a parent or an individual calls the **District of Columbia** Department of Health Licensing Agency and inquires about the number of complaints at a particular child care facility, the information is given over the phone. If a caller requests the details of the complaint, s/he will receive a copy with the names of the children involved deleted.

  Currently, the CCR&Rs in **Idaho** are required to maintain a parental complaint log. Each CCR&R has developed its own procedures. The State plans to implement the procedures used in one region Statewide. The requirement is being incorporated in the new CCR&R contracts.

The public can access information on the **Indiana** Family and Social Services Administration Web site (*http://www.carefinderindiana.org*) concerning the status of a child care provider's license, and read about the latest inspections and any problems uncovered. Complaints filed by parents are also listed, along with whether the complaint was substantiated, and what action was taken.

For **Kentucky** child care providers not required to be licensed or certified, parents may request a self-assessment form from the Cabinet for Families and Children.

In **North Carolina**, in addition to information on complaints that are investigated, parents can gain access to information on child care provider's compliance with licensing requirements. Files are maintained in the Division of Child Development office on each licensed center and home. Parents may view the records by visiting the office or may request a copy via e-mail or a toll-free phone number. Parents can also access some information from the records online through the Division's new Facility Search Site (*http://www.ncchildcare.net*). The new rated license system provides additional information about each individual provider's compliance history. The license shows the number of points that the provider has earned for its compliance with licensing rules.

The **Ohio** Department of Job and Family Services maintains a Web site offering access to information regarding the number of complaints filed against each center licensed by the State. This information is limited to whether complaints have been filed.

TABLE 4.2 – SELECTED METHODS USED TO REPORT SUBSTANTIATED PARENTAL COMPLAINTS

Procedure	States Reporting 2000-2001 Plans	States Reporting 2002-2003 Plans	Change
Use an Automated System to Record Complaints	8	8	No change
Use a Toll-free Number to Register Complaints or Request Information	7	11	+ 4
Use the Internet to Allow Parents to Request or Receive Complaint Information	2	3	+ 1

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Section 4.3 – Affording Parents Unlimited Access to their Children in Care

The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

As required, each Lead Agency has taken steps to ensure that parents have unlimited access to their children while they are in the care of a provider who receives funds through the Child

Care and Development Fund. Lead Agencies give ready access to regulations and statutes and inform parents of their right to unlimited access as part of the consumer education they receive.

Section 4.4 – TANF Terminology

The regulations at §98.33(b) require the Lead Agency 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 under 6 years of age.

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:

- *"appropriate child care"*
- *"reasonable distance"*
- *"unsuitability of informal child care"*
- *"affordable child care arrangements"*

The TANF terminology submitted as part of each State's CCDF Plan is available from the National Child Care Information Center at 800-616-2242 and on the Web at *http://nccic.org*.

PART V – ACTIVITIES AND SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

Section 5.1 – CCDF Earmarks

The Child Care and Development Fund provides earmarks for infant/toddler care, school-age care, and resource and referral services as well as the special earmark for quality activities.

Lead Agencies were asked to summarize how CCDF set-aside funds were used for infant/toddler care, school-age care, and resource and referral services. A summary of activities funded under each earmark is included below.

Infants and Toddlers

- Thirty-nine States (AL, AK, AZ, AR, CA, CO, DE, DC, GA, HI, IL, IN, KS, KY, LA, ME, MD, MN, MS, MO, MT, NE, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SD, TN, VT, WA, WV, WI, WY) use funds from the infant/toddler set-aside to support specialized training for practitioners who serve infants and toddlers. These funds support a range of credit and noncredit training opportunities. However, six of these States (AR, CA, NY, MT, WI, WY) have established an infant/toddler certificate program. In the 2000-2001 CCDF Plan, three States (MT, NY, WY) reported developing an infant/toddler credential.

- Eight States (AK, CA, IL, IN, NY, ND, WV, WY) have developed special "train-the - trainer" initiatives for practitioners who work with infants and toddlers.

- Seventeen States (AZ, AR, CA, CO, DE, DC, GA, KS, MD, MO, NJ, NM, NC, OK, RI, VT, WA) also use set-aside funds to provide technical assistance to programs and/or practitioners who serve infants and toddlers.

  Arizona has developed a training delivery system based on the WestEd Infant/Toddler curriculum that also includes on-site technical assistance as well as completion of a plan on how the practitioner will integrate the skills and concepts learned. A range of provider supports are available, including reimbursement for substitutes as well as incentive funds for equipment, supplies or additional training.

Infant/Toddler Set-Aside Focused on Quality

Increasingly, States are choosing to use infant/toddler earmark funds to improve the quality, rather than expand the supply, of care provided to infants and toddlers. Six States reported the development of an infant/toddler caregiver credential, doubling the number reporting in the previous Plan Period. States often reported initiatives that link caregiver credentials, compensation, and program assessment. With such multifaceted initiatives, the States are promoting systemic change—an approach that involves and considers the entire care system and its interrelated aspects—rather than seeking a single solution.

California has developed a comprehensive system to support Infant/Toddler trainers through a Caregivers Institute that includes multi-media training in four separate modules. Participants who complete the modules and related course work receive certificates as trainers for the Program for Infant/Toddler Caregivers (PITC). Stipends are made available to support endorsed trainers.

Colorado provides training and technical assistance on caring for infants and toddlers to directors at selected child care centers (in addition to supporting infant/toddler training for practitioners in many settings).

Delaware's Project C.R.E.A.T.E includes training and technical assistance for practitioners in infant/toddler settings. Pre- and post-assessment of provider skills, along with outcome evaluations, are used to ensure that the training is effective.

Nebraska's First Connections uses technology-based options to extend training to infant/toddler practitioners in rural and remote areas. Participants can access training via the Internet, augmented with CD-Rom and a special Web site. The curriculum is based on the Child Development Associate Credential competencies, and participants who complete the course are eligible for college credit.

New York held a symposium on infant and toddler issues for trainers. An in-service training package was developed and included the following five modules: Language Development and Responsive Relationships; The Responsive Process: Watch, Act, Adapt; Diapering: A Dance Not a Chore; Strategies that Help When Babies Cry; and, Lap Reading: Cuddling with Babies and Books. The training package included curricula, participant materials, and video support and is designed to fit into the typical day care center schedule and structure.

West Virginia's One Step at a Time infant and toddler training is implemented by child care resource and referral agencies (CCR&Rs) training staff and is linked to the infant and toddler training section of the Apprentice for Child Development Specialist (ACDS) training.

Wisconsin includes its Infant Toddler Initiative under the T.E.A.C.H.® umbrella (so that practitioners may access scholarships and increased compensation upon completion) and an Infant Toddler Teacher Credential (which includes 12 credit hours of training.)

Wyoming is building a Statewide network of qualified infant/toddler trainers, and has also developed a credential for directors of infant facilities. Completion of the credential requires college-level coursework (which may be attained via distance learning) and an individual assessment of competency at an identified model infant site.

- Twelve States (AR, CA, IL, IA, KS, LA, ME, NJ, NC, OK, PA, WA) reported that they have hired specialists or health consultants to focus on infant/toddler issues. In many cases these initiatives were developed in collaboration with Healthy Child Care America, a collaborative effort of health professionals, child care professionals, families, and other services working in partnership to improve the health and well-being of children in child care settings.

Kansas has placed an infant/toddler specialist in each of the 16 CCR&Rs, to serve as a local resource to both child care providers and parents on issues surrounding the importance of quality child care and nurturing infants based on research around early brain development.

New Jersey makes funds available to each of its Unified Child Care Agencies to hire a registered nurse to assess health care services for children in child care as well as to provide training and technical assistance. These consultant/trainers conduct site visits and needs assessments regarding health issues, develop linkages with community services. Evaluation of the consultant's impact on the program is measured using the Infant Toddler Environmental Rating Scale (ITERS) evaluation tool.

- Seven States (IL, MO, MT, NM, VT, WI, WV) reported that they pay higher rates for infant/toddler care. In some cases, these rates were linked to specialized training and/or lower ratios.

New Mexico provides higher reimbursement to providers who have lowered their ratios for infant/toddler care and/or achieved accreditation.

West Virginia providers who have completed the Apprentice for Child Development Specialist training receive an additional $2.00 per day for each subsidized infant and toddler. Additionally, the individual who completes the training receives a bonus of $400.

- Twenty-one States (AR, CA, CO, DC, GA, IL, NV, NH, NY, NC, ND, OK, PR, RI, SC, UT, VT, VA, WV, WI, WY) reported that they have established grant programs to help start up, expand or improve infant/toddler care. In some cases, these are one-time only grants, or small "mini-grant" programs targeted to supplies and equipment. However, States are increasingly linking these grants to other training and quality improvement efforts and moving toward systemic change.

Georgia's Infant and Toddler Quality Initiative is a two-year endeavor that includes: individualized, on-site technical assistance; quality improvement grants (based on an evaluation of program needs); training for infant/toddler teachers; recruitment of accomplished teachers to mentor less experienced teachers; and T.E.A.C.H.® scholarships for infant and toddler teachers who wish to pursue a formal degree.

Montana's Demonstration Project for Infant Toddler Facilities has several components, including higher reimbursement rates for infant/toddler slots; stipends to support career development and/or increased administrative functions; wage supplements for certified Infant/Toddler caregivers; and financial awards to improve the design of the facility, purchase equipment or expand operation. Projects are funded for three years and grantees must become accredited within the first two years. ITERS Evaluations are used to evaluate the project.

New Hampshire funded a Wheelock College graduate seminar in infant/toddler care and made $4,000 equipment grants available to participants who completed the course and agreed to increase their capacity by four babies.

