

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.

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.

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.

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 principals 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 Island⁴	\$824,636	4%
South Carolina	\$2,858,065	4%
South Dakota	\$2,648,367	18%
Tennessee	\$5,000,000	5%
Texas⁵	\$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.

¹Delaware did not estimate dollar amount or percentage in its 2002-2003 Plan.

²Approved 2002-2003 Plans were not available for Florida or Michigan.

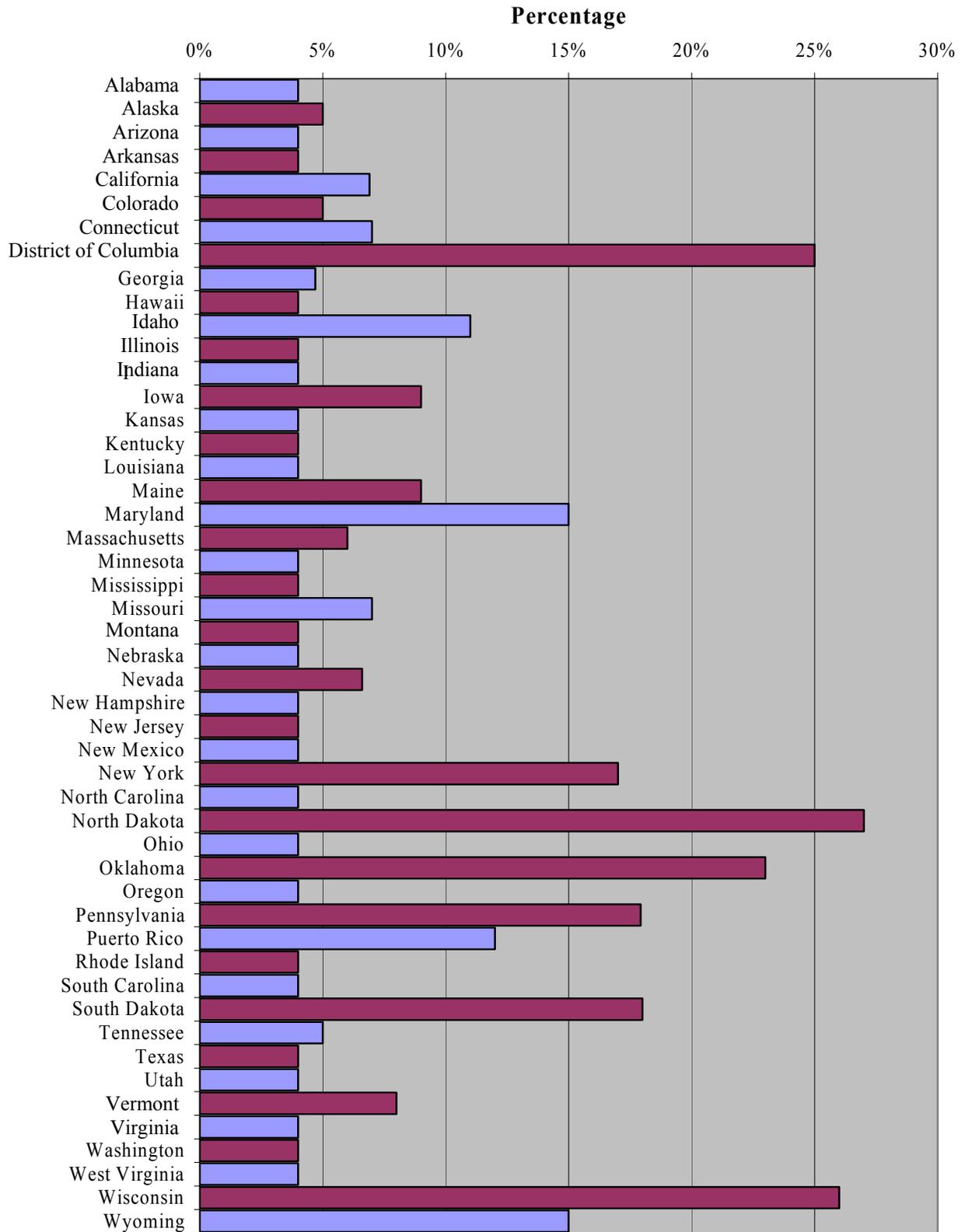
³Illinois committed to use not less than 4% on quality activities, but did not report a specific percentage because the TANF transfer had not yet been determined.

⁴With earmarks, Rhode Island estimated \$1,607,195 or 7.8% in 2002-2003.

⁵At 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.

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.

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.

- 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.

Maryland supports the professional growth of child care providers and State staff through a comprehensive training, technical assistance and mentoring plan that

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.

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.

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.

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.

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 health 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.