The **North Dakota** Infant/Toddler Intensive Project supports a Statewide network of Infant/Toddler Training Coordinators; a comprehensive training curriculum and linkages with institutions of higher education; and incentive grants for centers that agree to participate in an ITERS program assessment, work on an action plan that results from the assessment, and attend Infant/Toddler Center director training.

South Carolina has three types of grants: 1) Implementation Grants of up to $25,000 to start quality infant/toddler services in enhanced or accredited centers with the ABC Child Care Voucher System; 2) Expansion Grants of up to $12,000 to increase the number of infants/toddlers currently being served in ABC enhanced or accredited centers; and 3) Quality Grants of up to $5,000 to improve the quality of infant/toddler services in ABC enhanced or accredited centers.

Utah makes quality improvement grants available to licensed centers and homes, based on the need determined by a HARMS rating. On-site consultation is also available.

Vermont contracts with infant/toddler providers who are accredited, participate in a network, maintain individual professional development plans for all staff and have a business plan. Mini-grants also are available to help enhance or expand infant/toddler care.

- Four States (DC, IA, NY, PA) use a portion of the infant/toddler set-aside to support accreditation grants.

New York makes grants available to cover accreditation fees as well as the cost of substitutes, lower teacher/child ratios until those costs can be included in the fee structure, and enhancing program space and materials.

- Three States (DC, MA, UT) contract directly with child care programs to provide infant/toddler care. Two others (CT and NC) support benefits and/or comprehensive services.

Connecticut uses set-aside funds for comprehensive services in programs that offer infant/toddler care.

North Carolina uses the set-aside to subsidize health insurance for child care providers who offer infant/toddler care.

Utah negotiates 17-month contracts with licensed child care centers to fund the creation of infant care where none exists, expand the number of slots, and enhance the overall operation of infant/toddler programs.

- Two States (AR and CA) reported spending part of the CCDF set-aside to provide general operating support for family child care associations. Many States noted that they contract with associations to provide or coordinate training and technical assistance.

- Two States (DC and OK) indicated that they fund family child care networks or satellite systems with the CCDF set-aside.

- Twelve States (CA, DC, HI, ID, IL, IA, MA, ME, NE, KS, SD, VT) reported using the infant/toddler set-aside for inclusion activities or training and technical assistance to providers on serving children with special needs.

  Regional training coordinators in **California's** Program for Infant and Toddler Caregivers (PITC) receive technical assistance to support them in creating linkages with early interventionists at the local level. Training on strategies, program practices, and models that support full inclusion of infants and toddlers with disabilities also is available.

  In **Vermont**, three State agencies have signed an interagency agreement defining fiscal responsibilities to assure access to child care for infants and toddlers with special needs.

- Seven States (CA, DC, MA, NH, OK, PA, WV) initiated planning efforts that targeted infant/toddler care. In the 2000-2001 CCDF Plans, two States (AR and IA) explicitly referred to use of the block grant earmark to support an infant/toddler planning effort.

  New Hampshire's Infant/Toddler Task Force developed several new initiatives and became an indispensable part of the department's overall planning efforts.

Child Care Resource and Referral (CCR&R)

- Forty-six States (AL, AK, AZ, CA, CO, CT, DE, DC, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MN, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) reported that they contract with a community-based agency to provide child care resource and referral services.

- Three States (MS, NE, PR) provide CCR&R services themselves.

- **Arkansas** provides child care information and referrals via a toll-free number but contracts with community-based agencies to provide other CCR&R services (such as recruitment, resource development, training, etc.).

Many Lead Agencies contract with CCR&Rs—or other community-based agencies—to help administer child care subsidies. These activities are discussed in Parts I and IV of this report.

Several States described unique initiatives that used CCR&R agencies as coordinating bodies to support a range of services for parents and providers. For example, many of the infant/toddler training efforts and collaborative consultation initiatives described previously were administered by CCR&R agencies. Other initiatives include the following:

California CCR&R agencies administer the State's TrustLine Application process, a child abuse screening process for in-home child care providers.

Colorado contracts with the Statewide CCR&R network to administer the Colorado Options for Inclusive Child Care (COFICC) project. COFICC offers expanded referral and support services to families with children with special care needs, and works directly with families and providers to identify and address barriers to the inclusion of children with special care needs in generic child care and school-age care settings. Families and providers receive help in identifying community resources that can supply the hands-on, on-site training, consultation and other supports that make inclusive child care a reality. A new component to the COFICC is nurse consultation services, available through a partnership between the Healthy Child Care America initiative and CCDF.

Two **Oklahoma** CCR&R agencies are helping to pilot a new teacher substitute pool. These agencies will recruit and train substitutes. A list of available substitutes will be shared with child care programs that are participating in the State's T.E.A.C.H.® initiative.

Wisconsin contracts with its CCR&R agencies to support the Child Care Mentor Teacher Project. CCR&R coordinators are responsible for recruiting mentors and proteges, facilitating relationships with local child care programs and providing overall support for the mentor program.

School-age Child Care (SACC)

- Twenty-six States (AK, AZ, AR, DE, DC, GA, IL, IA, KS, MA, MN, MT, NH, NJ, NY, NC, ND, PA, PR, RI, SC, SD, UT, WA, WV, WI) reported that they use set-aside funds for school-age child care provider training.

- Eighteen States (AZ, AR, CA, DC, DE, GA, IL, IA, KS, MA, MT, NH, NJ, ND, PA, SC, SD, WA) also use school-age child care set-aside funds for technical assistance.

Delaware lists many school-age child care training efforts in its CCDF Plan, including efforts to recruit school-age child care mentors and develop model contracts for principals to use when they contract with an outside organization to run the school-age child care programs.

North Carolina developed the "Rated License Manual for School-Age Care," an in-service training module that helps both unregulated school-age child care programs achieve licensing and currently regulated programs achieve a higher star license level. The Lead Agency in this State also uses school-age child care set-aside funds for scholarships, substitutes and resources so that family child care providers can participate in training. In the 2001-2003 biennium, North Carolina will explore using set-aside funds to train community college staff about the unique needs of school-age child care providers.

South Dakota supports several school-age child care training and technical assistance initiatives. This includes Out-of-School-Time support staff who provide regional training to school-age child care programs. Technical assistance training is provided to Child Care Services licensing staff so that they are better prepared to support schools that express an interest in setting up programs. Funds are also made available for resource materials and conferences.

Utah's Office of Child Care provides on-site training and technical assistance to school-age child care programs, and uses the School-age Care Environmental Rating Scale (SACERS) to measure the effectiveness of this work.

- Three States (CO, IA, NY) reported that they have developed a special school-age child care credential.

Practitioner Training is a Priority for SACC Set-Aside

In prior years, the most common use of SACC set-aside funds was program start-up. This year, quality improvement became a priority. A majority of States reported that they use set-aside funds for school-age child care provider training. In addition to providing scholarships and other training resources, some States are developing SACC credentials, special mentor programs and targeted distance-learning courses. North Carolina is developing a special training initiative for community college staff, focusing on the unique needs of school-age child care providers.

Iowa supports providers pursuing an Associates Degree in School-Age Care from Concordia University.

The **New York** State School-Age Care Credential was developed by a team that included the CCDF Lead Agency, Cornell University and the New York School-Age Care Alliance.

- Eight States (AK, AR, DE, GA, IA, MO, NJ, RI) make funds available to support providers who are pursuing school-age child care program accreditation.

- Five States (IA, ME, RI, UT, VT) use set-aside funds to hire one or more school-age child care specialists. Typically, these individuals help to coordinate training and technical assistance for school-age child care programs. However, in a few States these coordinators are engaged in funding issues and negotiating interagency agreements.

Vermont created a contractual position within the CCDF Lead Agency to provide support to public schools to develop before- and after-school programs and to coordinate these services with the 21st Century Community Learning Centers Program.

- The Lead Agency in **Delaware** works closely with school district administrators and school principles to encourage support of school-based programs, and collaborates with the Department of Education to identify sources of funding for these programs.

- Nineteen States (AR, CA, DE, GA, IL, IA, MN, MO, NJ, NC, PA, RI, SD, TX, VT, VA, WA, WV, WY) reported that they spent set-aside funds for grants to start-up, expand or improve school-age child care.

  Minnesota administers its school-age start-up fund through CCR&R agencies, and coordinates with higher education and the State's school-age child care association. Each grantee is assigned a school-age care mentor program. Training is provided by the School Age Care Network at Concordia University. Additional support is available from the Minnesota School-Age Care Alliance.

  New Jersey has several mini-grant programs for school-age child care, including grants for programs interested in improving quality, moving toward accreditation, as well as to assist in purchasing school busses that meet National Highway Safety Standards to transport children to and from school-age child care programs.

- Sixteen States (DE, DC, GA, HI, ID, MD, MA, NY, NC, OH, PR, SC, RI, TN, UT, WV) described some form of contract or transfer of funds to school districts to help cover the costs of operating a school-age child care program. The Plans are not always clear whether funding for this initiative is from CCDF, State education departments or a combination of the two.

  Hawaii has established a universal system of school-age child care called "A Plus." The program is primarily funded by the Department of Education; however, the CCDF Lead Agency also provides partial funding for services provided to low-income children.

  The Lead Agency in **Massachusetts** contracts with school-age child care programs to provide services to income-eligible families as well as those who need supportive child care. Funds from a flexible pool are also available for summer activities as well as for transportation, field trips, and beach or park memberships that benefit low-income children.

  New York has established a community school initiative called Advantage Schools, which offers safe and accessible places for children to play from 3:00 p.m. - 7:00 p.m. on school days. Programs are selected by competitive bid, and are operated in school buildings by community organizations in partnership with local schools.

  Rhode Island established a public-private partnership to expand and improve school-age child care and facilitate collaboration to sustain funding.

  West Virginia's School Day Plus is jointly funded by the CCDF Lead Agency and the Department of Education.

- Three States (DE, MT, WA) describe school-age child care planning activities in their CCDF Plans. And two States (AK and MT) have established a separate School-Age Child Care Advisory Committee.

- Seven States (AR, IL, MA, MN, ME, VT, RI) reported that they contract with the State's school-age child care provider association to offer support, training, technical assistance and networking opportunities to school-age programs.

Section 5.2 – Quality Set-Aside Estimates

The law requires that not less than 4 percent of the CCDF be set aside for quality activities (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51, 98.16(h)). The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds):

Table 5.2 below provides a State-by-State description of the magnitude of the CCDF quality set-aside. For the 2002-2003 Plan Period, States were required to provide *both* an estimated dollar amount and an estimated percentage of their CCDF allocation that the Lead Agency planned to use for quality activities.

TABLE 5.2 – ESTIMATED CCDF SET-ASIDE FOR QUALITY ACTIVITIES

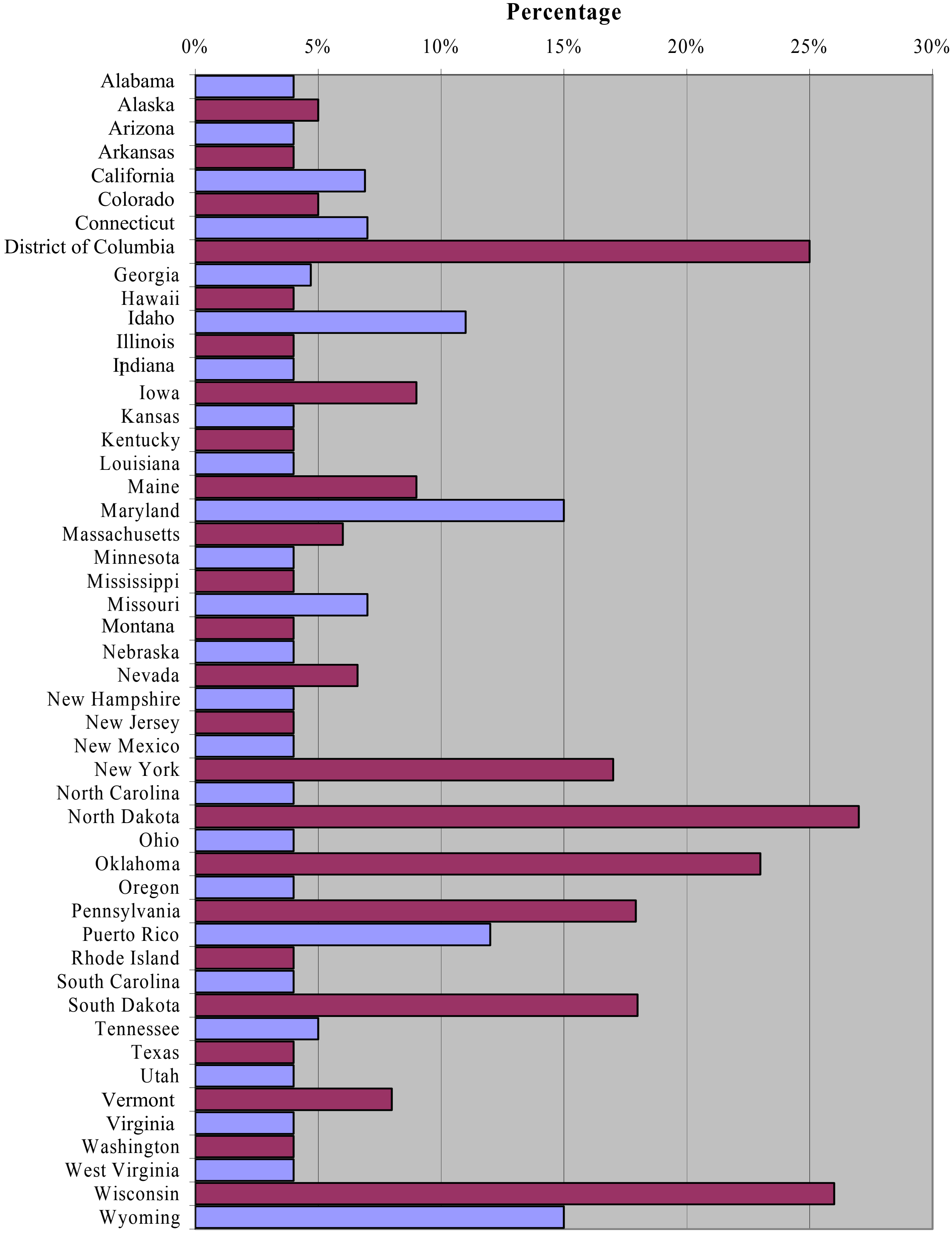
State	Estimated Dollar Amount	Estimated Percentage
Alabama	$4,173,926	4%
Alaska	$1,207,691	5%
Arizona	$3,783,969	4%
Arkansas	$1,952,130	4%
California	$65,813,360	6.9%
Colorado	$5,129,577	5%
Connecticut	$4,928,607	7%
Delaware[1]		
District of Columbia	$2,400,000	25%
Florida[2]		
Georgia	$6,744,222	4.7%
Hawaii	$1,747,257	4+%
Idaho	$3,496,800	11%
Illinois[3]	$17,000,000	Not less than 4%
Indiana	$7,983,375	4%
Iowa	$4,863,360	9%
Kansas	$1,675,636	4%
Kentucky	$4,700,000	4%
Louisiana	$4,346,141	4%
Maine	$2,200,000	9%
Maryland	$15,801,293	15%
Massachusetts	$12,737,324	6%
Michigan[2]		
Minnesota	$7,061,879	4%
Mississippi	$2,504,331	4%
Missouri	$8,000,000	7%

TABLE 5.2 – ESTIMATED CCDF SET-ASIDE FOR QUALITY ACTIVITIES		
State	**Estimated Dollar Amount**	**Estimated Percentage**
Montana	$1,014,161	4%
Nebraska	$1,127,051	4%
Nevada	$2,267,043	6.6%
New Hampshire	$900,000	4%
New Jersey	$14,400,000	4%
New Mexico	$1,485,167	4%
New York	$70,000,000	17%
North Carolina	$10,499,355	4%
North Dakota	$2,954,532	27%
Ohio	$7,846,667	4%
Oklahoma	$22,470,215	23%
Oregon	$2,365,171	4%
Pennsylvania	$43,987,623	17.93%
Puerto Rico	$5,640,000	12%
Rhode Island[4]	$824,636	4%
South Carolina	$2,858,065	4%
South Dakota	$2,648,367	18%
Tennessee	$5,000,000	5%
Texas[5]	$18,832,938	4%
Utah	$1,800,000	4%
Vermont	$1,517,778	8%
Virginia	$6,004,450	4%
Washington	$10,000,000	4%
West Virginia	$1,442,480	4%
Wisconsin	$40,617,281	26%
Wyoming	$1,275,000	15%

Source: Information compiled from State CCDF Plans, FFY 2002-2003.
[1]Delaware did not estimate dollar amount or percentage in its 2002-2003 Plan.
[2]Approved 2002-2003 Plans were not available for Florida or Michigan.
[3]Illinois committed to use not less than 4% on quality activities, but did not report a specific percentage because the TANF transfer had not yet been determined.
[4]With earmarks, Rhode Island estimated $1,607,195 or 7.8% in 2002-2003.
[5]At each Local Workforce Development Board's discretion, more than 4% of expenditures may be used for quality activities in Texas.

On average, Lead Agencies estimated that 8.6 percent of their CCDF allocation will be set aside for quality activities. Although 11 States estimated the quality set-aside would account for 10 percent or more of their block grant allocation, 27 States' estimates remained at or near 4 percent, as shown in Chart 5.2 on the following page.

Chart 5.2 – State Estimates of the Percentage of CCDF Set Aside for Quality Activities



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Section 5.3 – Quality Activities

Check either "yes" or "no" for each activity listed to indicate which activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658E(c)(3)(B), §§98.13(a), 98.16(h))

- *comprehensive consumer education (§98.51(a)(1)(i))*
- *grants or loans to providers to assist in meeting State or local standards (§98.51(a)(2)(ii))*
- *improving the monitoring of compliance with licensing and regulatory requirements (§98.51(a)(2)(iii))*
- *training and technical assistance (§98.51(a)(2)(iv))*
- *improving salaries and other compensation (§98.51(a)(2)(v)*
- *other quality activities that increase parental choice and improve the quality and availability of care (§98.51(a)(1)(ii) & (ii))*

A summary of the various quality activities reported by Lead Agencies is included below.

Section 5.4 – Summary of Quality Activities

Describe each activity that is checked "yes" above and identify the entity(ies) providing them.

Comprehensive Consumer Education

Every State reported that it supports CCR&R services that include, among other activities, consumer education. Many Lead Agencies also noted that they have developed brochures, videos and/or health and safety checklists to help consumers learn more about quality child care.

- Eighteen States (AK, AZ, AR, CA, CT, GA, IL, IA, KS, MD, MT, NJ, NC, NY, OK, PR, TN, WI) described public awareness campaigns aimed at informing consumers—as well as the general public—about child care.

  Illinois' public education campaign, Quality Counts, includes several components. A Statewide consumer education campaign is administered by the CCR&R system using brochures, posters, television and radio public service announcements, and a toll-free phone line. In the spring of 2001, Child Care Community Forums were held in eight targeted communities throughout the State. Community groups were supplied with a comprehensive set of newly developed child care manuals specific to Illinois and connected with CCR&Rs in their area. The Healthy Child Care Illinois Program also provides consumer information on child care issues as well as enrollment in the State's child care health insurance program, Kid Care.

North Carolina uses the term "parent outreach" to describe its consumer education efforts, reflecting the view that parents do not need to be educated about how to raise children, but rather need someone to reach out to them and make sure they are aware of new research and resources. In 1999-2000, these efforts focused on the new rated license as well as providing a broader view of child and family services available in the State. The Lead Agency has also developed a new, interactive Web site that provides user-friendly information on child care. Over the 2001-2003 biennium, the Division of Child Development aims to empower families through better information about child care and related services, working toward a child care system that parents truly "own."

Oklahoma's public information campaign includes information on the Department of Human Services subsidy program, the importance of licensed child care and the Reaching for the Stars initiative. Information is distributed via television and radio public service announcements, billboards, brochures, bookmarks, promotional cards, and movie theater trailers.

- Two States (AK and GA) have developed new parent packets as part of their consumer education efforts.

The **Alaska** Department of Health and Social Services has developed new parent packets for local hospitals so that each new parent receives information including child care options.

- Two States (DC and MA) established dedicated staff or set up regional teams to focus on consumer education.

The **District of Columbia** developed a Consumer Education Unit within the Lead Agency to provide information on early care and education services. In addition to hosting meetings and events with consumers, providers and the general public, the Consumer Education Unit also works to ensure that TANF participants and the working poor are aware of and informed about the availability of subsidized child care.

Massachusetts created Regional Consultation Teams to provide consumer and provider information on child care for children with special needs. The teams, which are jointly funded by the CCDF Lead Agency and the health department, work with the CCR&R agencies to help provide referrals, information, one-to-one assistance and training on early intervention.

Grants or Loans to Providers to Assist in Meeting State or Local Standards
States have established a variety of grant and loan programs to help child care providers expand, purchase equipment and supplies, or improve the quality of their program.

- Lead Agencies in 13 States (AL, CA, LA, ME, MD, NE, NV, NY, OK, SD, TN, UT, WY) reported that they have established a grant program to help child care programs comply with health and safety standards established in State licensing regulations. In most cases, these grants are small and short-term. In the 2000-2001 CCDF Plans, four States (LA, MD, NY, VT) reported targeting grants for maintaining compliance with health and safety standards.

  More States Award Health and Safety Grants

  In 2002-2003 Plans, more than three times as many States reported using CCDF quality funds to support grants to help child care programs comply with health and safety standards than in the 2000-2001 Plans. These grants are typically small and short-term. To help speed administration of the funds, several States contracted with an outside entity to administer the program and/or developed new internal procedures (such as "rolling" RFP deadlines).

  Nebraska established an Emergency Mini-Grant program to respond to needs of child care programs that need to make immediate improvements in order to maintain their licenses. Awards are based upon documented noncompliance. This program works in tandem with a broader, more flexible, Child Care Grant Fund. Mini-Grants are also available to legally exempt providers who need to purchase items to operate an approved child care home.

- Eleven States (DC, IA, KY, MA, MO, NE, NJ, NC, PA, RI, WV) indicated that they have used CCDF dollars to fund a child care start-up or expansion grant program. Grants are typically short-term and are awarded to both center- and home-based care.

  Iowa provides grants for start-up, retention, and expansion, with special emphasis on nontraditional care and care for mildly ill children. Additionally, the Lead Agency is making "business start-up kits" available to home providers and providing technical assistance to communities and providers on starting up a child care business.

- Ten States (AR, CO, CT, MD, MN, NH, NJ, NC, VA, WA) have established loan programs for child care facility development, expansion or renovation. In some cases, these programs are linked to grants and/or technical assistance. In the 2000-2001 Plan Period, three States (MD, NC, WA) reported using loan programs to provide funds for facility improvement.

  Arkansas has a loan guarantee fund, which is designed to help child care programs obtain loans from private lenders. Training and technical assistance on business development is available from the Arkansas Small Business Development Center. The Lead Agency also has negotiated a cooperative agreement with the Department of Economic Development to facilitate the use of Community Development Block Grant funds for renovation or construction of child care facilities.

  Connecticut's Child Care Facilities Loan Fund is administered by the Connecticut Health and Educational Facilities Authority and includes three loan programs: 1) a tax-exempt bonding program for nonprofit child care facilities for construction, renovation or expansion costs; 2) a loan guarantee program for capital and noncapital loans; and 3) a small revolving loan program for noncapital loans.

Child Care Loan Programs Increase

The number of States that report using CCDF funds for a child care facility/home loan program tripled since the last Plan Period. In some cases, loans are linked to grants, specialized technical assistance or quality improvement initiatives.

North Carolina contracts with Self-Help, a community development financial institution, to administer two programs. The Child Care Revolving Loan Fund makes low-interest loans available to providers to improve the quality and availability of child care. A loan-to-grant program offers partial loan forgiveness to providers who offer high-quality care. The loan-to grant program is set up as a balloon loan, with principal and interest due four years after the provider receives the loan. Depending on the program's rating in the State's star licensing system at the time the loan matures, the child care center or home will have part of the loan converted into a grant. The percentage of the loan forgiven ranges from 30 percent for a center or home that earns a two-star license to 50 percent for a center or home that earns a five-star license.

- Fifteen States (AR, CA, CO, GA, IL, KS, MA, MT, NM, NC, RI, SC, VT, WV, WI) have established child care quality improvement grants. In some cases, these grants are limited to one-time expenses such as equipment, materials and supplies. However, a few States are making grant funds available for wages and other operating expenses. And many Lead Agencies have begun to link these grants with other quality improvement efforts aimed at creating systemic change, such as staff development, program assessment, accreditation, and recruitment/retention initiatives.

Illinois will provide $1.5 million to the CCR&Rs to fund quality and capacity activities through the regional approval of mini-grants directly to child care providers. Funds will be available to licensed and exempt center- and home-care providers to support purchases that will enhance quality and/or expand capacity in their child care programs. Examples might include an exempt home provider purchasing cribs, cots or other equipment to expand to a licensed program status; a center replacing a fence to enhance safety; or a home provider installing a wheelchair ramp to service a child with a disability. Outcomes of the use of funds will be tracked. Positive impact of funds would support recommendation for continued funding in future fiscal years.

Montana has two quality grant programs. The first program provides annual grants to licensed and registered child care providers who demonstrate a commitment to high-quality care and the development and retention of highly skilled and knowledgeable staff. Applicants must participate in the Montana Early Care and Education Practitioner Registry and have achieved a Level III or higher on the Career Path. The grants may be renewed for up to three years based on performance. Maximum grant awards are $15,000 for centers, $10,000 for group homes and $5,000 for family child care homes. The second program provides mini-grants that are quick and easy for child care providers to apply for at any time during the year and are awarded on a quarterly basis. Applicants must be participating in the Montana Early Care and Education Practitioners Registry and can be at any level on the Career Path. Funds may be used to purchase supplies and equipment, meet regulatory requirements, or hire substitute care to enable providers and/or staff to attend trainings. Maximum awards are $1,500 for centers and $1,000 for group and family child care homes.

- Three States (AL, AR, SC) have established grant programs aimed at helping child care providers pursue accreditation.

- The Lead Agencies in several States have linked child care grant and loan programs to community planning. Some examples include the following:

  Oregon's Lead Agency allocates a portion of CCDF quality funds to county commissions that are responsible for assessing local needs, developing a county plan, and awarding funds to programs. Funds may be used for start-up and/or ongoing operation of programs or grants to CCR&R for quality enhancements. Counties are encouraged to show collaboration with CCR&Rs, Head Start, pre-K, providers, school districts, community colleges and extension services. Joint or linked proposals between counties within the same service area are also encouraged.

  Pennsylvania's Community Child Care Planning Grants are designed to help communities assess local child care services and to recommend improvements. Projects are selected based upon their proposed community collaborations and their understanding local child care needs and issues.

Improving the Monitoring of Compliance with Licensing and Regulatory Requirements
States use CCDF funds for a variety of initiatives that strengthen compliance with regulatory requirements. These are discussed in more detail below.

- Twenty-nine States (AL, AK, AZ, CA, CT, KS, KY, ME, MD, MN, MT, NE, NV, NJ, NY, NC, ND, OR, PA, PR, RI, SC, SD, TN, VT, VA, WV, WI, WY) indicated that CCDF funds help to support licensing staff. Six of these States (MD, MN, NY, NC, SC, WY) noted that these funds allowed them to significantly increase staff and/or lower caseloads.

  Minnesota was able to increase the number of bilingual licensors.

  Wyoming licensing staff has increased by 300 percent in the past two years, which allows each licensor to maintain an average caseload of 75 facilities.

- Eight States (AR, KS, MO, NM, NY, ND, PR, SD) use CCDF quality funds to support training initiatives for licensing staff.

  New York developed specialized training for licensing staff that emphasized regulations, observation, and interaction skills with caregivers. A two-day institute titled "A

Regulator's Guide to Child Care" was held, and a series of video conferences that deal with licensing issues will soon be implemented.

Kansas used CCDF funds to improve the educational qualifications of surveyors.

- Seven States (CO, KS, RI, HI, MA, ND, WV) established or upgraded automation systems to track compliance with licensing standards.

Colorado is developing a new imaging system for storage and retrieval of its facility licensing files, which will be integrated with its licensing databases. The Child Care Division has also developed a means of electronically distributing to local child care resource and referral agencies individual regulatory histories of all licensed child care facilities. This provides parents with quick and easy access to licensing information that can help them make informed decisions about child care for their children.

Massachusetts developed a computerized Complaint and Licensing Tracking System, which is used to track the progress of the complaint investigation system as well as to log and track all complaints. This system gives all Office of Child Care Services (OCCS) staff access to all open and completed complaints and investigations as well as a complete complaint history on any of OCCS's 17,000 licensed child care providers. The tracking system is also used to monitor injury reports made by licensees, and other licensing information.

States Improving Quality with Program Monitoring

About 1 in 5 States reported using CCDF quality funds to support training initiatives for licensing staff, with emphasis on improved observation and interaction skills as well as regulatory knowledge. Seven States also are using quality set-aside funds to help pay for new or upgraded automation systems to track compliance with licensing standards.

Rhode Island used CCDF funds to improve technology for the licensing unit, including laptop computers for use in the field. An interagency group is planning how to best use the technology to increase access to data related to child care quality gathered as part of the licensing and ongoing monitoring process.

West Virginia recently piloted an enhancement to its FACTS automated licensing system using Palm Pilots. Regulatory checklists for each type of provider were entered into the FACTS system. A worker is now able to download case files from FACTS for up to 10 providers onto a Palm Pilot. The worker goes through a checklist while on-site, indicating whether or not the provider is in compliance with each item. The completed checklist information is then transferred to FACTS. This process eliminates the need for paper checklists and reduces duplication of effort. Staff piloting the system indicated that they save 30 minutes per provider in data entry time.

Other innovative licensing and monitoring initiatives supported with CCDF quality funds include the following:

> **Arkansas** developed a licensors manual that compared American Academy of Pediatrics Standards, Quality Standards, and State Licensing Standards for use as training tools for licensing staff. Strategies to implement differential monitoring visit schedules for high performing programs also are being explored.
>
> **California** uses CCDF dollars to support the TrustLine Registry and Self-Certification of License-Exempt Providers. All exempt caregivers listed with TrustLine Registry are required to be cleared through a check of fingerprint records at the California Department of Justice, the child abuse central index, and a Federal Bureau of Investigation fingerprint check.
>
> **Hawaii** is piloting a personnel registry for center-based child care providers that will document and verify qualifications, thereby expediting the licensing process.

Training, Education and Technical Assistance

Every Lead Agency reported that it used CCDF quality funds to support training and technical assistance. Approaches vary widely. Some States take a comprehensive approach and link training and technical assistance to a larger quality improvement initiative. Others used local child care resource and referral agencies to coordinate or deliver training. Quite a few States focused on building a professional development system and sought to strengthen linkages with the higher education system.

- Twenty-eight States (AK, AZ, AR, CA, CO, DE, DC, GA, IA, KS, MD, ME, NE, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SC, UT, VT, WA, WV) reported that they used CCDF funds to help build or support a career development system for early care and education practitioners.

  In 1994-1995, **Georgia** developed a strategic plan that outlined steps to create a professional development system called ACET, Advancing Careers through Education and Training. The goals and objectives of this plan were used to guide financial investments in professional development. Additionally, CCDF funds have been used to support administration of ACET, including an articulation model for professional development, a Web site and a voluntary central registry to keep track of the training providers have received.

Making Career Development a Priority

The number of States that use CCDF quality funds to help build or support a career development system for early care and education practitioners continues to climb. In many States, these systems serve as a framework for a host of training, technical assistance and other quality improvement initiatives.

  Maryland supports the professional growth of child care providers and State staff through a comprehensive training, technical assistance and mentoring plan that coordinates State licensing requirements, Maryland Credential Program requirements, existing training opportunities, and State and local resources. All training for providers must be approved based on the Maryland Credential Core of Knowledge; designed for adult learners at all levels of knowledge, experience and training; include a higher education articulation component when possible; incorporate research on infant and toddler brain development; address community involvement and partnering to improve services; target providers caring for children in low-income areas; and include training evaluation components.

Nebraska's professional development efforts are sponsored by the Departments of Health and Human Services and Education as well as an independent Early Childhood Training Center. Together, these entities oversee many initiatives, including *The Framework for Early Childhood Professional Development*, a voluntary, working guide for local, regional, and State training projects in planning, collecting, and coordinating information about professional development activities; Regional Training Coalitions; support for national accreditation; scholarships for Child Development Associate Credentialing: Early Childhood Continuing Education Units (CEU); child care and early childhood education management training; a mentor project; ChildLine, a toll-free number staffed by a child development specialist; and a Web-based training calendar.

North Dakota used CCDF funds to create a Higher Education Training Approval Board, which establishes appropriate training levels, provides feedback to the CCR&R Education Coordinators regarding training curricula, and addresses other training-related issues such as articulation and distance learning.

The **Washington** State Training and Registry System (STARS) improves child care through basic and on-going training for child care providers. Provider training records, trainer profiles and training information are recorded in the STARS registry (a Web-based database that can be accessed by providers, trainers, licensors and the general public). The Lead Agency contracts with the Washington Association for the Education of Young Children to administer trainer and training approval, scholarship disbursement, general coordination, publicity, and the collection of provider information for the STARS Registry.

- Fifteen States (AL, AK, CO, IL, IA, KY, MA, MN, MO, MT, NC, ND, WA, WV, WI) work closely with their child care resource and referral networks to coordinate training.

- Thirteen States (CO, GA, HI, IL, IN, IA, ID, KS, NC, NE, PA, SC, WI) reported using CCDF funds to support the implementation of T.E.A.C.H.® Early Childhood Projects. In the 2000-2001 CCDF Plans, seven States (CO, FL, GA, ID, IL, NC, WI) reported using CCDF funds to support T.E.A.C.H.®.

- CCDF funded mentoring initiatives in 14 States (AK, CO, MD, MN, MT, NE, NH, ND, OR, TN, WA, WV, WI, WY).

  Montana's Best Beginnings initiative offers a one-year contract that is renewable on an annual basis up to a total of two years to establish and support early care and education mentoring programs. The programs are currently housed in two resource and referral offices, one community college and one child care association.

  New Hampshire created a Senior Mentor Corps and a Mentoring Course. Nominations of senior mentors who had been working with young children for 25 years or over were solicited from the early care and education community. Senior mentors willing to make a commitment to mentor a provider or a program will be eligible to attend a Wheelock College graduate seminar on mentoring to be offered in fall 2002 or winter 2003.

States Increase Training Opportunities that are Linked to Compensation

As compared to the 2000-2001 Plan Period, nearly twice as many States reported spending CCDF funds for T.E.A.C.H.®—Teacher Education and Compensation Helps—a scholarship program that links increased education with increased compensation. While T.E.A.C.H.® initiatives vary from State to State, they typically provide partial funds for tuition, books and travel to individuals who are interested in obtaining a credential or degree in early childhood education or child development. Early care and education mentoring initiatives also have grown. Fourteen States reported that they spend CCDF funds for a range of mentoring programs, which typically compensate skilled early childhood teachers who provide leadership and support to new staff entering the field.

- Five States (AL, CO, IN, MA, NY) reported that they use CCDF funds to support development and delivery of distance learning training initiatives.

- Ten States funded training for "kith and kin" child care providers with CCDF (AL, CA, CO, CT, MA, MO, NH, NY, PA, VT).

- Five States (CA, DC, MA, NE, TN) indicated that their training efforts included training in how to administer an environmental rating scale, such as the Harms and Clifford Infant/Toddler Environmental Rating Scale

Strengthening Program Assessment

States have begun to require that participants conduct a program assessment, using a rating scale such as the Harms and Clifford Infant/Toddler Environmental Rating Scale (ITERS).

(ITERS).

- Two States (AR and CA) noted that they use CCDF funds to support work with children and families for whom English is a second language.

  Arkansas is planning an ESL (English as a Second Language) "Pre-K Academy" to provide support to child care programs in areas with a growing Hispanic population. Training modules developed by university-affiliated programs specific to pre-K issues will be used in this "Train-the-Trainers" week-long academy.

  California funded a series of two-day Train-the-Trainers sessions titled *Assessing and Fostering a First and a Second Language in Early Childhood*. These sessions will target program coordinators and other supervisors serving preschool-age children. Participants will receive a training manual, resource guides, videos, and support materials to help facilitate additional training in their local communities.

- Three States (CO, NE, WV) used CCDF funds to support cross-system training.

  Colorado supports a network of approximately 35 grassroots training and technical assistance units (early childhood learning clusters). The clusters bring people together in each community to assess learning needs; develop and implement a plan to meet those needs; disseminate information on training, policies and practices to the early childhood care and education community; and increase community capacity through better relationships, cooperation and collaboration. Funded communities offer workshops and courses, scholarships for workshops and conferences, develop resources and support mentorship, peer coaching and visits to other programs.

  Nebraska awards regional grants to promote collaborative training. Augmented with funds from the Head Start–State Collaboration Funds and Part C of the Individuals with Disabilities Act (IDEA), these grants support 14 Regional Training Coalitions. The Coalitions assure that training meets the needs of local communities and is coordinated with the Early Childhood Training Center and the State's career development efforts.

  West Virginia uses CCDF funds to support local "quality child care teams," which are led by staff from the licensing division and include participants from the local CCR&R, the Child and Adult Care Food Program, Head Start, the Health Department, Birth to Three, the State Fire Marshall, and others. The teams work together to coordinate training and technical assistance efforts.

- **California** used CCDF quality funds to support targeted training and technical assistance to help child care providers access financing for renovation, expansion and/or construction of child care facilities.

- **Massachusetts** sponsored a Statewide training on domestic violence for child care providers. Training was provided by experts in the field of domestic violence against women and the trauma to children who witness violence.

Improving salaries and other compensation
Lead Agencies are increasingly recognizing the need to develop targeted initiatives that address staff recruitment and retention issues in child care. CCDF funds are an important resource for this work.

- Twelve States (CA, IL, MA, MT, NY, NC, OK, RI, SC, WA, WV, WI) reported that they used CCDF funds to support wage and/or benefit initiatives for early care and education practitioners.

Compensation Initiatives Grow

The number of States using CCDF quality set-aside funds to support a compensation initiative continues to grow. Initiatives range from wage supplements and mentoring programs to one-time bonuses or quality awards. Several States have multiple initiatives.

California reported that it will spend CCDF funds on two wage initiatives—the Early Childhood Mentor Program and the Child Care Salary and Retention Incentive Program. The mentor program provides financial compensation and other benefits to child care and development teachers and directors who are selected as mentors. Candidates for Director Mentor undergo a two-day training session and agree to attend a subsequent Director Mentor seminar series. The average stipend per classroom mentor is estimated to be $1,800 per year. The Child Care Salary and Retention Incentive Program provides wage supplements to qualified child care employees in State-subsidized child care centers.

Illinois launched Great START (Strategy to Attract and Retain Teachers), a wage supplement program for child care personnel working in child care centers and family child care homes. Supplements range from $300 to $3,900 a year. Eligible caregivers must be employed full-time, work with children for more than 50 percent of their workday, make no more than $15 an hour and have completed two continuous years of employment at one program site. Certain educational requirements also apply.

The Lead Agency in **Massachusetts** distributed $7 million to providers in the form of one-time quality awards. Providers were able to recognize and award excellence among their staff by distributing awards to staff whose activities have helped increase program quality and have helped the program go beyond the contract requirements in providing child care. The awards were made to both center-based programs and family child care systems.

Montana's merit pay initiative is available to owners, operators, and employees of registered and licensed child care facilities. Providers may choose to participate in either a 38-hour or 68-hour training track. Once their training plan is completed and verified, they receive either a $200 or $400 Merit Pay Award. Child Care employees who work a minimum of 15 hours a week in a registered group or family day care home or a licensed day care center may apply for the merit pay program each year. Applicants must be working directly with children in a home or classroom setting. Priority is given to providers who have not previously received the award and training that leads to certification or accreditation such as college credit.

New York initiated the Child Care Professional Retention Program, which provides salary enhancement awards to operators and employees who have been in child care programs for a minimum period of 12 months, working an average of at least 20 hours a week. The salary enhancements range from $300 to $750 based on the operator's or employee's education.

North Carolina supports three wage initiatives: 1) the WAGE$ program, which provides annual salary supplements to child care workers who obtain education related to child development and stay in their jobs; 2) the T.E.A.C.H.® Early Childhood Health Insurance Program, an initiative that provides health insurance supplements to regulated child care centers or family child care homes that show that their staff have or are working toward certain degrees; and 3) NC Cares (Committed to Attracting and Retaining Educated Staff), a new initiative that is built on the highly successful T.E.A.C.H.® Early Childhood Project.

Oklahoma established the Rewarding Education with Wages and Respect for Dedication (R.E.W.A.R.D.) initiative, which provides education-based salary supplements to teachers, directors, and family child care providers in hopes of reducing turnover in the field by addressing the compensation issue.

Rhode Island supports a heath care insurance program for family child care providers and assistance for child care centers providing health insurance to their employees.

South Carolina administers a salary bonus program, "Smart Money," for eligible students who complete the South Carolina Early Childhood Credential.

The **Washington** State Career and Wage Ladder Pilot Project offers a financial incentive to child care workers based on their education, level of responsibility and employment longevity.

West Virginia awards a bonus of $400 upon completion of a 48-hour "One Step at a Time" infant and toddler training course.

Wisconsin's R.E.W.A.R.D (Rewarding Education with Wages And Respect for Dedication) compensation initiative was implemented in 2001. This initiative rewards early care and education teachers and family day care providers who have completed an associates degree or higher in early care and education and who have remained in the same child care programs for a minimum of two years.

- Six States (AK, AR, CT, NE, SD, WV) noted that they had launched child care apprenticeship programs that were linked to their career development system and designed to increase staff compensation.

Many States also reported that they had increased reimbursement rates with the goal of helping child care programs increase staff wages.

Other Quality Activities Designed to Improve the Quality and Availability of Child Care
In addition to the areas summarized above, States pursued other activities to enhance the quality and expand the availability of child care services. The following examples are illustrative:

The **Arkansas** Early Care and Education Foundation was established to create a financing mechanism where corporate and other donations to early care and education could be matched dollar for dollar. One-third of the funds will be used to serve children on the waiting list for child care assistance, and two-thirds will be returned to the donating community for "best practice" initiatives to increase the availability or quality of care.

New Hampshire awarded one-time "emergency assistance" funding to child care providers who serve subsidized children. The funds were intended to help defray increases in energy costs and to assist with cash-flow problems caused by retrospective payments.

Rhode Island created the Comprehensive Child Care Services Program (CCSP), which offers enhanced rates to networks certified to deliver a full range of supportive services to eligible children and their families. Network services include children's health and program safety, early childhood education, children's mental health, support for children with disabilities, nutrition, family education and empowerment, and community linkages.

Wyoming funded efforts to create a qualified substitute caregiver registry. The project trains Head Start parents in the CDA program and creates a registry of qualified individuals who can be used to fill the need for substitutes in both Head Start programs and child care centers.

PART VI – HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

The National Resource Center for Health and Safety in Child Care (NRCHSCC) funded by the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services supports a comprehensive, current, online listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the Web at: http://nrc.uchsc.edu/.

Sections 6.1 – 6.5 – Requirements for Center-based, Family, and In-home Providers[21]

Section 6.1 – Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §§98.41, §98.16(j))

Are all center-based providers paid with CCDF funds subject to licensing under State law as reflected in the NRCHSCC's compilation referenced above?

More than half of all States require child care centers participating in the CCDF subsidy program to comply with State licensing laws. However, many States exempt some centers from this requirement. Although individual States have changed their position on this issue since the 2000-2001 Plan Period, the number of States in each category has remained constant. Center-based facilities exempt from licensing standards include:

- Centers operated by public or private schools, or local government for school-age care
- Drop-in centers
- Children's camps
- Religious or military facilities

- Twenty-seven States (AK, AZ, AR, DC, GA, ID, IN, IA, KS, KY, ME, MD, MA, MS, MT, NE, NJ, NM, NC, OH, OK, PA, SC, SD, TN, VT, WA) require *all* center-based providers paid with CCDF funds to meet State licensing laws as reflected in the NRCHSCC's compilation.

- Twenty-two States (AL, CA, CO, CT, DE, HI, IL, LA, MN, MO, NV, NH, NY, ND, OR, RI, TX, UT, VA, WV, WI, WY) *do not* require all center-based providers paid with CCDF funds to meet State licensing laws as reflected in the NRCHSCC's compilation.

[21] Because Territories are not included in the NRCHSCC compilation, they are only asked to list the health and safety requirements for child care services provided under CCDF, not to indicate whether all providers are subject to licensing. Therefore, Puerto Rico is not included in the counts in this section.

Have center licensing requirements as related to staff-child ratios, group size, or staff training been modified since approval of the last State Plan?

- Seventeen States (AL, AK, AR, LA, MD, MT, NH, NY, NC, ND, OR, SD, TN, TX, VT, WA, WY) have modified staff-child ratios, group size, or staff training licensing requirements since their last State Plans.

- Thirty-two States (AZ, CA, CO, CT, DE, DC, GA, HI, ID, IL, IN, IA, KS, KY, ME, MA, MN, MS, MO, NE, NV, NJ, NM, OH, OK, PA, RI, SC, UT, VA, WV, WI) have *not* modified staff-child ratios, group size, or staff training licensing requirements since their last State Plans.

Section 6.2 – Health and Safety Requirements for Group Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

Are all group home providers paid with CCDF funds subject to licensing under State law as reflected in the NRCHSCC's compilation referenced above?

- Thirty-nine States (AL, AK, AZ, AR, CA, CO, DE, GA, HI, ID, IL, IN, IA, KS, KY, MA, MS, MO, MT, NE, NV, NH, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WV) require all group homes to be licensed under State law as reflected in the NRCHSCC's compilation.

- Only three States (CT, ME, WY) *do not* require all group homes to be licensed under State law as reflected in the NRCHSCC's compilation.

- Some States do not have a group home facility designation.

Have group home licensing requirements as related to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) &(3))

- Thirteen States (AL, AK, AR, CO, IL, MT, NH, NY, ND, TX, VT, VA, WY) modified staff-child ratios, group size, or staff training since the last State Plan.

- Twenty-nine States (AZ, CA, CT, DE, GA, HI, ID, IN, IA, KS, KY, ME, MA, MS, MO, NE, NV, NM, NC, OH, OK, OR, PA, RI, SC, SD, TN, UT, WV) have *not* modified staff-child ratios, group size, or staff training since the last State Plan.

Section 6.3 – Health and Safety Requirements for Family Providers (658E(c)(2)(F), §§98.41, 98.16(j))
Are all family home child care providers paid with CCDF funds subject to licensing under State law as reflected in the NRCHSCC's compilation referenced above?

- Fifteen States (AL, AZ, DE, DC, GA, KS, ME, MD, MA, MT, NC, OH, OK, VT, WA) require family home child care providers paid with CCDF funds to meet licensing State laws as reflected in the NRCHSCC's compilation. In the 2000-2001 Plan Period, 16 States required these providers to meet State licensing laws.

- Thirty-four States (AK, AR, CA, CO, CT, HI, ID, IL, IN, IA, KY, LA, MN, MS, MO, NE, NV, NH, NJ, NM, NY, ND, OR, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI, WY) do *not* require family home child care providers paid with CCDF funds to meet licensing State laws as reflected in the NRCHSCC's compilation.

Have family home child care provider requirements as relates to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan?(§98.41(a)(2) & (3))

- Fifteen States (AL, CO, IL, IN, LA, MD, MT, NH, NJ, NY, ND, OR, TX, UT, WY) modified staff-child ratios, group size, or staff training since the approval of the last State Plan.

- Thirty-four States (AK, AZ, AR, CA, CT, DE, DC, GA, HI, ID, IA, KS, KY, ME, MA, MN, MS, MO, NE, NV, NM, NC, OH, OK, PA, RI, SC, SD, TN, VT, VA, WA, WV, WI) have *not* modified staff-child ratios, group size, or staff training since the approval of the last State Plan.

Section 6.4 – Health and Safety Requirements for In-home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

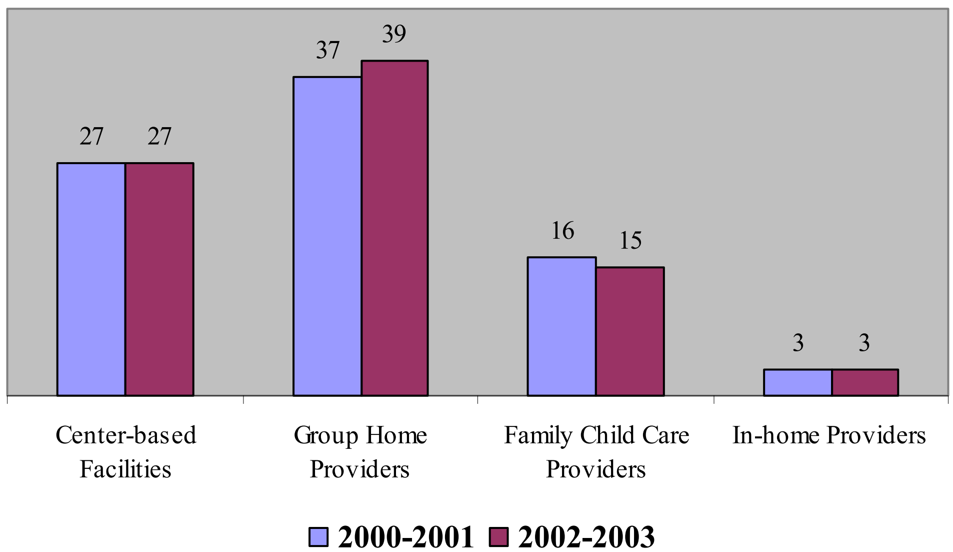
Are all in-home child care providers paid with CCDF funds subject to licensing under State law as reflected in the NRCHSCC's compilation referenced above?

- Three States (AZ, OH, VT) require all in-home child care providers paid with CCDF funds to meet State licensing laws as reflected in the NRCHSCC's compilation.

- Forty-six States (AL, AK, AR, CA, CO, CT, DE, DC, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY) do *not* require in-home child care providers paid with CCDF funds to meet State licensing laws as reflected in the NRCHSCC's compilation.

While a number of individual States changed their policies regarding particular provider types, there has been little change in recent years in the national picture concerning whether *all* child care facilities must meet State licensing standards if they are to participate in the child care subsidy program. Chart 6.1 below shows that the number of States that make compliance with licensing requirements mandatory for receipt of CCDF funds has remained fairly constant across both the 2000-2001 and 2002-2003 CCDF Plan Periods.

Chart 6.1 - Number of States Requiring All Facilities Paid with CCDF Funds to Meet Licensing Laws



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

For that care (center-based, group home, family home, and in-home) that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for the prevention and control of infectious disease (including immunizations), building and physical premises safety, and health and safety training:

Lead Agencies use a number of different approaches in defining health and safety requirements for license-exempt facilities. Twenty-six States (CA, CO, CT, DE, HI, IN, LA, KS, MD, MA, MS, MO, MT, NJ, NM, ND, OK, PA, RI, SC, SD, UT, VA, WA, WV, WY) require providers to self-certify or complete checklists indicating compliance with State health and safety requirements. Other approaches include:

- Relying on local fire, building, and health departments, and the Child and Adult Care Food Programs to provide health and safety monitoring (AL, CA, CO, DE, IL, LA, MD, OR, RI, UT, WV, WI).

- Giving written materials on health and safety requirements to providers and parents (CA, CO, DE, HI, IA, MD, MS, MO, NE, NH, NY, PA, RI, WA, WI).

- Requiring verification of TB tests and annual health certificates for providers (AR, DC, IA, IL, MO, NM, SD, VA, WI).

- Requiring criminal background checks for providers (CA, DE, IN, LA, MA, NC, WA).

- Mandating that immunization records for children be kept on file in facilities (DC, GA, MO, NV, NM, NC, SD, UT, WV, WY) .

- Requiring attendance at health and safety orientation training (DE, MA, TN, WI).

- Requiring pre-requisite and annual training in health and safety subjects (AR, DC, GA, IA, LA, ND, OK, SD, WV, WI).

- Encouraging training and notifying providers of training opportunities through newsletters, child care resource and referral agencies (CCR&Rs), or direct mailings (CA, IL, LA, NE, NH, NJ, NM, OR, SD, TN, UT).

- Making mandatory other health and safety standards including those relating to the following (AR, CT, DE, GA, IL, IA, MD, MA, MO, NE, NM, ND, PA, RI, SD, TN, UT, VA, WV, WI, WY):
  - Smoke detectors/fire extinguishers
  - Water safety
  - Child abuse signs and reporting requirements
  - Working phones
  - Safe storage of firearms
  - Hand washing
  - Outdoor play area safety
  - Emergency exits and emergency plans
  - Safe storage of cleaning/hazardous materials
  - Maintenance of emergency contact information
  - Availability of running hot and cold water, inside toilet facilities, clean and free of dangerous conditions
  - Safe storage of firearms

California requires license-exempt homes and in-home providers to submit certification statements on tuberculosis tests and verify that they are free of communicable diseases. A building and physical premises safety checklist is completed. A TrustLine application, with fingerprint cards, is required for criminal record and child abuse registry background checks. In addition, providers are referred to the local child care resource and referral agency for training materials and information about training opportunities.

Indiana requires license-exempt homes to meet eight requirements: 1) criminal background checks; 2) working smoke detectors; 3) annual tuberculosis tests; 4) written emergency plans for notifying parents; 5) current infant/toddler CPR and first aid training; 6) one working telephone; 7) monthly, documented fire drills; and 8) requirements for safe storage of firearms and poisons.

Montana requires license-exempt home providers to attend orientation classes that include training in prevention and control of infectious diseases and immunization requirements, building and physical premises safety, and health and safety. A self-assessment checklist is also completed.

Nevada conducts a quality assurance inspection on license-exempt homes and requires three hours of health and safety training. Exempt homes also have access to health consultants.

New Mexico monitors homes at least annually and, if homes are participating in the Child and Adult Care Food Program, they are reviewed quarterly. Providers must attend at least six hours of training each year.

North Carolina requires all nonlicensed home providers and household members over age 15 to undergo criminal background checks. In addition, they are required to complete a basic first aid course within three months of being approved and renew the training every three years.

North Dakota requires exempt centers to meet Federal Head Start standards.

In-home providers in **Oklahoma** must complete a minimum of six clock hours of training within 90 calendar days from the date a State-approved plan of care was signed.

In **Wisconsin,** license-exempt and in-home providers must complete 15 hours of training prior to certification, including a minimum of three hours of health and safety training.

California, Colorado, Louisiana, Minnesota, Nevada, Utah, and **West Virginia** exempt school-age centers operated by school districts or other educational entities. Health and safety oversight is provided by the educational entity.

Section 6.5—Exemptions to Health and Safety Requirements

At State option, the following relatives—grandparents, great-grandparents, aunts, uncles, or siblings who live in a separate residence from the child in care—may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A)).

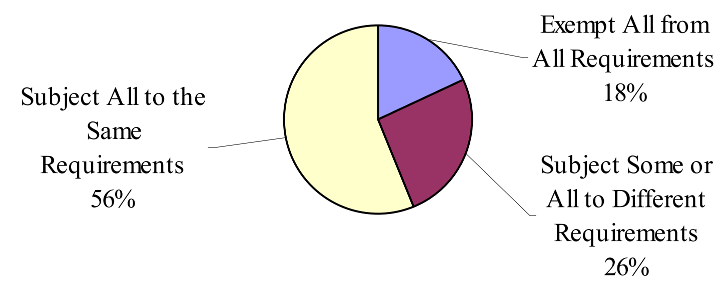
- Thirty States (AK, AR, CT, DC, GA, IL, IN, IA, KY, LA, MD, MN, MS, MO, MT, NE, NH, NJ, NY, OH, OK, OR, PA, SC, UT, VT, WA, WV, WI, WY) subject *all* relative providers to the same health and safety requirements as described in Sections 6.1-6.4 above.

- Eleven States (AZ, CA, CO, DE, KS, MA, NC, RI, SD, TN, VA) subject *some or all* relative providers to different health and safety requirements from those described in Sections 6.1-6.4.

- Eight States (AL, HI, ID, ME, NV, NM, ND, TX) exempt *all* relative providers from all health and safety requirements.

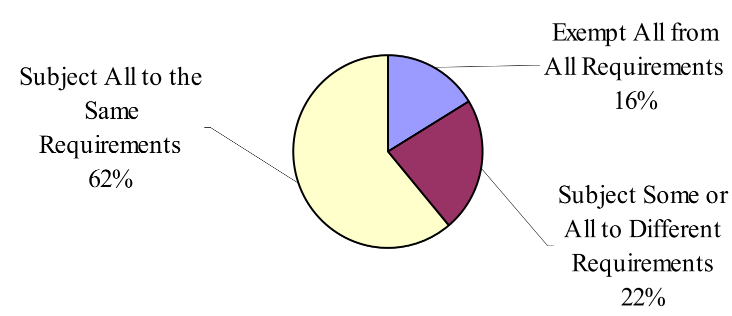
Charts 6.2.1 and 6.2.2 on the next page summarize State policies regarding relative providers and health and safety requirements. Increasingly, States are opting to *not* exempt *any* relative providers from the health and safety requirements for center-based, group home, family home child care, and in-home providers.

Chart 6.2.1 - State Approaches to Relative Providers and Health and Safety Requirements, 2000-2001



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Chart 6.2.2 - State Approaches to Relative Providers and Health and Safety Requirements, 2002-2003



Source: Information compiled from State CCDF Plans, FFY 2002-2003.

Section 6.6 – Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

Most Lead Agencies indicated the following procedures are in effect to ensure compliance with health and safety requirements:

- Unannounced monitoring visits
- Unannounced complaint investigations
- Background checks
- Required reporting of all serious injuries while a child is in care
- Pre-licensing or certification inspections

Some Lead Agencies also indicated the following procedures are in effect to ensure compliance with health and safety requirements:

- Violations of licensing requirements are misdemeanor offenses
- Conviction of violations may result in fine assessments
- Noncompliance may result in enforcement actions such as denying applications, issuing provisional licenses, revocation, or suspension of a licenses

Are child care providers subject to routine unannounced visits?

- Two States (DC and ID) do *not* subject child care providers to routine unannounced visits.

- Forty-seven States (AL, AK, AZ, AR, CA, CO, CT, DE, GA, HI, IL, IN, IA, KS, KY, LA, ME, MD, MA, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) reported that they subject child care providers to routine unannounced visits.

Of the 35 States that identified the frequency of unannounced monitoring visits for licensed child care centers, most reported doing so annually.

- **Tennessee** conducts six visits a year.

- Two States (AR and OK) conduct three visits a year.

- Three States (AL, NV, OH) conduct two visits a year.

- Twenty-seven States (AZ, CA, DE, GA, HI, IL, IN, IA, KS, LA, MD,[22] MS, NE,[23] NJ, NM, NC, ND, OR, SC, SD, TX, UT, VA,[24] WA, WV,[24] WI, WY) conduct one visit a year.

- **Connecticut** conducts visits once every two years.

- **New Hampshire** conducts visits once every three years.

Of the 30 States that identified the frequency of unannounced monitoring visits for licensed family child care homes**:**

- **Tennessee** conducts six visits a year

- Two States (AR and OK) conduct three visits a year.

- Four States (AL, AZ, NV, OH) conduct two visits a year.

- Nineteen States (CA,[25] CT,[26] DE, HI, IL, IN, IA,[27] KS, MS, NE, NJ, NM, SC, TX, UT, VA,[28] WA, WI, WY) conduct one visit a year to some or all family child care homes.

- Three States conduct visits once every two years (MD, NC, SD). **North Carolina** conducts visits on a randomly selected number of homes.

- **New Hampshire** conducts visits once every three years.

Are child care providers subject to background checks?

- Only the **District of Columbia** does *not* subject child care providers to background checks. However, DC reported new regulations will be passed to make background checks mandatory.

- Forty-eight States (AL, AK, AZ, AR, CA, CO, CT, DE, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) subject child care providers to background checks.

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[22] Maryland conducts annual visits to 20 percent of all centers.
[23] Nebraska conducts visits once a year to facilities with less than 30 children, and twice a year to facilities with more than 30 children.
[24] Virginia and West Virginia conduct visits twice a year; however, only one is announced.
[25] California conducts visits on 10 percent of homes.
[26] Connecticut conducts visits to 33 percent of homes.
[27] Iowa and New Jersey both conduct visits to 20 percent of homes.
[28] Virginia conducts visits twice a year; however, one is announced.

- Of those 48 States, 28 States (AK, AZ, AR, CA, CO, GA, HI, IA, KS, KY, MD, MS, MO, MT, NJ, NM, NY, NC, OK, PA, TN, TX, UT, VT, VA, WA, WV, WY) specifically identified the background checks as criminal background checks.

- Eleven States (CA, HI, KS,[29] KY, MA, MO, MT, NE, VT, VA, WV) require background and child abuse registry checks on licensed and registered providers.

- Ten States (AR, CO, IA, MD, NJ,[30] PA, TN, UT, WA, WY) require background and child abuse registry checks on licensed providers.

- Ten States (AK, AZ, AR, CO, HI, MD, NM, PA, UT, WA) require both State and FBI criminal background checks.

- In three States (CO, MN, NY) counties decide whether to conduct background checks on license-exempt providers. **Nevada** leaves the decision up to parents.

Colorado implemented a double criminal background check. It includes a fingerprint check through the Colorado Bureau of Investigation (and, for providers residing in the State less than two years, the Federal Bureau of Investigation) and court disposition information through the judicial system's database.

New Jersey will be implementing an electronic fingerprinting system known as Live-Scan. The system scans fingerprints and electronically transmits the prints to the Division of State Police for processing.

Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

- Thirty-six States (AL, AK, AR, CA, CO, DE, DC, GA, IL, IN, KS, KY, LA, ME, MD, MA, MN, MS, MT, NE, NV, NJ, NM, NC, ND, OH, OK, OR, SC, TN, TX, UT, VT, WA, WI, WY) require that child care providers report serious injuries that occur while a child is in care.

- Three States (AZ, CT, WV) require *some* child care providers to report serious injuries that occur while a child is in care.

- Ten States (HI, ID, IA, MO, NH, NY, PA, RI, SD, VA) do *not* require child care providers to report serious injuries that occur while a child is in care.

[29] Kansas conducts a child abuse registry check only on relative and in-home providers.
[30] New Jersey conducts a child abuse registry check only on family child care homes.

Other methods used to ensure health and safety requirements are effectively enforced:

Thirty-three States (AL, AK, AR, CA, CO, DE, DC, GA, IL, IN, KS, KY, LA, MA, MS, MO, MT, NE, NY, NC, ND, OH, OR, PA, SD, TN, TX, VT, VA, WA, WV, WI, WY) reported additional methods to ensure effective enforcement of health and safety requirements:

- Offering technical assistance to providers.
- Initiating corrective actions, including denying, revoking, suspending, or issuing probationary or provisional licenses.
- Imposing fines or bringing civil or criminal actions against facilities with serious compliance violations.

In **Alaska**, child care providers submit self-monitoring reports annually.

Colorado conducts monitoring visits on a risk-based schedule that ranges from once a month to once every three years. Monitoring staff use an evaluation checklist.

Massachusetts provides ongoing training, conferences, new provider meetings, director group forums, and technical assistance to reinforce providers' knowledge of regulatory requirements.

In **New York**, complaint information is automated and facility records are made available to the public.

North Carolina supports health and safety initiatives that help programs meet playground safety requirements and assistance with obtaining appropriate car seats and safety restraints for vehicles.

In **Tennessee**, a rated licensing program is being implemented that combines a star system with environmental rating scales.

In **Vermont**, a combination of technical assistance, consumer education, and regulatory monitoring is used to assure health and safety requirements are enforced.

In **Washington**, the Division of Child Care and Early Learning surveyors and licensors and the Division of Licensed Resources/Child Protective Services coordinate licensing, monitoring, health certifications, child abuse investigations, investigations of complaints, and technical assistance activities.

Section 6.7 – Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporated (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency (§98.41(a)(1)).

Lead Agencies reported that they take measures to assure that children receiving child care assistance are age-appropriately immunized. Many States also elect to exempt some children from immunization requirements, using some combination of exemption condition provided in the State Plan Preprint. Table 6.7 below summarizes the exemption policies.

- Fourteen States (AL, CO, DE, ID, IN, KS, ME, MA, MO, ND, PA, TN, TX, WA) exempt children from immunization under four conditions: 1) children cared for by relatives; 2) children who receive care in their own homes; 3) children whose parents object due to religious grounds; and 4) children whose medical condition contraindicates immunization.

- Four States (AZ, NM, NC, OK) exempt children from immunization under three conditions: 1) children cared for by relatives; 2) children whose parents object due to religious grounds; and 3) children whose medical condition contraindicates immunization.

- **Montana** exempts children from immunization under three conditions: 1) children cared for by relatives; 2) children who receive care in their own homes; and 3) children whose medical condition contraindicates immunization.

- Twenty-eight States (AK, AR, CA, CT, DC, GA, HI, IL, IA, KY, LA, MD, MN, NV, NH, NJ, NY, OH, OR, RI, SC, SD, UT, VT, VA, WV, WI, WY) exempt children from immunization under two conditions: 1) children whose parents object due to religious grounds; and 2) children whose medical condition contraindicates immunization.

- Two States (MS and NE) do *not* exempt children from immunization requirements.

TABLE 6.7 – EXEMPTIONS FROM IMMUNIZATION REQUIREMENTS	
Condition under which State Grants Exemption	**Number of States with Exemption**
Children cared for by relatives	19
Children who receive care in their own homes	15
Children whose parents object due to religious grounds	46
Children whose medical condition contraindicates immunization	47

Source: Information compiled from State CCDF Plans, FFY 2002-2003.

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